FEHB Program Carrier Letter
All Carriers

U.S. Office of Personnel Management
Office of Insurance Programs

Letter No. 2000-41 **Date:** September 1, 2000

Fee-for-service [35] Experience-rated HMO [37] Community-rated [38]

SUBJECT: Brochure Development, Production and Distribution for 2001

Here are your instructions for typesetting, printing, and distributing your 2001 FEHB brochure.

You and your OPM contract specialist have finished negotiating benefit changes for year 2001 and are working on the text of your 2001 FEHB brochure. When you finish, your OPM contract specialist will email you a copy of the negotiated text. Please review the text carefully and completely because it is your responsibility to:

ensure the accuracy of the benefits, limitations and exclusions in the text, and

make sure the page numbers in the Table of Contents, Summary Page, Index, and text are correct. Note: The front cover does not have a page number; begin numbering with page 2.

Enclosure 1 is a sample rate page. Use this to set-up the back cover of your brochure. Your contract specialist will give you your rates when they are available.

Developing your brochure

1. As soon as you and your OPM contract specialist agree on the brochure text, your contract specialist will email final text to you. After that, you may not change the text on your own.
2. Use the enclosed formatting instructions to typeset your brochure.
   - Review Enclosure 2A (fee-for-service) or Enclosure 2B (HMO). Use these representative sample brochure cover and text pages for formatting, font size, and shading percentages. Do not use these enclosures to develop content. For text changes, use the "Working copies of brochure frames" on www.opm.gov/carrier.
   - Review Enclosure 3 for more guidance about typesetting the brochure cover. Note: Covers vary slightly depending on whether your plan has one or two options, one or more rating areas, a company logo, or accreditation, and on whether you need a special notice on your cover. Nevertheless, we expect that information common to all plans will be displayed uniformly on all FEHB brochure covers.

Printing your brochure

3. After the above steps, when you are assured that the brochure is properly typeset and is accurate and complete, you may have the brochure printed. Review Enclosure 4; it includes these printing specifications:

- Size: 17" x 11" folded to 8 1/2" x 11". Fold may be glued or saddle stitched at manufacturer's option. Single leaves connected with a lip (i.e., binding stub) are not allowed.
- Ink color: Standard Black
- Paper color: White
- Paper type and weight: Offset Book -- sub 40 or 50, Chemical Wood Writing, sub 20
- Printing: Head to Head
- Margins: Not less than 0.7" top margin, 0.5" bottom margin, 0.9" inside margin; and 0.8" outside margin.

Distributing your brochures

4. Carefully review Enclosure 4; it has detailed distribution and shipping specifications. Note: Your complying with our shipping instructions will help assure that your brochures arrive at their destinations in excellent condition and are accepted by the agencies.

5. ***Fee-for-service*** carriers use the Brochure Distribution List to determine how many brochures to send and where to send them. Your OPM contract specialist will send you the list in the next few weeks.

   HMO carriers use the Brochure Quantity Form to determine how many brochures to send. Your OPM contract specialist will send you the completed form in the next few weeks. (A sample form is at Enclosure 5.)

6. Use the appropriate shipping label (Enclosure 6A, B, or C) to distribute the printed brochures. Print the labels on pink paper. Labels must show how many brochures you are shipping to each location.

7. **By October 6, 2000,** email your FEHB brochure in PDF format to us at anvicom@opm.gov, using an Adobe Acrobat 3.0 compatible file. Please name the file using your FEHB brochure number located at the bottom right corner of your FEHB brochure cover. For example,
   - Blue Cross and Blue Shield Service Benefit Plan would be numbered 71-005, and
   - Secret Service Benefit Plan would be 72-011, while
   - FreeState Health Plan would be 73-146.

8. We will post your PDF formatted brochure on our WEB page before Open Season.

9. Ship your brochures for receipt by **October 13, 2000**. Send brochures to:

   a) Your OPM contract specialist.

   b) National Computer Systems, which is OPM's annuitant distribution center. Use the Cedar Rapids shipping label.

   c) IFMC Information Systems, which is DoD's distribution center. Use the Des Moines shipping label. Note: Send to this place only if you are in the DoD/FEHB Demonstration Project in 2001.

   d) Federal agencies. Note: Federal agencies' local offices will contact HMOs directly to order brochures and tell you where to send them.

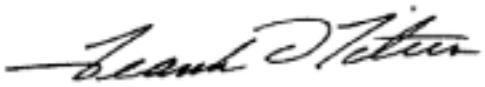
   e) Each of your current FEHB enrollees. You must include with the 2001 brochure a current provider directory and must ship before Open Season starts on November 13, 2000.

10. We will attach a copy of your printed FEHB brochure as Appendix A to your 2001 FEHB contract.

11. Next summer, when reconciling community-rated plans' rates, our actuaries will use the number on the Brochure Quantities Form that your OPM contract specialist calculates to determine how much we will reimburse for printing costs. This is also the number experience-rated plans may charge against your FEHB contract.

We appreciate your support and cooperation in conducting a successful Open Season. Please call your OPM contract specialist with questions about brochure production and distribution. For information about this letter, contact Eric Figg at 202/606-0745.

Sincerely,



Frank D. Titus
Assistant Director
for Insurance Programs

Enclosures

2001 Rate Information for
[Plan Name Here]

Non-Postal rates apply to most non-Postal enrollees. If you are in a special enrollment category, refer to the FEHB Guide for that category or contact the agency that maintains your health benefits enrollment.

Postal rates apply to career Postal Service employees. Most employees should refer to the FEHB Guide for United States Postal Service Employees, RI 70-2. Different postal rates apply and special FEHB guides are published for Postal Service Nurses and Tool & Die employees (see RI 70-2B); and for Postal Service Inspectors and Office of Inspector General (OIG) employees (see RI 70-2IN).

