

year 2006, see section 7 of Pub. L. 108-496, set out as a note under section 8951 of this title.

### § 8953. Contracting authority

(a)(1) The Office shall contract with a reasonable number of qualified companies for a policy or policies of benefits described under section 8954 without regard to section 6101(b) to (d) of title 41 or any other statute requiring competitive bidding. An employee organization may contract with a qualified company for the purpose of participating with that qualified company in any contract between the Office and that qualified company.

(2) The Office shall ensure that each resulting contract is awarded on the basis of contractor qualifications, price, and reasonable competition.

(b) Each contract under this section shall contain—

(1) the requirements under section 8902(d), (f), and (i) made applicable to contracts under this section by regulations prescribed by the Office;

(2) the terms of the enrollment period; and

(3) such other terms and conditions as may be mutually agreed to by the Office and the qualified company involved, consistent with the requirements of this chapter and regulations prescribed by the Office.

(c) Nothing in this chapter shall, in the case of an individual electing dental supplemental benefit coverage under this chapter after the expiration of such individual's first opportunity to enroll, preclude the application of waiting periods more stringent than those that would have applied if that opportunity had not yet expired.

(d)(1) Each contract under this chapter shall require the qualified company to agree—

(A) to provide payments or benefits to an eligible individual if such individual is entitled thereto under the terms of the contract; and

(B) with respect to disputes regarding claims for payments or benefits under the terms of the contract—

(i) to establish internal procedures designed to expeditiously resolve such disputes; and

(ii) to establish, for disputes not resolved through procedures under clause (i), procedures for 1 or more alternative means of dispute resolution involving independent third-party review under appropriate circumstances by entities mutually acceptable to the Office and the qualified company.

(2) A determination by a qualified company as to whether or not a particular individual is eligible to obtain coverage under this chapter shall be subject to review only to the extent and in the manner provided in the applicable contract.

(3) For purposes of applying the Contract Disputes Act of 1978<sup>1</sup> to disputes arising under this chapter between a qualified company and the Office—

(A) the agency board having jurisdiction to decide an appeal relative to such a dispute shall be such board of contract appeals as the Director of the Office of Personnel Manage-

ment shall specify in writing (after appropriate arrangements, as described in section 8(c)<sup>1</sup> of such Act); and

(B) the district courts of the United States shall have original jurisdiction, concurrent with the United States Court of Federal Claims, of any action described in section 10(a)(1)<sup>1</sup> of such Act relative to such a dispute.

(e) Nothing in this section shall be considered to grant authority for the Office or third-party reviewer to change the terms of any contract under this chapter.

(f) Contracts under this chapter shall be for a uniform term of 7 years and may not be renewed automatically.

(Added Pub. L. 108-496, § 2, Dec. 23, 2004, 118 Stat. 4002; amended Pub. L. 111-350, § 5(a)(16), Jan. 4, 2011, 124 Stat. 3842.)

### Editorial Notes

#### REFERENCES IN TEXT

The Contract Disputes Act of 1978, referred to in subsec. (d)(3), is Pub. L. 95-563, Nov. 1, 1978, 92 Stat. 2383, which was classified principally to chapter 9 (§601 et seq.) of former Title 41, Public Contracts, and was substantially repealed and restated as chapter 71 (§7101 et seq.) of Title 41, Public Contracts, by Pub. L. 111-350, §§ 3, 7(b), Jan. 4, 2011, 124 Stat. 3677, 3855. Sections 8(c) and 10(a)(1) of the Act, which were classified to sections 607(c) and 609(a)(1), respectively, of former Title 41, were repealed and restated as section 7105(d), (e)(1)(C) and section 7104(b)(1), respectively, of Title 41. For complete classification of this Act to the Code, see Tables. For disposition of sections of former Title 41, see Disposition Table preceding section 101 of Title 41.

#### AMENDMENTS

2011—Subsec. (a)(1). Pub. L. 111-350 substituted “section 6101(b) to (d) of title 41” for “section 5 of title 41”.

### Statutory Notes and Related Subsidiaries

#### EFFECTIVE DATE

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108-496, set out as a note under section 8951 of this title.

### § 8954. Benefits

(a) The Office may prescribe reasonable minimum standards for enhanced dental benefits plans offered under this chapter and for qualified companies offering the plans.

(b) Each contract may include more than 1 level of benefits that shall be made available to all eligible individuals.

(c) The benefits to be provided under enhanced dental benefits plans under this chapter may be of the following types:

- (1) Diagnostic.
- (2) Preventive.
- (3) Emergency care.
- (4) Restorative.
- (5) Oral and maxillofacial surgery.
- (6) Endodontics.
- (7) Periodontics.
- (8) Prosthodontics.
- (9) Orthodontics.

(d) A contract approved under this chapter shall require the qualified company to cover the geographic service delivery area specified by the

<sup>1</sup> See References in Text note below.

