



**Retirement and Insurance Service
Benefits Administration Letter**

Number: 01-212

Date: May 21, 2001

Subject: Federal Employees Health Benefits (FEHB) Program: Opportunity for Enrollees of Maxicare Indiana, Inc., Enrollment Code GK, to Change Enrollment

Maxicare Indiana, Inc., enrollment code GK, has been placed into receivership by the Indiana Department of Insurance and will no longer participate in the Federal Employees Health Benefits (FEHB) Program effective July 3, 2001.

We are authorizing an opportunity for Maxicare enrollees in code GK to change enrollment. The opportunity to change enrollment will begin immediately and continue through June 2, 2001. Agencies may accept belated enrollment changes. **The effective date of all enrollment changes will be retroactive to the pay period beginning on or after May 5, 2001. Enrollees must 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 2001 contract year.**

The Plan will send enrollees a letter to advise 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.

Attachment

A handwritten signature in cursive script that reads "Abby L. Block".

Abby L. Block
Assistant Director
for Insurance Programs



United States
**Office of
Personnel Management**

Washington, D.C. 20415
In Reply Refer To:

Your Reference:

TO ALL FEDERAL ENROLLEES OF MAXICARE INDIANA, INC.

Maxicare Indiana, Inc., enrollment code GK, has been placed into receivership by the Indiana Department of Insurance and will no longer participate in the Federal Employees Health Benefits (FEHB) Program. **If you are an employee you must transfer to another participating health plan immediately to continue to receive health benefits under the FEHB Program. Annuitants are to follow the directions below.**

A special open enrollment period is effective immediately and continues through June 2, 2001. 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.

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 will be made retroactive to the pay period beginning on or after May 5, 2001.

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 – 7:30 pm EST, to make their enrollment changes. 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 calling our toll-free number. Coverage under your new health plan will be retroactive to May 1, 2001.

If you do not make a new election during the special open enrollment, OPM's Retirement Services Division will enroll you in 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 you are an annuitant of another Federal retirement system, you must contact that system for assistance.

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
Office of Insurance Programs