

108TH CONGRESS
2D SESSION

H. R. 5295

IN THE SENATE OF THE UNITED STATES

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Received

AN ACT

To amend part III of title 5, United States Code, to provide for the establishment of programs under which supplemental dental and vision benefits are made available to Federal employees, retirees, and their dependents, to expand the contracting authority of the Office of Personnel Management, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Federal Employees
 5 Dental and Vision Benefits Enhancement Act of 2004”.

6 **SEC. 2. ENHANCED DENTAL BENEFITS.**

7 Subpart G of part III of title 5, United States Code,
 8 is amended by inserting after chapter 89 the following:

9 **“CHAPTER 89A—ENHANCED DENTAL**
 10 **BENEFITS**

“Sec.

“8921. Definitions.

“8922. Availability of dental benefits.

“8923. Contracting authority.

“8924. Benefits.

“8925. Information to individuals eligible to enroll.

“8926. Election of coverage.

“8927. Coverage of restored survivor or disability annuitants.

“8928. Premiums.

“8929. Preemption.

“8930. Studies, reports, and audits.

“8931. Jurisdiction of courts.

“8932. Administrative functions.

11 **“§ 8921. Definitions**

12 “‘In this chapter:

13 “(1) The term ‘employee’ means an employee,
 14 as defined by section 8901(1).

15 “(2) The terms ‘annuitant’, ‘member of family’,
 16 and ‘dependent’ have the meanings given such terms
 17 by section 8901.

18 “(3) The term ‘eligible individual’ refers to an
 19 individual described in paragraph (1) or (2), without

1 regard to whether the individual is enrolled in a
2 health benefits plan under chapter 89.

3 “(4) The term ‘Office’ means the Office of Per-
4 sonnel Management.

5 “(5) The term ‘qualified company’ means a
6 company (or consortium of companies) that offers
7 indemnity, preferred provider organization, health
8 maintenance organization, or discount dental pro-
9 grams, and, if required, is licensed to issue applica-
10 ble coverage in any number of States, taking any
11 subsidiaries of such a company into account (and, in
12 the case of a consortium, considering the member
13 companies and any subsidiaries thereof, collectively).

14 “(6) The term ‘employee organization’ means
15 an association or other organization of employees
16 which is national in scope, or in which membership
17 is open to all employees of a Government agency
18 who are eligible to enroll in a health benefits plan
19 under chapter 89.

20 “(7) The term ‘State’ includes the District of
21 Columbia.

22 **“§ 8922. Availability of dental benefits**

23 “(a) The Office shall establish and administer a pro-
24 gram through which an eligible individual may obtain den-

1 tal coverage to supplement coverage available through
2 chapter 89.

3 “(b) The Office shall determine, in the exercise of its
4 reasonable discretion, the financial requirements for quali-
5 fied companies to participate in the program.

6 “(c) Nothing in this chapter shall be construed to
7 prohibit the availability of dental benefits provided by
8 health benefits plans under chapter 89.

9 **“§ 8923. Contracting authority**

10 “(a)(1) The Office shall contract with a reasonable
11 number of qualified companies for a policy or policies of
12 benefits described under section 8924, without regard to
13 section 5 of title 41 or any other statute requiring com-
14 petitive bidding. An employee organization may contract
15 with a qualified company for the purpose of participating
16 with that qualified company in any contract between the
17 Office and that qualified company.

18 “(2) The Office shall ensure that each resulting con-
19 tract is awarded on the basis of contractor qualifications,
20 price, and reasonable competition.

21 “(b) Each contract under this section shall contain—

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

25 “(2) the terms of the enrollment period; and

1 “(3) such other terms and conditions as may be
2 mutually agreed to by the Office and the qualified
3 company involved, consistent with the requirements
4 of this chapter and regulations prescribed by the Of-
5 fice.

