SUBJECT: Special Enrollment Period for Certain Health Net Enrollees

This is to advise you of the special enrollment period that OPM has scheduled for certain enrollees of Health Net in California, enrollment codes LB1 and LB2. All Health Net subscribers who currently use providers in San Benito County, California, and who wish to continue full benefits under the Federal Employees Health Benefits (FEHB) Program must transfer to another FEHB plan. A special enrollment period has been scheduled for these subscribers from June 1 through June 30, 1996.

Attached for your information is a notice sent to field installations in the San Benito County area regarding the plan's partial termination in that county. All affected enrollees are being notified directly by the plan.

Abby L. Block, Chief
Insurance Policy and Information Division

Attachment
MEMORANDUM FOR AGENCY HEADS AND PERSONNEL OFFICERS IN SAN BENITO (CALIFORNIA) COUNTY AND SURROUNDING AREAS

FROM: LUCRETIA F. MYERS
ASSISTANT DIRECTOR FOR INSURANCE PROGRAMS

Subject: Health Net Reduction in Service Area

This is to advise you that Health Net (FEHB enrollment codes LB1 and LB2) is terminating its agreement with its providers in San Benito County effective June 30, 1996. The plan will no longer provide benefits for enrollees who use providers in that area. Please note that this action only affects those employees who are currently using providers in that area and has no effect on the other enrollees in the plan.

Employees who do not currently use providers in San Benito County need take no action. They will continue to be covered in the plan's remaining service areas.

Employees who are currently using providers in San Benito County must change health plans. Employees using providers in San Benito County who do not change plans will have to travel to the plan's remaining service area to obtain medical care in order to receive full benefits.

OPM has scheduled a special enrollment period from June 1, 1996 through June 30, 1996, to allow affected employees to change plans. The effective date of coverage under the new plan will be the first day of the first pay period beginning on or after June 22, 1996. Employees who enroll in a fee-for-service plan will be subject to any applicable deductibles or coinsurance required by that plan. Other than Health Net, there are no prepaid plans available in the same geographic area.

In processing the SF 2809 for employees who elect to change plans, do not complete item 3 in Part C of the form. The date that goes in item 4 of Part C is 7/1/96. Also, please note in the "Remarks" section of the SF 2809: "Partial termination of health plan. Change permissible under 5 CFR 890.301(k)."