Postal rates do not apply to non-career postal employees, postal retirees, or associate members of any postal employee organization. Refer to the applicable FEHB Guide .

		Non-Postal Premium				**Postal Premium**	
		Biweekly		**Monthly**		**Biweekly**	
Type of Enrollment	Code	Gov't Share	Your Share	Gov't Share	Your Share	USPS Share	Your Share
Location Information							
High Option Self Only	**XXXX**	**$000.00**	**$000.00**	**$000.00**	**$000.00**	**$000.00**	**$000.00**
High Option Self & Family	**XXXX**	**$000.00**	**$000.00**	**$000.00**	**$000.00**	**$000.00**	**$000.00**

Enclosure 2A - Fee-for-Service brochure examples

This is the key for the "Print size" and "Print style". Follow the visual in making text: **bold,** ***bold-italicized,*** and *italicized*, and for shading degrees.

ì Times New Roman, 32-point
í Times New Roman, 14-point
î Times New Roman, 16-point
ï Times New Roman, 13-point
ð Times New Roman, 10 point
ñ {{Use Graphic for logo AND it's text}}
ò Times New Roman, 11-point
ó Times New Roman, 12-point
ô Tahoma, 14-point (or equivalent)

FES TYPESETTING EXAMPLES

Attach Your Logo

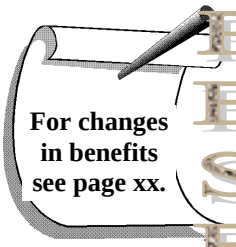
❶Plan name

❷http://www.planAddress.org

❶2001

FEHB TYPESETTING EXAMPLES

❸A fee-for-service plan with a preferred provider organization

❻ 

❹**Sponsored and administered by:** *{insert sponsoring organization name*

Who may enroll in this Plan: *{plan specific}*

To become a member or associate member: *{plan specific}*

Xxxxxxx
Xxxxxx

If you are a non-postal employee/annuitant, you will automatically become an associate member of *{organization name}* upon enrollment in the *{Plan name}.*

Annuitants (retirees) may *{may not}* enroll in this Plan. *{plan specific}*

Membership dues: $xx per year for an associate membership. *{Organization name}* will bill new associate members for the annual dues when it receives notice of enrollment. *{Organization name}* will also bill continuing associate members for the annual membership. Active and retired Postal Service employee's membership dues vary by *{organization{* local. *{Plan specific}*

Enrollment codes for this Plan:

001 High Option - Self Only
002 High Option - Self and Family
004 Standard Option - Self Only
005 Standard Option - Self and Family

❻

Authorized for distribution by the:

OPM
UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT AND INSURANCE SERVICE
HTTP://WWW.OPM.GOV/INSURE

❻

❻ FEHB
Federal Employees
Health Benefits Program

❺RI 71-xxx

❷Table of Contents

FEHB TYPESETTING EXAMPLES

FFS TYPESETTING EXAMPLES

❷Section 2. How we change for 2001

❺Program-wide changes

- The plain language team reorganized the brochure and the way we describe our benefits. We hope this will make it easier for you to compare plans.
- This year, the Federal Employees Health Benefits Program is implementing network mental health and substance abuse parity. This means that your coverage for mental health, substance abuse, medical, surgical, and hospital services from providers in our *{HMOs insert "plan network", and FFS insert "our PPO network"}* will be the same with regard to deductibles, coinsurance, copays, and day and visit limitations when you follow a treatment plan that we approve. Previously, we placed *{insert "higher patient cost sharing" or "shorter day or visit limitations"}* on mental health and substance abuse services than we did on services to treat physical illness, injury, or disease.
- Many healthcare organizations have turned their attention this past year to improving healthcare quality and patient safety. OPM asked all FEHB plans to join them in this effort. You can find specific information on our patient safety activities by calling *{insert plan phone number and contact}*, **or** checking our website *{insert plan website}*. You can find out more about patient safety on the OPM website, www.opm.gov/insure. To improve your healthcare, take these five steps:

  - Speak up if you have questions or concerns.
  - Keep a list of all the medicines you take.
  - Make sure you get the results of any test or procedure.
  - Talk with your doctor and health care team about your options if you need hospital care.
  - Make sure you understand what will happen if you need surgery.

- We clarified the language to show that anyone who needs a mastectomy may choose to have the procedure performed on an inpatient basis and remain in the hospital up to 48 hours after the procedure. Previously, the language referenced only women.
- North Dakota is deleted from the list of states designated as medically underserved in 2001. See page xx for information on medically underserved areas.

Changes to this Plan

- Your share of the non-Postal premium will [decrease][increase] by xx% for Self Only or xx% for Self and Family.
-

Section 3. How you get care

❽Identification cards

❺We will send you an identification (ID) card. You should carry your ID card with you at all times. You must show it whenever you receive services from a Plan provider, or fill a prescription at a Plan pharmacy. Until you receive your ID card, use your copy of the Health Benefits Election Form, SF-2809, your health benefits enrollment confirmation (for annuitants), or your Employee Express confirmation letter.

If you do not receive your ID card within 30 days after the effective date of your enrollment, or if you need replacement cards, call us at xxx-xxx-xxxx.

Where you get covered care

You can get care from any "covered provider" or "covered facility." How much we pay – and you pay – depends on the type of covered provider or facility you use. If you use our preferred providers, or our point-of-service program, you will pay less.

❺• Covered providers

We consider the following to be covered providers when they perform services within the scope of their license or certification: *{Insert your list}*

Medically underserved areas. Note: In medically underserved areas, we cover any licensed medical practitioner for any covered service performed within the scope of that license in states OPM determines are "medically underserved." For 2001, the states are: Alabama, Idaho, Kentucky, Louisiana, Mississippi, Missouri, New Mexico, South Carolina, South Dakota, Utah, and Wyoming.