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

12 “(d)(1) Each contract under this chapter shall re-
13 quire the qualified company to agree—

14 “(A) to provide payments or benefits to an eli-
15 gible individual if such individual is entitled thereto
16 under the terms of the contract; and

17 “(B) with respect to disputes regarding claims
18 for payments or benefits under the terms of the con-
19 tract—

20 “(i) to establish internal procedures de-
21 signed to expeditiously resolve such disputes;
22 and

23 “(ii) to establish, for disputes not resolved
24 through procedures under clause (i), procedures
25 for 1 or more alternative means of dispute reso-

1 lution involving independent third-party review
2 under appropriate circumstances by entities
3 mutually acceptable to the Office and the quali-
4 fied company.

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

10 “(3) For purposes of applying the Contract Disputes
11 Act of 1978 to disputes arising under this chapter between
12 a qualified company and the Office—

13 “(A) the agency board having jurisdiction to de-
14 cide an appeal relative to such a dispute shall be
15 such board of contract appeals as the Director of the
16 Office of Personnel Management shall specify in
17 writing (after appropriate arrangements, as de-
18 scribed in section 8(c) of such Act); and

19 “(B) the district courts of the United States
20 shall have original jurisdiction, concurrent with the
21 United States Court of Federal Claims, of any ac-
22 tion described in section 10(a)(1) of such Act rel-
23 ative to such a dispute.

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

4 “(f) Contracts under this chapter shall be for a uni-
5 form term of 7 years and may not be renewed automati-
6 cally.

7 **“§ 8924. Benefits**

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

12 “(b) Each contract may include more than 1 level of
13 benefits that shall be made available to all eligible individ-
14 uals.

15 “(c) The benefits to be provided under enhanced den-
16 tal benefits plans under this chapter may be of the fol-
17 lowing types:

18 “(1) Diagnostic.

19 “(2) Preventive.

20 “(3) Emergency care.

21 “(4) Restorative.

22 “(5) Oral and maxillofacial surgery.

23 “(6) Endodontics.

24 “(7) Periodontics.

25 “(8) Prosthodontics.

1 “(9) Orthodontics.

2 “(d) A contract approved under this chapter shall re-
3 quire the qualified company to cover the geographic serv-
4 ice delivery specified by the Office. The Office shall require
5 qualified companies to include underserved areas (with re-
6 spect to dental services) in their service delivery areas.

7 “(e) If an individual has dental coverage under a
8 health benefits plan under chapter 89 and also has cov-
9 erage under a plan under this chapter, the health benefits
10 plan under chapter 89 shall be the first payor of any ben-
11 efit payments.

12 **“§ 8925. Information to individuals eligible to enroll**

13 “(a) The qualified companies, at the direction and
14 with the approval of the Office, shall make available to
15 each individual eligible to enroll in a dental benefits plan
16 information on services and benefits (including maxi-
17 mums, limitations, and exclusions) that the Office con-
18 siders necessary to enable the individual to make an in-
19 formed decision about electing coverage.

20 “(b) The Office shall make available to each indi-
21 vidual eligible to enroll in a dental benefits plan, informa-
22 tion on services and benefits provided by qualified compa-
23 nies participating under chapter 89.

1 **“§ 8926. Election of coverage**

2 “(a) An eligible individual may enroll in a dental ben-
3 efits plan for self-only, self plus one, or for self and family.
4 If an eligible individual has a spouse who is also eligible
5 to enroll, either spouse, but not both, may enroll for self
6 plus one or self and family. An individual may not be en-
7 rolled both as an employee, annuitant, or other individual
8 eligible to enroll and as a member of the family.

9 “(b) The Office shall prescribe regulations under
10 which—

11 “(1) an eligible individual may enroll in a den-
12 tal benefits plan; and

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

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

19 “(A) before the start of any contract term in
20 which there is a change in rates charged or benefits
21 provided, in which a new plan is offered, or in which
22 an existing plan is terminated; or

23 “(B) during other times and under other cir-
24 cumstances specified by the Office.

