



**Retirement and Insurance Service
Benefits Administration Letter**

Number: 01-208

Date: March 22, 2001

Subject: Federal Employees Health Benefits (FEHB) Program: Opportunity for Enrollees of Cigna Healthcare of California, Enrollment Code 9T, to change Enrollment

This is to advise you that Cigna Healthcare of California, enrollment code 9T, will no longer contract with any provider in Monterey County effective May 1, 2001.

We are authorizing an opportunity for enrollees enrolled in code 9T to change enrollment. The opportunity to change enrollment will begin immediately and continue through April 30, 2001. The effective date of all enrollment changes will be the first day of the pay period following the one in which an enrollee makes the change, but no later than May 1, 2001. Enrollees who do not change will have to travel to Cigna's remaining service area to obtain medical care and to receive full benefits from the Plan for the remainder of the 2001 contract year.

The Plan is sending the attached notice to all affected enrollees advising them of the provider network disruption and the opportunity to change enrollment.

Thank you for your cooperation in this matter.

Attachment

A handwritten signature in black ink that reads "Abby L. Block".

Abby L. Block
Assistant Director
for Insurance Programs

**URGENT NOTICE
TO ALL FEDERAL ENROLLEES OF
CIGNA HEALTHCARE OF CALIFORNIA
THAT LIVE IN MONTEREY COUNTY**

Cigna Healthcare of California is sending this important notice to you at the request of the United States Office of Personnel Management (OPM).

Beginning May 1, 2001, Cigna Healthcare of California (Cigna) will no longer have any doctors or hospitals under contract in Monterey County.

Due to this circumstance, we are providing you with two options:

Option One: You may continue your enrollment with Cigna but you must travel to one of the remaining counties in Cigna's service area to receive doctor and hospital care.

Option Two: You can select another health plan.

Follow the instructions for the option of your choice.

Option One: For members who wish to continue their enrollment with Cigna

You and, if applicable, each member of your family must select a new primary care doctor that practices in one of the remaining counties shown on page 5 of Cigna's 2001 Federal brochure RI 73-402. To select a new primary care doctor, call our Member Services Department at 1-800-832-3211 **no later than March 25**. If you do not select a new primary care doctor by March 25, we will select one for you. If you do not want the doctor we select, contact our Member Services Department at the above number to change the selection. Your new primary care doctor will be responsible for providing or arranging your care.

Option Two: For members who wish to change their enrollment from Cigna to a new health plan

If you are an employee: Contact your personnel office and follow their instructions. Your personnel office will provide you with a 2001 guide to Federal Employees Health Benefits Plans. You may also visit the 2001 website (www.opm.gov/insure) to view a plan's brochure or the FEHB guide and obtain valuable information to help you choose a health plan.

If you are a retiree (annuitant): Retirees (annuitants) under the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), should call toll free 1-888-767-6738 to make your enrollment change, as soon as possible. If you have impaired hearing, call 1-800-878-5707. Please have your CSRS or FERS annuity claim number and your social security number available when you call the toll-free number. **If you are a retiree (annuitant) of another Federal retirement system, you should contact that retirement system to select a new health plan.**

Employees and Retirees who change their enrollment from Cigna to a new health plan are also entitled to transitional care under the Patient's Bill of Rights as follows:

If you (or a family member) have a chronic or disabling condition, or are in the second or third trimester of pregnancy, you have a right to continue seeing your specialist for up to 90 days from this notice or through the end of post-partum care. The plan that gets the new member must pay for the transitional care. Contact your new plan so it can help coordinate your care.

Choose the option (Option One or Option Two) that is appropriate for you health care needs.

We apologize for the inconvenience and thank you for your cooperation in this matter.