
FEHB Program Carrier Letter All Carriers

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

Letter No. 2000-23

Date: May 8, 2000

Fee-for-service [18] Experience-rated HMO [20] Community-rated [22]

SUBJECT: Plain language for your 2001 brochure

The 2001 brochure frame for your plan type with the new language and format is enclosed. If you have two options we will send you a benefits frame for two options separately.

Your brochure submission

Your 2001 FEHB brochure must be in the new format and use plain language throughout, including Plan-specific text. The language in the brochure frame is plainly written and laid out the way we want to see all brochures for 2001.

Your brochure language is due to your contract specialist **July 1, 2000**. Please note, however, that the brochure language that accompanies and describes your benefit proposals must be in plain language and we must receive it by **May 31, 2000**.

Work with your OPM contract specialist to add your benefits and procedures -- including your changes and clarifications for 2001 -- to this new frame. Follow the frame and other guidance we send concerning mandatory language. Periodically during benefit negotiations, we will exchange text and discuss your proposals electronically. See our carrier letter on Open Season material for more information. If you have not received that letter recently, call your contract specialist for another copy.

Background

Through carrier letters and the 1998 and 1999 Fall carrier conferences, we have emphasized our strong commitment to plain language. Together we re-wrote the administrative portions of your brochures for contract year 2000. Representatives from several fee-for-service and HMO plans, together with Office of Insurance Programs staff, have developed clear and customer-focused benefit descriptions that facilitate plan-to-plan comparison. They developed a brochure frame for both types of FEHB plans -- fee-for-service and HMO.

We had focus groups look at the draft frame. We wanted feedback from actual users on our efforts to simplify and rewrite the health benefits brochures in plain language. The result of the three different focus groups were "Outstanding" from the standpoint of validating the work of the health plan/OIP work group. It also caused us to rethink other language.

The focus groups particularly liked:

- The format and order of sections -- for instance, the plan-specific information in the front and general FEHB information in back;
- Benefits in chart form with the description on the left and the member's costs on the right;
- The more detailed table of contents, the new overview at the beginning of the benefits section, and -- for some plans -- the new index; and
- The easier to follow language, such as the step-by-step disputed claims process and the Medicare primary payer chart.

Things you need to know to prepare your 2001 brochure

Although the frame is straightforward, we have enclosed guidelines for writing the text and completing the benefit portions of the frame.

Conclusion

We are pleased to present this brochure frame to you. Please work with your contract specialist to develop your brochure. If you have questions about the frame that do not relate to your Plan's benefits or procedures, please feel free to call Agnes Kalland (amkallan@opm.gov) at 202/606-0745.

Sincerely,

(signed)

Frank D. Titus
Assistant Director
for Insurance Programs

Enclosures

Enclosure
Guidelines for 2001 brochures

Rules for writing your text portions (All sections except Section 5)

The fee-for-service frame and the HMO frame are laid out in the same order so that it will be easier for members to find their way around the brochure. And it will also be easier for them to compare plans. Therefore, the Section names and the headings are standard. Follow the standard headers. Use the suggested text unless it conflicts with your procedures or benefits, because it is already in plain language. Do not edit text that applies to all plans. Work with your contract specialist where you need to.

Rules for filling in Section 5 Benefits

We folded a fee-for-service plan's benefits into Section 5 to illustrate to you how the blocks could be used. We are not requiring you to provide, exclude, or change any benefit from last year. Replace the sample benefits with your benefits -- however, you must word them plainly, following the edit rules in this letter. Use the sample language wherever you can.

Some parts of Section 5 are standard:

- Present benefits in chart form, with the chart open on the sides. Even though the sides are open, use white space around text as if the chart lines were filled in;
- Do not change the Section headings;
- Do not change the Important information blocks, except to conform them to your procedures or benefits where we have noted that the text is Plan-specific;
- Follow the standard headers in the gray bands, such as Diagnostic and treatment services. Do not re-order the headers or remove any of them. If you do not have a given benefit, say "No Benefit;"
- If you split the chart before the next gray band, use the suggested way of explaining that the benefit is continued on the next page. For instance, when the Diagnostic and treatment services block is split between two pages, we state at the bottom right corner of the page: Diagnostic and treatment services - *Continued on next page*. And, then, in the gray band on the next page we say in the left block: Diagnostic and treatment services (*continued*), and in the right block: You pay;
- Show "You pay" in the gray band that appears at the top of each page; and
- Use suggested text if it applies because it is already in plain language. We marked some text as standard; if you must edit that text, work with your contract specialist.