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

1 **“§ 8927. Coverage of restored survivor or disability**
2 **annuitants**

3 “A surviving spouse, disability annuitant, or sur-
4 viving child whose annuity is terminated and later restored
5 may continue enrollment in a dental benefits plan, subject
6 to the terms and conditions prescribed in regulations
7 issued by the Office.

8 **“§ 8928. Premiums**

9 “(a) Each eligible individual obtaining supplemental
10 dental coverage under this chapter shall be responsible for
11 100 percent of the premiums for such coverage.

12 “(b) The Office shall prescribe regulations specifying
13 the terms and conditions under which individuals are re-
14 quired to pay the premiums for enrollment.

15 “(c) The amount necessary to pay the premiums for
16 enrollment may—

17 “(1) in the case of an employee, be withheld
18 from the pay of such an employee; and

19 “(2) in the case of an annuitant, be withheld
20 from the annuity of such an annuitant.

21 “(d) All amounts withheld under this section shall be
22 paid directly to the qualified company.

23 “(e) Each participating qualified company shall
24 maintain accounting records that contain such informa-
25 tion and reports as the Office may require.

1 “(f)(1) The Employees Health Benefits Fund is
2 available, without fiscal year limitation, for reasonable ex-
3 penses incurred by the Office in administering this chapter
4 before the first day of the first contract period, including
5 reasonable implementation costs.

6 “(2)(A) There is established in the Employees Health
7 Benefits Fund a Dental Benefits Administrative Account,
8 which shall be available to the Office, without fiscal year
9 limitation, to defray reasonable expenses incurred by the
10 Office in administering this chapter after the start of the
11 first contract year.

12 “(B) A contract under this chapter shall include ap-
13 propriate provisions under which the qualified company in-
14 volved shall, during each year, make such periodic con-
15 tributions to the Dental Benefits Administrative Account
16 as necessary to ensure that the reasonable anticipated ex-
17 penses of the Office in administering this chapter during
18 such year are defrayed.

19 **“§ 8929. Preemption**

20 ““The terms of any contract that relate to the nature,
21 provision, or extent of coverage or benefits (including pay-
22 ments with respect to benefits) shall supersede and pre-
23 empt any State or local law, or any regulation issued
24 thereunder, which relates to dental benefits, insurance,
25 plans, or contracts.

1 **“§ 8930. Studies, reports, and audits**

2 “(a) Each contract shall contain provisions requiring
3 the qualified company—

4 “(1) to furnish such reasonable reports as the
5 Office determines to be necessary to enable it to
6 carry out its functions under this chapter; and

7 “(2) to permit the Office and representatives of
8 the Government Accountability Office to examine
9 such records of the qualified company as may be
10 necessary to carry out the purposes of this chapter.

11 “(b) Each Government agency shall keep such
12 records, make such certifications, and furnish the Office,
13 the qualified company, or both, with such information and
14 reports as the Office may require.

15 “(c) The Office shall conduct periodic reviews of
16 plans under this chapter, including a comparison of the
17 dental benefits available under chapter 89, to ensure the
18 competitiveness of plans under this chapter. The Office
19 shall cooperate with the Government Accountability Office
20 to provide periodic evaluations of the program.

21 **“§ 8931. Jurisdiction of courts**

22 “The district courts of the United States have origi-
23 nal jurisdiction, concurrent with the United States Court
24 of Federal Claims, of a civil action or claim against the
25 United States under this chapter after such administrative
26 remedies as required under section 8923(d) have been ex-

1 hausted, but only to the extent judicial review is not pre-
 2 cluded by any dispute resolution or other remedy under
 3 this chapter.

4 **“§ 8932. Administrative functions**

5 “(a) The Office shall prescribe regulations to carry
 6 out this chapter. The regulations may exclude an employee
 7 on the basis of the nature and type of employment or con-
 8 ditions pertaining to it.

9 “(b) The Office shall, as appropriate, provide for co-
 10 ordinated enrollment, promotion, and education efforts as
 11 appropriate in consultation with each qualified company.
 12 The information under this subsection shall include infor-
 13 mation relating to the dental benefits available under
 14 chapter 89, including the advantages and disadvantages
 15 of obtaining additional coverage under this chapter.”.