Office. The Office shall require qualified companies to include dentally underserved areas in their service delivery areas.

(e) If an individual has dental coverage under a health benefits plan under chapter 89 and also has coverage under a plan under this chapter, the health benefits plan under chapter 89 shall be the first payor of any benefit payments.

(Added Pub. L. 108–496, § 2, Dec. 23, 2004, 118 Stat. 4003.)

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108–496, set out as a note under section 8951 of this title.

#### § 8955. Information to individuals eligible to enroll

(a) The qualified companies<sup>1</sup> at the direction and with the approval of the Office, shall make available to each individual eligible to enroll in a dental benefits plan information on services and benefits (including maximums, limitations, and exclusions), that the Office considers necessary to enable the individual to make an informed decision about electing coverage.

(b) The Office shall make available to each individual eligible to enroll in a dental benefits plan, information on services and benefits provided by qualified companies participating under chapter 89.

(Added Pub. L. 108–496, § 2, Dec. 23, 2004, 118 Stat. 4004.)

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108–496, set out as a note under section 8951 of this title.

#### § 8956. Election of coverage

(a) An eligible individual may enroll in a dental benefits plan for self-only, self plus one, or for self and family. If an eligible individual has a spouse who is also eligible to enroll, either spouse, but not both, may enroll for self plus one or self and family. An individual may not be enrolled both as an employee, annuitant, or other individual eligible to enroll and as a member of the family.

(b) The Office shall prescribe regulations under which—

(1) an eligible individual may enroll in a dental benefits plan; and

(2) an enrolled individual may change the self-only, self plus one, or self and family coverage of that individual.

(c)(1) Regulations under subsection (b) shall permit an eligible individual to cancel or transfer the enrollment of that individual to another dental benefits plan—

(A) before the start of any contract term in which there is a change in rates charged or

benefits provided, in which a new plan is offered, or in which an existing plan is terminated; or

(B) during other times and under other circumstances specified by the Office.

(2) A transfer under paragraph (1) shall be subject to waiting periods provided under a new plan.

(d) Coverage under a dental benefits plan under this chapter for any employee or a covered TRICARE-eligible individual enrolled in such a plan and who, as a result of a lapse in appropriations, is furloughed or excepted from furlough and working without pay shall continue during such lapse and may not be cancelled as a result of nonpayment of premiums or other periodic charges due to such lapse.

(Added Pub. L. 108–496, § 2, Dec. 23, 2004, 118 Stat. 4004; amended Pub. L. 116–92, div. A, title XI, § 1111(a)(1), Dec. 20, 2019, 133 Stat. 1600.)

#### Editorial Notes

##### AMENDMENTS

2019—Subsec. (d). Pub. L. 116–92 added subsec. (d)

#### Statutory Notes and Related Subsidiaries

##### EFFECTIVE DATE OF 2019 AMENDMENT

Pub. L. 116–92, div. A, title XI, § 1111(c), Dec. 20, 2019, 133 Stat. 1601, provided that: “The amendments made by subsection (a) [amending this section and sections 8986 and 9003 of this title] shall apply to any contract for supplemental dental, supplemental vision, or long-term care insurance under chapter 89A, 89B, or 90 (respectively) of title 5, United States Code, entered into before, on, or after the date of enactment of this Act [Dec. 20, 2019].”

##### EFFECTIVE DATE

Section effective Dec. 23, 2004, and applicable to contracts that take effect with respect to the calendar year 2006, see section 7 of Pub. L. 108–496, set out as a note under section 8951 of this title.

##### REGULATIONS

Pub. L. 116–92, div. A, title XI, § 1111(b), Dec. 20, 2019, 133 Stat. 1601, provided that:

“(1) IN GENERAL.—Consistent with paragraph (2), the Director of the Office of Personnel Management shall prescribe regulations under which premiums for supplemental dental, supplemental vision, or long-term care insurance under chapter 89A, 89B, or 90 (respectively) of title 5, United States Code, (as amended by subsection (a)) that are unpaid by an employee, a covered TRICARE-eligible individual, or a member of the uniformed services (as the case may be), as a result of that employee, covered TRICARE-eligible individual, or member being furloughed or excepted from furlough and working without pay as a result of a lapse in appropriations, are paid to the applicable carrier from back pay made available to the employee or member as soon as practicable upon the end of such lapse.

“(2) LONG-TERM CARE PREMIUMS FROM SOURCE OTHER THAN BACKPAY.—The regulations promulgated under paragraph (1) for the amendments made by subsection (a)(3) [amending section 9003 of this title] may provide, with respect to any individual who elected under section 9004(d) of title 5, United States Code, to pay premiums directly to the carrier, that such individual may continue to pay premiums pursuant to such election instead of from back pay made available to such individual.”

<sup>1</sup> So in original. Probably should be followed by a comma.