• Covered facilities

Covered facilities include: *{Plan specific list moved here from 2000 brochure's Definitions}*

••Hospital
••

What you must do to get covered care

It depends on the kind of care you want to receive. You can go to any physician you want, but we must approve some care in advance.

Transitional care:

Specialty care: If you have a chronic or disabling condition and lose access to your specialist because we:

- terminate our contract with your specialist for other than cause; or
- drop out of the Federal Employees Health Benefits (FEHB) Program and you enroll in another FEHB Plan,

you may be able to continue seeing your specialist for up to 90 days after you receive notice of the change. Contact us or, if we drop out of the Program, contact your new plan.

If you are in the second or third trimester of pregnancy and you lose access to your specialist based on the above circumstances, you can

FES TYPESETTING EXAMPLES

❽When you are age 65 or over and you do not have Medicare

❺Under the FEHB law, we must limit our payments for those benefits you would be entitled to if you had Medicare. And, your physician and hospital must follow Medicare rules and cannot bill you for more than they could bill you if you had Medicare. The following chart has more information about the limits.

❽If you…

- ❺are age 65 or over, and
- do not have Medicare Part A, Part B, or both; and
- have this Plan as an annuitant or as a former spouse, **or** as a family member of an annuitant or former spouse; and
- are not employed in a position that gives FEHB coverage. (Your employing office can tell you if this applies.)

❽Then, for your inpatient hospital care,

- ❺The law requires us to base our payment on an amount -- the "equivalent Medicare amount" -- set by Medicare's rules for what Medicare would pay, not on the actual charge;
- You are responsible for your applicable deductibles, coinsurance, or copayments you owe under this Plan;
- You are not responsible for any charges greater than the equivalent Medicare amount; we will show that amount on the explanation of benefits; and
- The law prohibits a hospital from collecting more than the Medicare equivalent amount.

❽And, for your physician care,❺the law requires us to base our payment and your coinsurance on…

- an amount -- set by Medicare and called the "Medicare approved amount," or
- the actual charge if it is lower than the Medicare approved amount.

If your physician…	**Then you are responsible for…**
Participates with Medicare or accepts Medicare assignment for the claim and is a member of our PPO network,	your deductibles, coinsurance, and copayments;
Participates with Medicare and is not in our PPO network,	your deductibles, coinsurance, copayments, and any balance up to the Medicare approved amount;
Does not participate with Medicare,	your deductibles, coinsurance, copayments, and any balance up to 115% of the Medicare approved amount

It is generally to your financial advantage to use a physician who participates with Medicare. Such physicians are only permitted to collect up to the Medicare approved amount.

If your physician or hospital tries to collect more than allowed by law, ask the physician or hospital to reduce the charges. If you have paid more than allowed, ask for a refund. If you need further assistance, call us.

FEES TYPESETTING EXAMPLES

❷Section 5. Benefits -- OVERVIEW

❽*(See page xx for how our benefits changed this year and page xx for a benefits summary.)*

❺**NOTE**: This benefits section is divided into subsections. Please read the important things you should keep in mind at the beginning of each subsection. To obtain claims forms, claims filing advice, or more information about our benefits, contact us at *{phone number}* or at our website at www. *{insert web address}*.

TEST TYPESETTING EXAMPLES

❷Section 5 (a). Medical services and supplies provided by physicians and other health care professionals

❼IMPORTANT

Here are some important things you should keep in mind about these benefits:

- ❺Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are medically necessary.
- ❺The calendar year deductible is: $275 per person ($550 per family). The calendar year deductible applies to almost all benefits in this Section. We added "(No deductible)" to show when the calendar year deductible does not apply.
- ❺Be sure to read Section 4, *Your costs for covered services* for valuable information about how cost sharing works, with special sections for members who are age 65 or over. Also read Section 9 about coordinating benefits with other coverage, including with Medicare.

❼IMPORTANT

40% shading

❽Benefit Description	❽You pay ❺After the calendar year deductible…
NOTE: The calendar year deductible applies to almost all benefits in this Section. We say "No deductible" when it does not apply.	
Diagnostic and treatment services	*10% shading*
❺Professional services of physicians • In physician's office	PPO: $15 copayment (no deductible) Non-PPO: 30% of the Plan allowance and any difference between our allowance and the billed amount
Professional services of physicians • In an urgent care center • During a hospital stay • In a skilled nursing facility • Initial examination of a newborn child covered under a family enrollment • Office medical consultations • Second surgical opinion • At home	PPO: 15% of the Plan allowance Non-PPO: 30% of the Plan allowance and any difference between our allowance and the billed amount *{Throughout this brochure, you may reduce this column, but not less than to 2". Keep column width consistent -- e.g., don't have a 2" You pay column in one section and a 3" You pay column in another section.}*
Not covered: Routine physical checkups and related tests	*All charges*

FEES TYPESETTING EXAMPLES

❷Section 6. General exclusions -- things we don't cover

❺The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is medically necessary to prevent, diagnose, or treat your illness, disease, injury, or condition.**

We do not cover the following:

- Services, drugs, or supplies you receive while you are not enrolled in this Plan;
- Services, drugs, or supplies that are not medically necessary;
- Services, drugs, or supplies not required according to accepted standards of medical, dental, or psychiatric practice;
- Experimental or investigational procedures, treatments, drugs or devices;
- Services, drugs, or supplies related to abortions, except when the life of the mother would be endangered if the fetus were carried to term, or when the pregnancy is the result of an act of rape or incest {*plan specific—can vary somewhat; discuss with contracts specialist }*;
- Services, drugs, or supplies related to sex transformations; or
- Services, drugs, or supplies you receive from a provider or facility barred from the FEHB Program.

