



***Retirement and Insurance Service
Benefits Administration Letter***

Number: 02-208

Date: August 7, 2002

Subject: Federal Employees Health Benefits (FEHB) Program: Opportunity for Enrollees of Amcare Health Plans, Enrollment Code ZX, to Change Enrollment

Amcare Health Plans, enrollment code ZX, is under an Oklahoma Department of Insurance Administrative Compliance Order and will no longer participate in the Federal Employees Health Benefits (FEHB) Program effective August 31, 2002.

Amcare enrollees in code ZX **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 2002 contract year.** The opportunity to change enrollment will begin immediately and continue through August 24, 2002. The effective date of all enrollment changes will be the beginning of the pay period in which the enrollee makes the change. Agencies may accept belated enrollment changes, however, all enrollments accepted after August 24, 2002 must be made effective no later than the last pay period in August.

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.

A handwritten signature in black ink that reads "Abby L. Block".

Abby L. Block,
Assistant Director
for Insurance Programs

Attachment

*Civil Service
Retirement
System*

*Federal Employees'
Group Life
Insurance Program*

*Federal Employees
Health Benefits
Program*

*Federal Employees
Retirement
System*

*Federal Long
Term Care
Insurance
Program*



United States
**Office of
Personnel Management**

Washington, D.C. 20415

In Reply Refer To:

Your Reference:

TO ALL FEDERAL ENROLLEES OF AMCARE HEALTH PLANS CODE ZX

Amcare Health Plans, enrollment code ZX, is under an Oklahoma Department of Insurance Administrative Compliance Order 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.**

A special open enrollment period is effective immediately and continues through August 24, 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.

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 August 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 September 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
Office of Insurance Programs