Subject: Federal Employees Health Benefits (FEHB) Program: Opportunity for Enrollees of M-Care Health Plan, Enrollment Code EG, to Change Enrollment

M-CARE, enrollment code EG, in the State of Michigan, recently notified us of a serious provider network problem in Battle Creek, Michigan. A large physician group (Integrated Health Partners Physician Hospital Organization) canceled participation in the M-CARE network. Consequently, members do not have adequate access to Plan providers in the Battle Creek, Michigan area.

We are authorizing an opportunity for all affected M-CARE enrollees to change enrollment. The opportunity to change enrollment will begin immediately and continue through March 1, 2001. Agencies may apply the cutoff date liberally if necessary. The effective date of all enrollment changes will be the first day of the pay period in which an enrollee makes the change.

The Plan will send the attached notice to all affected enrollees advising them of the provider network disruption shortly.

Note: If enrollees are uncertain whether or not they are affected by the provider network disruption, please have them contact M-CARE at 1-800-658-8878. In the event that a member needs care prior to switching plans, they should contact M-CARE directly.

Thank you for your cooperation in this matter.

Abby L. Block,
Assistant Director for Insurance Programs

Attachment
TO ALL FEDERAL ENROLLEES OF M-CARE IN BATTLE CREEK MICHIGAN

This important notice is being sent to you by M-CARE at the request of the Office of Personnel Management.

M-CARE, enrollment codes EG1 and EG2, recently lost a large physician group in Battle Creek, Michigan. Integrated Health Partners Physician Hospital Organization will cancel participation in the M-Care network as of April 1, 2001. Some of the providers have already closed their practices to M-CARE enrollees. If you live in Battle Creek, you do not have adequate access to M-Care providers. You MUST transfer to another participating health plan.

A special open enrollment period is effective immediately and continues for 30 days. Please contact your personnel office to obtain a 2001 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 2001 FEHB web site (www.opm.gov/insure) to view a plan’s brochure or the FEHB Guide to help you choose a health plan and learn about your transitional care rights.

IF YOU ARE AN EMPLOYEE

Please take a copy of this letter to your personnel office and complete a new Health Benefits Registration Form (SF 2809). The effective date of the new coverage will be the first day of the pay period in which you change health plans.

IF YOU ARE AN ANNUITANT

Annuitants under the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS), should call toll free at 1-888-767-6738 between Monday through Friday from 7:30 am – 5:30 pm E.S.T to make their enrollment changes. Please have your CSRS or FERS annuity claim number and your social security number when calling our toll-free number. If you are an annuitant of another Federal retirement system, you must contact that system for assistance.

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

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