*{{Insert other "**General** Exclusions" from your 2000 brochure—your contract specialist will help you edit for plain language and necessity – BE SURE TO PUT "; or" after the next to last entry and then a period after the last entry}}*

FFS TYPE SETTING EXAMPLES

❷Section 7. Filing a claim for covered services

❽How to claim benefits

❺To obtain claim forms or other claims filing advice or answers about our benefits, contact us at _____, or at our website at www.xxx.

In most cases, providers and facilities file claims for you. Your physician must file on the form HCFA-1500, Health Insurance Claim Form. Your facility will file on the UB-92 form. For claims questions and assistance, call us at xxx.

When you must file a claim -- such as for overseas claims or when another group health plan is primary -- submit it on the HCFA-1500 or a claim form that includes the information shown below. Bills and receipts should be itemized and show:

- Name of patient and relationship to enrollee;
- Plan identification number of the enrollee;
- Name and address of person or firm providing the service or supply;
- Dates that services or supplies were furnished;
- Diagnosis;
- Type of each service or supply; and
- The charge for each service or supply.

Note: Canceled checks, cash register receipts, or balance due statements are not acceptable substitutes for itemized bills.

In addition:

- You must send a copy of the explanation of benefits (EOB) from any primary payer (such as the Medicare Summary Notice (MSN)) with your claim.
- Bills for home nursing care must show that the nurse is a registered or licensed practical nurse.
- Claims for rental or purchase of durable medical equipment; private duty nursing; and physical, occupational, and speech therapy require a written statement from the physician specifying the medical necessity for the service or supply and the length of time needed.
- Claims for prescription drugs and supplies that are not ordered through the Mail Service Prescription Drug Program must include receipts that include the prescription number, name of drug or supply, prescribing physician's name, date, and charge.

FFS TYPESETTING EXAMPLES

❷Section 8. The disputed claims process

{NOTE: For step numbers below, sample below is 16pt Tahoma. But as long as the numbers stand out and look balanced, it won't matter what type face you use.}

❺Follow this Federal Employees Health Benefits Program disputed claims process if you disagree with our decision on your claim or request for services, drugs, or supplies – including a request for preauthorization/prior approval:

❺Step	Description
1	❺Ask us in writing to reconsider our initial decision. You must: (a) Write to us within 6 months from the date of our decision; and (b) Send your request to us at: *{{Plan address}};* and (c) Include a statement about why you believe our initial decision was wrong, based on specific benefit provisions in this brochure; and (d) Include copies of documents that support your claim, such as physicians' letters, operative reports, bills, medical records, and explanation of benefits (EOB) forms.
2	❺We have 30 days from the date we receive your request to: (a) Pay the claim (or, if applicable, arrange for the health care provider to give you the care); or (b) Write to you and maintain our denial -- go to step 4; or (c) Ask you or your ~~medical~~ provider for more information. If we ask your provider, we will send you a copy of our request—go to step 3.
3	You or your provider must send the information so that we receive it within 60 days of our request. We will then decide within 30 more days. If we do not receive the information within 60 days, we will decide within 30 days of the date the information was due. We will base our decision on the information we already have. We will write to you with our decision.
4	If you do not agree with our decision, you may ask OPM to review it. You must write to OPM within: • 90 days after the date of our letter upholding our initial decision; or • 120 days after you first wrote to us -- if we did not answer that request in some way within 30 days; or • 120 days after we asked for additional information. Write to OPM at: Office of Personnel Management, Office of Insurance Programs, Contracts Division xx, P.O. Box 436, Washington, D.C. 20044-0436.

Enclosure 2B - HMO brochure examples

HMO TYPESETTING EXAMPLES

This is the key for the "Print size" and "Print style". Follow the visual in making text: **bold,** ***bold-italicized,*** and *italicized*, and for shading degrees.

- **ì** Times New Roman, 32-point
- **í** Times New Roman, 14-point
- **î** Times New Roman, 16-point
- **ï** Times New Roman, 13-point
- **ð** Times New Roman, 10 point
- **ñ** {{Use Graphic for logo AND it's text}}
- **ò** Times New Roman, 11-point
- **ó** Times New Roman, 12-point
- **ô** Tahoma, 14-point (or equivalent)

Attach Your Logo

❶HMO name

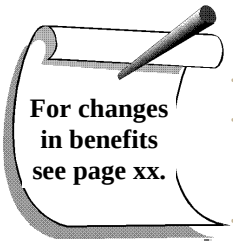
❷http://www.planAddress.org

❶2001

HMO TYPESETTING EXAMPLES

❸A Health Maintenance Organization with a point of service product

❻



❹**Serving:** *{insert general service area }*

Enrollment in this Plan is limited; see page 5 for requirements.

Add NCQA logo if applicable and say below it:

This Plan has _____ accreditation from the NCQA. See the 2001 Guide for more information on NCQA.

{{Add logo for any MBHO or other accreditation}}

Enrollment codes for this Plan:

001 Self Only
002 Self and Family

Special notice: This Plan is offered for the first time under the Federal Employees Health Benefits Program during the 2000 Open Season. *{add this if applicable}{RV 6-16}*

Authorized for distribution by the:

OPM
UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
RETIREMENT AND INSURANCE SERVICE
HTTP://WWW.OPM.GOV/INSURE

❻

FEHB
Federal Employees
Health Benefits Program

❻

❷Table of Contents

HMO TYPESETTING EXAMPLES

HMO TYPESETTING EXAMPLES

❷Section 2. How we change for 2001

HMO TYPESETTING EXAMPLES

❺Program-wide changes

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- Many healthcare organizations have turned their attention this past year to improving healthcare quality and patient safety. OPM asked all FEHB plans to join them in this effort. You can find specific information on our patient safety activities by calling *{insert plan phone number and contact}*, **or** checking our website *{insert plan website}*. You can find out more about patient safety on the OPM website, www.opm.gov/insure. To improve your healthcare, take these five steps:

  - Speak up if you have questions or concerns.
  - Keep a list of all the medicines you take.
  - Make sure you get the results of any test or procedure.
  - Talk with your doctor and health care team about your options if you need hospital care.
  - Make sure you understand what will happen if you need surgery.

