

---

---

# FEHB Program Carrier Letter

## Health Maintenance Organizations

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

---

**Letter No. 1999-031**

**Date: July 19, 1999**

Fee-for-service [ n/a ]    Experience-rated HMO [ 27 ]    Community-rated [ 27 ]

---

**Subject: Revisions to the original HMO brochure language**

We provided you with the new HMO brochure language on May 25, 1999, in Carrier Letter 1999-025. Since that time, many people have contacted us with their questions and comments. As a result, we have made revisions to the original HMO brochure language.

We have tried very hard to keep language changes to a minimum. However, we believe that these changes are necessary to make the brochure language as accurate as possible.

Enclosure 1 gives you the brochure language required by The Women's Health and Cancer Rights Act of 1998. We first told you about this legislation in Carrier Letter 1998-053, dated December 14, 1998. This enclosure contains the brochure language that we promised you that letter.

Enclosure 2 reflects modifications to the original brochure text we sent to you in Carrier Letter 1999-025. Please review these changes, and modify your Federal brochure for year 2000, as necessary.

If you have any questions regarding the specific language your brochure should contain, please contact your OPM contract specialist. If you have questions about the plain language initiative, please contact Mike Hodges at (202) 606-0745.

Sincerely,

(signed)

Frank D. Titus  
Assistant Director  
for Insurance Programs

Enclosures

Enclosure 1- Brochure language for the Women's Health and Cancer Rights Act of 1998

You must provide the following benefit for breast reconstruction. Please add the following language to the end of your reconstructive surgery benefit, located in the limited benefits section under medical and surgical benefits:

A patient and her attending physician may decide whether to have breast reconstruction surgery following a mastectomy and whether surgery on the other breast is needed to produce a symmetrical appearance.

You must also provide coverage for breast prostheses and surgical bras, as well as their replacement. If you offer a prosthetic devices benefit, add these items to the description of the benefit. If you do not offer a prosthetic devices benefit, add these items as a specific bullet under the medical and surgical benefits page.

You must provide breast reconstruction benefits no less favorably than benefits for other, similar services. This means, for example, that you must cover breast prostheses like you do other prostheses. If you do not cover prosthetic devices, you must cover breast prosthesis like you provide medical and surgical benefits. You may apply the same deductibles, coinsurance, and copayment provisions to the breast prostheses that you do to other medical and surgical benefits.

## Enclosure 2- Modifications to HMO brochure text

Please note that the top of each brochure page should show the name of the HMO and the year (2000, not 1999).

1. Under Section 1, Health Maintenance Organizations:
  - A. Please edit the last sentence of the first paragraph from “well-baby care and shots” to “well-baby care and immunizations.”
  - B. Please remove the phrase “when you receive services” from the second sentence of the second paragraph.

2. Under Section 2, How we change for 2000:
  - A. Please add the following to the end of the second paragraph: (See Section 3, How to get benefits, for more information).
  - B. Please delete the third paragraph and replace it with the following:

You may review and obtain copies of your medical records on request. If you want copies of your medical records, ask your health care provider for them. You may ask that a physician amend a record that is not accurate, not relevant, or incomplete. If the physician does not amend your record, you may add a brief statement to it. If they do not provide you your records, call us and we will assist you.

3. Under Section 3, How to get benefits:
  - A. In the first paragraph of the subhead, “How much do I pay for services?” please change the word “percent” to “percentage.”
  - B. Please note that the subhead “What do I do if I am seeing a specialist when I enroll” is a plan specific paragraph. If you have unique specialty care requirements for your physicians or physicians’ groups, you may modify this language to show them.
4. Under Section 4, What to do if we deny your claim or request for service:
  - A. Under number 2 of the first paragraph, please remove the word “in” so the sentence reads “Refer to specific brochure wording explaining ....”

- B. Create the following new subhead to appear directly after the subhead “When may I ask OPM to review a denial?”:

What if I have a serious or life threatening condition and you haven’t responded to my request for service? Call us (list phone #) and we will expedite our review.

- C. Remove the existing text from “What if you have denied my request for care and my condition is serious or life threatening?” and add the following:

If we expedite your review due to a serious medical condition and deny your claim, we will inform OPM so that they can give your claim expedited treatment too. Alternatively, you can call OPM’s health benefits Contract Division XX at (202) 606-xxxx between 8 a.m. and 5 p.m. Serious or life-threatening conditions are ones that may cause permanent loss of bodily functions or death if they are not treated as soon as possible.

- D. Under item number 2 of the paragraph “Are there other time limits?” please change the word “do” to “did” in the first sentence.

- 5. Under Section 8, FEHB facts:

- A. Under the subheading “Identification cards” remove the last sentence that references the Employee Express Help line.
- B. Under the subhead “What is former spouse coverage?”, change “spouse” to “former spouse” in the first sentence.
- C. Under the subhead “How do I enroll in TCC?”, remove the word “are” from the first sentence of the first paragraph.