Left column, Description:

- List your benefits; do not use sentences and paragraphs to describe when a simple list is all that's needed. Do NOT put cost information in the Description column.
- Start a new description block when you think the information needs to be broken up. For instance, always start a new block when the costs change. You may block benefits however you wish, such as according to the member's costs for them. (Note, however, that you cannot re-order the headers in the gray bands.)
- When you have exclusions specific to a given benefit, start a new block. In the left column, say "*Not covered:*" and show exclusions. In the right column, show only that the member will pay "*All charges.*" Not covered entries in both sides should be *italized*.
- If you have information that doesn't fit as a benefit description or cost introduce it with "Note:" then explain it. Sparingly, cross reference a benefit to another section. Again, put notes about benefits in the left column and notes about costs in the right column.
- Handling lists of covered services and exclusions:
 - In some cases a wide variety of services will be covered with a limited number of exceptions and you won't want to list all the things that are covered. But you will want to specify those that are not covered. Use "such as" to indicate the listing isn't inclusive and "not covered" to identify exclusions. See the Maternity care example in Section 5(a).
 - You can use "such as" in the *Not covered* blocks too, as a way of illustrating that other excluded items exist -- for example, items that are excluded as a matter of definition. See "Personal comfort items, such as" in the *Not covered* section of the Inpatient hospital benefits in Section 5(c).
 - If the list of covered services is short, use "limited to" to indicate an inclusive list. Generally, the use of "limited to" will avoid the need for a "not covered" entry. See the Educational classes and programs example in Section 5(a).
 - There may be cases where you use "limited to" but feel a "not covered" entry is desirable because a closely related service isn't covered. See the Organ tissue transplants example in Section 5(b).
- Whenever you can, define terms in the benefit section instead of the Definitions section. For instance, durable medical equipment. However, when a term is widely used -- e.g., medically necessary -- put the term in the Definitions section.

Right column, You pay:

- Show the MEMBER's costs. Keep explanations simple (as in our examples). Do NOT describe benefits in the You pay column. For fee-for-service plans, there is a change in focus -- from telling the member what the Plan pays to telling them what they will pay.

- When describing your reasonable and customary allowance, or other allowances, use the term "Plan allowance" or "our allowance". The term will be defined in the text portion of the brochure.
- *{DO NOT TYPESET INSTRUCTIONS. Generally, our instructions to you are in brackets and italics.}*

Formatting, typesize, margins, etc.

Footer: Front page: none
 2nd page to end: 10 pt italic
 Left text: 2001 *{insert Plan name}*
 Center: page number
 Right text: *{name of section}*

Typesize: Section heads: 14pt bold
 Headers in text: 12 pt bold
 Sub-headers: 10 pt bold and indent 5 spaces and add bullet
 Text: 10 pt regular (same as last year)
 Text in "Not covered" blocks: 10 pt italic

Margins: Not less than: 0.6 top
 0.5 bottom
 1.0 inside
 0.8 outside

Shading: Section 5: Benefit Description/You Pay and Note blocks:
 Offset (Shade gray-40%; white type.)

Section 5: Benefit headers (such as "Diagnostic and treatment services":
 Shade gray-10%; regular (black) type.

Lines: Above and below Section heads; 6pt spacing before and after heading.

Benefits Chart: Lines above, below, and middle of each block. (All except inside and outside edges)

6pt spacing top and bottom of text; left/right indent 2pt.
 Bullets: hanging by 2pt.

Space so that there is a lot of white space -- easier read.

Headers: Text sections: Start of each section.
 Benefits section: Each page either:

- Section header, or
- Gray header with benefit/You pay. (Do not repeat You pay on page), or
- As instructed in frame.