- We clarified the language to show that anyone who needs a mastectomy may choose to have the procedure performed on an inpatient basis and remain in the hospital up to 48 hours after the procedure. Previously, the language referenced only women.

Changes to this Plan

- Your share of the non-Postal premium will [decrease][increase] by xx% for Self Only or xx% for Self and Family.
-

Section 3. How you get care

❽Identification cards

❺We will send you an identification (ID) card. You should carry your ID card with you at all times. You must show it whenever you receive services from a Plan provider, or fill a prescription at a Plan pharmacy. Until you receive your ID card, use your copy of the Health Benefits Election Form, SF-2809, your health benefits enrollment confirmation (for annuitants), or your Employee Express confirmation letter.

If you do not receive your ID card within 30 days after the effective date of your enrollment, or if you need replacement cards, call us at xxx.

Where you get covered care

You get care from "Plan providers" and "Plan facilities." You will only pay copayments, deductibles, and/or coinsurance, {*←Plan specific*} and you will not have to file claims. {*POS, if any, make plan specific*:} If you use our point-of-service program, you can also get care from non-Plan providers, or from participating providers without a required referral, but it will cost you more.

❺• Plan providers

Plan providers are physicians and other health care professionals in our service area that we contract with to provide covered services to our members. We credential Plan providers according to national standards. *{Plan specific to modify entire paragraph, and add primary/specialist/etc}*

We list Plan providers in the provider directory, which we update periodically. The list is also on our website. *{Plan specific to modify entire paragraph, and add primary/specialist/etc}*

•Plan facilities

Plan facilities are hospitals and other facilities in our service area that we contract with to provide covered services to our members. We list these in the provider directory, which we update periodically. The list is also on our website. {*Plan specific - list optional}*

What you must do

It depends on the type of care you need. First, you and each family member must choose a primary care physician. This decision is important since your primary care physician provides or arranges for most of your health care. *{insert information here about how to select the physician.}*

•Primary care

Your primary care physician can be a *{insert types, i.e. – family practitioner, internist or pediatrician}*. Your primary care physician will provide most of your health care, or give you a referral to see a specialist.

If you want to change primary care physicians or if your primary care physician leaves the Plan, call us. We will help you select a new one.

• Specialty care

Your primary care physician will refer you to a specialist for needed care. However, you may see *{insert types/circumstances}* without a referral. *{text/list from 2000 brochure}*

Here are other things you should know about specialty care:

HMO TYPE SETTING EXAMPLES

❷Section 5. Benefits -- OVERVIEW

❽ ***(See page xx for how our benefits changed this year and page xx for a benefits summary.)***

❺**NOTE**: This benefits section is divided into subsections. Please read the important things you should keep in mind at the beginning of each subsection. To obtain claims forms, claims filing advice, or more information about our benefits, contact us at *{phone number}* or at our website at www. *{insert web address}*.

(a) Medical services and supplies provided by physicians and other health care professionals..... xx-xx*{page #'s of section}*

- Diagnostic and treatment services
- Lab, X-ray, and other diagnostic tests
- Preventive care, adult
- Preventive care, children
- Maternity care
- Family planning
- Infertility services
- Allergy care
- Treatment therapies
- Rehabilitative therapies
- Hearing services (testing, treatment, and supplies)
- Vision services (testing, treatment, and supplies)
- Foot care
- Orthopedic and prosthetic devices
- Durable medical equipment (DME)
- Home health services
- Alternative treatments
- Educational classes and programs

(b) Surgical and anesthesia services provided by physicians and other health care professionals ..... xx-xx

- Surgical procedures
- Reconstructive surgery
- Oral and maxillofacial surgery
- Organ/tissue transplants
- Anesthesia

(c) Services provided by a hospital or other facility, and ambulance services ..... xx-xx

- Inpatient hospital
- Outpatient hospital or ambulatory surgical center
- Extended care benefits/skilled nursing care facility benefits
- Hospice care
- Ambulance

(d) Emergency services/accidents ..... xx-xx

- Medical emergency
- Ambulance *{Note, if you STET Accidental injury in the text, add it back here}}*

(e) Mental health and substance abuse benefits ..... xx-xx

(f) Prescription drug benefits xx

(g) Special features xx

- *{list your special features}*

(h) Dental benefits xx

(i) Point of service benefits *{If you don't have POS, remove t his and renumber j}* xx

(j) Non-FEHB benefits available to Plan members xx

Summary of benefits xx
{insert page # for summary at back of brochure}

HMO TYPESETTING EXAMPLES

❷Section 5 (a) Medical services and supplies provided by physicians and other health care professionals

HMO TYPESETTING EXAMPLES

❼IMPORTANT

Here are some important things to keep in mind about these benefits:

- ❺Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are medically necessary.
- ❺Plan physicians must provide or arrange your care.
- ❺The calendar year deductible is: *{plan specific}* $275 per person ($550 per family). The calendar year deductible applies to almost all benefits in this Section. We added "(No deductible)" to show when the calendar year deductible does not apply. . *{If you want, you can say, "We added asterisks - * - to show when the calendar year deductible does not apply."}. {If HMO – if you don't have deductible, remove this check mark or say "We have no calendar year deductible.}*
- Be sure to read Section 4, *Your costs for covered services* for valuable information about how cost sharing works. Also read Section 9 about coordinating benefits with other coverage, including with Medicare.

