

Edits for FFS and HMO unless noted.
Edits are Mar 14, 2001 unless noted.

Download the brochure pattern for your plan type (FFS or HMO) from the carrier web page (<http://www.opm.gov/carrier>). Questions? Contact amkallan@opm.gov

General (whole brochure):

- Change dates. 2000-2001, 2001-2002 -- including dates in footer
- Put the instructions for preparing your brochure at the end of the pattern. DO NOT typeset the instructions.
- First occurrence is in Section 3; Where you get covered care. Covered facilities. Wherever we last year had a double bullet (●●) we've replaced with a dash, or in some cases, a regular bullet.

Cover:

- Add logo(s) for accreditation. [FFS]
- Serving: change to "*{insert general service area in relationship to nearest metropolitan area, e.g., _____ metropolitan area.}*" (Guide will need to match this description -- contract staff will make guide description match.) [HMO]
- Enrollment in this plan.... "Enrollment in this Plan is limited. You must live or work in our geographic service area to enroll. See page X for requirements. {Plan specific whether it is "live in" or "live or work in".}" [HMO]

Table of Contents:

- Section 5 g-j -- show to remove and renumber if N/A.

Plain Language:

- All new language.

Section 1.

- Service area. Added suggested text. [HMO]

Section 2.

- removed last year's program wide changes and added back a note that we'll add text later.

Section 3.

- Where you get covered care. Covered providers. Added note about pastoral counselors. [FFS]
- What you must do to get covered care. Add words to correct heading. [HMO]

Section 5. Overview

- In the list of headers in 5(a), add Chiropractic
- Re Sections g-j, show to remove and renumber if n/a.

Section 5(a)

- Family planning.
 - Add lead sentence, "A broad range of voluntary family planning services, including:"
 - Clarify surgically implanted contraceptives -- add (Norplant).
 - Clarify injectable contraceptive drugs -- add (Depo provera)
 - Add Diaphragms
 - Cross reference-- contraceptives under drug benefit.
 - Must list all covered family planning services.
- Intertility. Clarify not coverage list: gamete GIFT and zygote ZIFT; zygote transfer [HMO]
- Infertility. Add exclusion (if applicable) for cost of donor sperm. [FFS]
- Infertility. Add exclusion (if applicable) for cost of donor egg.
- Orthopedic and prosthetic devices. Clarify -- plan modify time limit for prosthetic replacements to reflect plan's benefits
- Treatment therapies. Add cross reference-- growth hormone under drug benefit.
- Rehabilitative therapies. You pay - add "\$10 per outpatient visit" and "Nothing during covered inpatient admission"
- Home health services. Reword 2nd sample bullet under Not covered.
- Chiropractic. ADD NEW. Describe plan benefits. If no coverage, add gray header and show left column: No Benefit and right column: *All charges*.
- Alternative treatments: Remove text about chiropractic coverage and move to new Chiropractic description.

Section 5(b)

- Important information section. Change precertification bullet from "YOU MUST...." to "YOUR PHYSICIAN MUST...." and explain at end plan can change back if applies. [HMO]
- Surgical procedures. Add lead-in line: "A comprehensive range of services, such as:"
- Surgical procedures. Add bullet for Operative procedures [HMO]
- Surgical procedures. Delete bullet for "Norplant...." -- move to 5(a). [HMO]
- Organ/tissue transplants. Limited benefits paragraph. Added {Plan specific} at end.

Section 5(c)

- Important information section. Change precertification bullet from "YOU MUST...." to "YOUR PHYSICIAN MUST...." and explain at end plan can change back if applies. [HMO]
- Inpatient hospital. Remove extended care facilities from "Not covered" list since the sample has showing as covered.

Section 5(f).

- In the "We use a formulary" paragraph, added one line of required text. Note the new explanation about getting authorization of non-formulary drugs is moved from just above the "Not covered" block and clarified. [HMO]
- In the prescription drugs "features" section at beginning, add bullet for "Why use generic drugs?" and ask plan to define it. Also put in message to plans to send us language to build standard if they have suitable language.
- Prescription Drugs Page 2 -- This one section, only, add the Header for the whole section and show (continued). Generally, we don't add the headers but, in this case, since the benefits descriptions actually don't start till the 2nd page, the header is appropriate.
- Covered medications and supplies. Rewritten last explanation paragraph to show this is where plans should put limits, etc. And to require plans to cover drugs for sexual dysfunction. [HMO]
- Added more examples under "Not covered" [HMO]

Section 5(g)

- 24 hour nurse line is Plan specific

Section 5(j)

- Added a shadow box around Non-FEHB benefits page to highlight that these benefits are different.

Section 6

- Reworded our instructions at bottom of 1st exclusions page-- no actual change.

Section 7

Under bullet list under Medical and hospital benefits -- add "of the" to correct text
[HMO]

Section 9

- Under "We waive some costs when you have Medicare" - put in alternative language for plans that don't waive any costs.
- Under Medicare managed care plan bullet. In the section "Suspended FEHB coverage...." Change "Medicare+Choice service area" to "managed care plan's service area."
- Primary Payer Chart. Added 2 new boxes to "C". NOTE: We're checking these with HCFA; box may change more.

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Section 10

- Reworded our instructions for Custodial care and Experimental definitions -- no actual change.

Section 11

- In the TCC description, add text in two places to give a bit more information.

Index

- Added another example term