



## Retirement and Insurance Service Benefits Administration Letter

Number: 02-211 Date: October 3, 2002

**Subject:** Federal Employees Health Benefits (FEHB) Program: Opportunity for

Enrollees of Amcare Health Plans, Enrollment Codes 2V and ZG, to Change

**Enrollment** 

Amcare Health Plans, enrollment codes 2V and ZG, will no longer participate in the Federal Employees Health Benefits (FEHB) Program effective October 31, 2002.

Amcare enrollees in codes 2V and ZG <u>must</u> change to another participating plan in order to continue to receive benefits under the FEHB Program. Enrollees who do not change plans will have no benefits for the remainder of the 2002 benefit year. The opportunity to change enrollment will begin immediately and continue through October 31, 2002. The effective date of all enrollment changes will be the beginning pay period in which the enrollee makes the change, but no later than October 20, 2002. Agencies may accept belated enrollment changes, however, the effective date of all enrollments accepted after October 31, 2002 must be effective no later than the last pay period in October. Effective dates for agencies that have pay periods other than bi-weekly pay periods must be no later than November 1, 2002.

Since HMO Blue Texas, Code YX, will not be offered in 2003 please do not allow members to enroll in this plan. Please refer to BAL 02-204 or the FEHB website at <a href="www.opm.gov/insure/health">www.opm.gov/insure/health</a> for a list of terminating plans.

The Plan will send a letter to enrollees advising them of this opportunity to change enrollment. We have attached a copy of that letter for your information.

Thank you for your cooperation in this matter.

Abby L. Block, Assistant Director

for Insurance Programs

Attachment

### **United States**



# Office of **Personnel Management**

Washington, DC 20415-0001

#### TO ALL FEDERAL ENROLLEES OF AMCARE HEALTH PLANS CODE 2V AND ZG

Amcare Health Plans, enrollment codes 2V and ZG will no longer participate in the Federal Employees Health Benefits (FEHB) Program. If you are an employee, you <u>must</u> transfer to another participating health plan immediately to continue to receive health benefits under the FEHB Program.

A special open enrollment period is effective immediately and continues through the end of October 2002. Please contact your personnel office to obtain a 2002 Guide to Federal Employees Health Benefits Plans. You may request brochures directly from the health plans at the phone numbers appearing in the Guide. You may also visit our 2002 FEHB web site (www.opm.gov/insure) to view a plan's brochure or the FEHB Guide to help you choose a health plan. NOTE TO MEMBERS WHO LIVE IN THE DALLAS AREA: Please do not enroll in HMO Blue Texas, Code YX, since it will not be offered in 2003.

#### IF YOU ARE AN EMPLOYEE

You should take a copy of this letter to your personnel office and complete a new Health Benefits Registration Form (SF 2809). Coverage under your new health plan must begin no later than the last pay period in October 2002.

#### IF YOU ARE AN ANNUITANT

If you are an annuitant under the Civil Service Retirement System (CSRS) or the Federal Employees' Retirement System (FERS), you should call the Retirement Information Office's toll-free number 1-888-767-6738 Monday through Friday from 7:30 am to 7:30 pm Eastern Time to make an enrollment change. Please have available your CSS or FERS annuity claim number and your social security number when calling. If you have impaired hearing, call 1-800-878-5707. Coverage under your new plan will begin on November 1, 2002.

If you do not select a new plan during the special open enrollment, OPM will enroll you in the Standard Option of the Blue Cross and Blue Shield Service Benefit Plan. This action is to ensure your continued coverage and eligibility to participate in the FEHB Program. If Standard Option Blue Cross and Blue Shield is the plan you want, do not wait for us to enroll you. If you elect Blue Cross and Blue Shield during the open enrollment period, you will receive your plan identification card sooner.

#### TRANSITIONAL CARE UNDER THE PATIENT'S BILL OF RIGHTS

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

We apologize for the inconvenience and thank you for your cooperation.

U.S. Office of Personnel Management