❼IMPORTANT

40% shading

❽Benefit Description	❽You pay **After the calendar year deductible…**	
❺**NOTE: The calendar year deductible applies to almost all benefits in this Section. We say "No deductible" when it does not apply.** *{Delete the row if you don't' have a deductible.}*		
❽Diagnostic and treatment services	**You pay - Standard Option**	**You pay - High Option**
❺Professional services of physicians • In physician's office	$10 per visit ***{Minimum copay for primary care office visit is $10 per 2000 negotiations.}*** *{{When you have different copay for primary care and specialty care, say:* $10 per visit to your primary care physician $5 per visit to a specialist *{Change copay descriptions to fit your circumstances}*	

10% shading

❷Section 6. General exclusions -- things we don't cover

❺The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless your Plan doctor determines it is medically necessary to prevent, diagnose, or treat your illness, disease, injury, or condition.**

[[Alternate ending for plans with precertification/prior approval:]] . . . or condition and we agree, as discussed under *What Services Require Our Prior Approval* on page xx.

We do not cover the following:

- Care by non-Plan providers except for authorized referrals or emergencies (see Emergency Benefits);
- Services, drugs, or supplies you receive while you are not enrolled in this Plan;
- Services, drugs, or supplies that are not medically necessary;
- Services, drugs, or supplies not required according to accepted standards of medical, dental, or psychiatric practice;
- Experimental or investigational procedures, treatments, drugs or devices;
- Services, drugs, or supplies related to abortions, except when the life of the mother would be endangered if the fetus were carried to term or when the pregnancy is the result of an act of rape or incest {*plan specific—can vary; discuss with contract specialist }*;
- Services, drugs, or supplies related to sex transformations; or
- Services, drugs, or supplies you receive from a provider or facility barred from the FEHB Program.

*{{Insert other "**General** Exclusions" from your 2000 brochure—your contract specialist will help you edit for plain language and necessity – BE SURE TO PUT "; or" after the next to last entry and then a period after the last entry}}*

HMO TYPESETTING EXAMPLES

❷Section 7. Filing a claim for covered services

When you see Plan physicians, receive services at Plan hospitals and facilities, or obtain your prescription drugs at Plan pharmacies, you will not have to file claims. Just present your identification card and pay your copayment, coinsurance, or deductible.

You will only need to file a claim when you receive emergency services from non-plan providers. Sometimes these providers bill us directly. Check with the provider. If you need to file the claim, here is the process:

❽Medical and hospital benefits

❺In most cases, providers and facilities file claims for you. Physicians must file on the form HCFA-1500, Health Insurance Claim Form. Facilities will file on the UB-92 form. For claims questions and assistance, call us at xxx.

When you must file a claim -- such as for out-of-area care -- submit it on the HCFA-1500 or a claim form that includes the information shown below. Bills and receipts should be itemized and show:

- Covered member's name and ID number;
- Name and address physician or facility that provided the service or supply;
- Dates you received the services or supplies;
- Diagnosis;
- Type of each service or supply;
- The charge for each service or supply;
- A copy of the explanation of benefits, payments, or denial from any primary payer --such as the Medicare Summary Notice (MSN); and
- Receipts, if you paid for your services.

Submit your claims to: **{{*insert Plan address}}***

Prescription drugs

{*Insert Plan-specific process; if same as above, change the header in the above to "Medical, Hospital and Drug benefits"*}

Submit your claims to: *{{insert plan address}}*

Other supplies or services

{*Insert Plan-specific process, such as dental, DME, vision, chiropractic; if same as above, don't put this header in}*}

Submit your claims to: **{{***insert plan address}}*

Deadline for filing your claim

Send us all of the documents for your claim as soon as possible. You must submit the claim by December 31 of the year after the year you received the service, unless timely filing was prevented by administrative operations of Government or legal incapacity, provided the claim was submitted as soon as reasonably possible.

HMO TYPESETTING EXAMPLES

❷Section 8. The disputed claims process

{NOTE: For step numbers below, sample below is 16pt Tahoma. But as long as the numbers stand out and look balanced, it won't matter what type face you use.}

❺Follow this Federal Employees Health Benefits Program disputed claims process if you disagree with our decision on your claim or request for services, drugs, or supplies – including a request for preauthorization:

❺Step	Description
1	❺Ask us in writing to reconsider our initial decision. You must: (a) Write to us within 6 months from the date of our decision; and (b) Send your request to us at: {{Plan address}}; and (c) Include a statement about why you believe our initial decision was wrong, based on specific benefit provisions in this brochure; and (d) Include copies of documents that support your claim, such as physicians' letters, operative reports, bills, medical records, and explanation of benefits (EOB) forms.
2	❺We have 30 days from the date we receive your request to: (a) Pay the claim (or, if applicable, arrange for the health care provider to give you the care); or (b) Write to you and maintain our denial -- go to step 4; or (c) Ask you or your ~~medical~~ provider for more information. If we ask your provider, we will send you a copy of our request—go to step 3.
3	You or your provider must send the information so that we receive it within 60 days of our request. We will then decide within 30 more days. If we do not receive the information within 60 days, we will decide within 30 days of the date the information was due. We will base our decision on the information we already have. We will write to you with our decision.
4	If you do not agree with our decision, you may ask OPM to review it. You must write to OPM within: • 90 days after the date of our letter upholding our initial decision; or • 120 days after you first wrote to us -- if we did not answer that request in some way within 30 days; or • 120 days after we asked for additional information. Write to OPM at: Office of Personnel Management, Office of Insurance Programs, Contracts Division xx, P.O. Box 436, Washington, D.C. 20044-0436.

HMO TYPESETTING EXAMPLES

Additional Guidance for Typesetting Brochure Cover

The following information supplements the enclosed sample covers, and provides you and your typesetter with additional guidance in setting your cover.

Your logo: Insert your logo as shown on the sample covers (Enclosure 2), in the upper left corner of the page, above the heavy horizontal line. You are not required to display a logo.

Our logos: Insert other art work for the cover page (the OPM and FEHB logos, and the "Spike & Scroll" graphic that tells members where to find the change page) as shown on the sample covers (Enclosure 2). Download bitmap files for artwork from the "Working Copies of Brochure Frames" area on our Carrier web page -- www.opm.gov/carrier.

Logo Sizes:

- Your plan logo may not be larger than 0.75" x 0.75" or 0.50" x 1.50".
- Print the Spike & Scroll graphic at 1.53" High X 1.50" Wide. Note: You must typeset the words, "For changes in benefits see page xx." inside the Spike & Scroll graphic.
- Print the OPM logo at 0.72" High X 3.85" Wide. **Note: 1) The OPM logo has changed -- from the round seal to the rectangle logo**. 2) The logo is complete -- it has the logo plus the text that goes with it. The sizes noted here are for the logo with text combination.
- Print the FEHB logo at 1" wide (automatic height).

Name: Center your Plan=s name in bold type between the logo and the year. If the Plan=s name is different from last year, center AFormerly _____@ directly below the Plan name in 12 point type.

Service area: After AServing:@, insert a general description of your service area locations, in normal face (not bold). Include general names in this description, not a detailed service area description. For example, say ANortheastern Ohio,@ not each of the counties in the service area. If you have multiple service areas and codes, insert a general description of the area served by each code in normal face above AEnrollment code:@

Enrollment code: Put your Plan=s 3-character enrollment codes (e.g., ZZ1, ZZ2; or, if it had two options, ZZ1, ZZ2, ZZ4, ZZ5) in bold face under AEnrollment code.@ If you have more that one carrier code, be sure each code matches the area description above it.

Accreditation: If your plan has accreditation from the National Committee for Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and/or the American Accreditation Healthcare Commission (URAC), you may display their seal(s) on your brochure cover as indicated on the sample covers. Obtain these seals from the respective accrediting organizations. If you have more than one enrollment code and not all service areas have been accredited, show the seal for each service area that is accredited, beside the entry for the service area. The indicated text that accompanies the seals is in 9 point normal face type.

Brochure #: In the lower right corner, below the FEHB logo, insert the Plan=s brochure number in bold face with any leading zeros that may be necessary to conform to our 5-digit brochure

numbering conventions (e. g., RI 73-056). Your contract specialist will provide this number if you are a new plan.

Special Notice: If your OPM contract specialist instructs you to put a special notice on your cover, box the special notice and center the box above the OPM Web address, as in the sample.

Web address: If you have a Web address, display it directly below your Plan name.

Enclosure 4

Printing, Distribution, and Shipping Specifications for FEHB Brochures

Printing

Size:	17" x 11" folded to 8 1/2" x 11"; fold may be glued or saddle stitched at manufacturer's option. Single leaves connected with a lip (i.e., binding stub) are not allowed.
Ink Color:	Standard Black
Paper Color:	White
Paper Type and Weight:	Offset Book - sub 40 or 50, or Chemical Wood Writing, sub 20
Printing:	Head to Head
Margins:	Not less than 0.7" top margin, 0.5" bottom margin, 0.9" inside margin; and 0.8" outside margin

Distribution

1. As soon as the brochures are printed, your first priority is to express mail a supply of printed brochures to your OPM contract specialist at the Office of Personnel Management, Office of Insurance Programs, 1900 E Street NW, Room 3439, Washington, DC 20415-0001. These copies are needed for administrative purposes and should be sent at the earliest possible time. Your OPM contract specialist will tell you how many brochures to send and will indicate this number on your Brochure Quantity Form.

2. Your second priority is to ship brochures to OPM's distribution center at National Computer Systems (NCS) in Cedar Rapids, Iowa for the annuitant Open Season. We have enclosed a shipping label to ship your brochures to this address. For HMOs, your OPM contract specialist will tell you how many brochures to send and will indicate this number on your Brochure Quantity Form. For FFS carriers, the number of brochures you should ship to NCS will be contained in this year's Agency Quantities Distribution List.

3. If your plan is participating in the DoD/FEHBP Demonstration Project, your third priority is to ship brochures to DoD's distribution center at the Iowa Foundation for Medical Care (IFMC) in West Des Moines, Iowa. We have enclosed a shipping label for you to use when you ship your brochures to West Des Moines.

   For HMOs participating in the DoD/FEHBP Demonstration Project, your OPM contract specialist will tell you how many brochures to send to IFMC and will indicate this number on your Brochure Quantity Form.

   For FFS carriers, the number of brochures you should ship to IFMC will be contained in this year's Agency Quantities Distribution List.

Remember to do the following:

- Reproduce all benefit brochure shipping labels on pink paper. This allows agencies to easily distinguish benefit brochures from other open season materials such as FEHB Guides.

- **Do not** include any supplemental literature in your shipments to either Iowa location. It will not be forwarded to annuitants that request your brochure.

- The maximum quantity per box is:

  Up to 250 brochures per box when shipping to an agency, and

  Up to 300 brochures per box to NCS and IFMC.

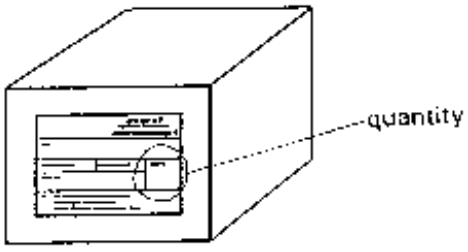
HMOs: Your shipments to the locations mentioned above and to local agency distribution points MUST reach their destinations by **October 13, 2000**. We have also enclosed a blank shipping label for your use in shipping brochures to local agencies.

FFS Plans: We will send you a copy of this year's Agency Quantities Distribution List soon. Enclosed is a blank shipping label to your use in shipping brochures to agency shipping points. You MUST ship all material to any point outside the continental United States, including Alaska and Hawaii, by priority air freight or air parcel post. These destinations are identified as Priority Code 1 on the distribution list and you must ship them first, along with your shipment to OPM. Brochures for the two Iowa distribution centers are Priority Code 2. Ship Priority Code 3 items last. All items MUST reach their destinations by **October 13, 2000.**

*****Shipping*****

Packaging: Brochures must be shrink-wrapped in multiples of 25 copies. Each box must contain no more than 250 copies (up to 300 NCS, Iowa City, Iowa).

Labeling: The shipping label shall be applied to one end of the container (never top, sides, or bottom), as shown, to facilitate identification of the contents in storage depots. The label will identify the contents of the box. ***Mark the number of brochures in the box on the label, as indicated.***



Packing:

- Pack shipping containers solidly, with the brochures laid flat on the bottom of the container; never stand them on end. The contents must be in solid contact with the top and bottom of the container to prevent wrinkling and crushing in shipping and storage operations.

- You must add "Open-cell-pads" or layers of corrugated board to ensure both vertical and lateral stability when the brochures do not fit snugly in the container. Use top and bottom pads of corrugated fiberboard.

- Top and bottom flaps must be closed and fastened firmly with water-resistant adhesive suitable for the purpose. Apply adhesive over not less than 500/o of the area of contact between the inner and outer flaps. The bottom flaps may be stapled instead of sealed, provided this is done before the container is packed.

- Further seal all shipping containers with a minimum 3" wide Class 2, Type I asphaltic, or Type 11 non-asphaltic glass or sisal filament reinforced tape. On each container, put a strip of the above tape running center seam-wise the length of the container and a strip running girth-wise, over-taping the end of each strip approximately 3 inches.

- Each filled container ***may not exceed 40 pounds*** in weight. Boxes weighing more than 40 pounds may be refused upon delivery to agency distribution points.

Palleting: See attached Stringer and Deckboard Design for Type III, Four-way (Partial) Flush Pallet. Call your OPM contract specialist to obtain additional palleting instructions if you are shipping substantial quantities of brochures to any one delivery point and have further questions. Agencies may reject large brochure shipments that are not palleted when installations are not equipped or staffed to handle them.

Note:

1. We strongly recommend press and bindery inspections.
2. Address any questions on distribution, packing and shipping to your OPM contract specialist.

Sample Brochure Quantity Forms

- **FFS**
- **HMO**

Special Brochure Shipments for HMOs

The quantity of your Plan=s brochures that are shipped to these special locations are chargeable to the FEHB Program for contract year 2001.

Plan Name: _____

Contract #: _____

Brochure Quantities:

Mail _____ brochures to your OPM Contract Specialist.

Send to: Office of Personnel Management
Office of Insurance Programs
Attn: *{put the name of your contract specialist}*
1900 E Street NW, Room 3424
Washington, DC 20415-0001

Mail _____ brochures to National Computer Systems Cedar Rapids distribution center.

Use attached shipping label and send to: National Computer Systems
Attn: HB Open Season
9200 Earhart Lane SW
Cedar Rapids, IA 52404

If your Plan is participating in the DoD/FEHBP Demonstration Project, mail _____ brochures to the Iowa Foundation for Medical Care West Des Moines distribution center.

Use the attached shipping label and send to: IFMC Information Systems
6000 Westown Parkway
Suite 350E
West Des Moines, IA 50266-7771

Total quantity chargeable to the FEHB Program: _____

Brochure Quantity Form for Fee-for-Service Plans

Plan Name _____

The total quantity of brochures chargeable to the Federal Employees Health Benefits (FEHB) Program for your plan is shown below. This quantity was determined by using the formulas shown. Any quantities ordered over this amount will not be chargeable to administrative expenses under the FEHB Program.

Agency quantities (determined by OPM) _____

Plan enrollment as of March 31, 2000 _____

Number of organization members not enrolled in Plan _____

Subtotal _____

10% of subtotal for Plan's stock (Rounded to 100) _____

Total FEHB quantity order for Plan brochure (Rounded to 100) Total _____

Mail _____ brochures to your OPM Contract Specialist.

Send to: Office of Personnel Management
Office of Insurance Programs
Attn: *{put the name of your contract specialist}*
1900 E Street NW, Room 3424
Washington, DC 20415-0001

Federal Employees
Health Benefits Program

URGENT

2001 FEHB BROCHURES

OPEN IMMEDIATELY

From		
Brochure number	Edition date **January 2001**	Quantity per container
Brochure title		
To		

Federal Employees
Health Benefits Program

URGENT

2001 FEHB BROCHURES

OPEN IMMEDIATELY

From

Brochure number	Edition date	Quantity per container
	January 2001	
Brochure title		

To

U.S. Office of Personnel Management
c/o IFMC Information Systems (DOD Project)
Attn: Kathy Potter
6000 Westown Parkway, Suite 350E
West Des Moines, IA 50266-7771

Federal Employees Health Benefits Program

URGENT

2001 FEHB BROCHURES

OPEN IMMEDIATELY

From

Brochure number	Edition date	Quantity per container
	January 2001	
Brochure title		

To

U.S. Office of Personnel Management
c/o National Computer Systems
Attn: FEHB Open Season
9200 Earhart Lane SW
Cedar Rapids, IA 52404