16 **SEC. 3. ENHANCED VISION BENEFITS.**

17 Subpart G of part III of title 5, United States Code,
 18 is amended by inserting after chapter 89A (as added by
 19 section 2) the following:

20 **“CHAPTER 89B—ENHANCED VISION**
 21 **BENEFITS**

“Sec.

“8941. Definitions.

“8942. Availability of vision benefits.

“8943. Contracting authority.

“8944. Benefits.

“8945. Information to individuals eligible to enroll.

“8946. Election of coverage.

“8947. Coverage of restored survivor or disability annuitants.

“8948. Premiums.

“8949. Preemption.

“8950. Studies, reports, and audits.

“8951. Jurisdiction of courts.

“8952. Administrative functions.

1 **“§ 8941. Definitions**

2 “In this chapter:

3 “(1) The term ‘employee’ means an employee,
4 as defined by section 8901(1).

5 “(2) The terms ‘annuitant’, ‘member of family’,
6 and ‘dependent’ have the meanings given such terms
7 by section 8901.

8 “(3) The term ‘eligible individual’ refers to an
9 individual described in paragraph (1) or (2), without
10 regard to whether the individual is enrolled in a
11 health benefits plan under chapter 89.

12 “(4) The term ‘Office’ means the Office of Per-
13 sonnel Management.

14 “(5) The term ‘qualified company’ means a
15 company (or consortium of companies) that offers
16 indemnity, preferred provider organization, health
17 maintenance organization, or discount vision pro-
18 grams, and, if required, is licensed to issue applica-
19 ble coverage in any number of States, taking any
20 subsidiaries of such a company into account (and, in
21 the case of a consortium, considering the member
22 companies and any subsidiaries thereof, collectively).

1 “(6) The term ‘employee organization’ means
2 an association or other organization of employees
3 which is national in scope, or in which membership
4 is open to all employees of a Government agency
5 who are eligible to enroll in a health benefits plan
6 under chapter 89.

7 “(7) The term ‘State’ includes the District of
8 Columbia.

9 **“§ 8942. Availability of vision benefits**

10 “(a) The Office shall establish and administer a pro-
11 gram through which an eligible individual may obtain vi-
12 sion coverage to supplement coverage available through
13 chapter 89.

14 “(b) The Office shall determine, in the exercise of its
15 reasonable discretion, the financial requirements for quali-
16 fied companies to participate in the program.

17 “(c) Nothing in this chapter shall be construed to
18 prohibit the availability of vision benefits provided by
19 health benefits plans under chapter 89.

20 **“§ 8943. Contracting authority**

21 “(a)(1) The Office shall contract with a reasonable
22 number of qualified companies for a policy or policies of
23 benefits described under section 8944, without regard to
24 section 5 of title 41 or any other statute requiring com-
25 petitive bidding. An employee organization may contract

1 with a qualified company for the purpose of participating
2 with that qualified company in any contract between the
3 Office and that qualified company.

4 “(2) The Office shall ensure that each resulting con-
5 tract is awarded on the basis of contractor qualifications,
6 price, and reasonable competition.

7 “(b) Each contract under this section shall contain—

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

11 “(2) the terms of the enrollment period; and

12 “(3) such other terms and conditions as may be
13 mutually agreed to by the Office and the qualified
14 company involved, consistent with the requirements
15 of this chapter and regulations prescribed by the Of-
16 fice.

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

23 “(d)(1) Each contract under this chapter shall re-
24 quire the qualified company to agree—

1 “(A) to provide payments or benefits to an eli-
2 gible individual if such individual is entitled thereto
3 under the terms of the contract; and

4 “(B) with respect to disputes regarding claims
5 for payments or benefits under the terms of the con-
6 tract—

7 “(i) to establish internal procedures de-
8 signed to expeditiously resolve such disputes;
9 and

10 “(ii) to establish, for disputes not resolved
11 through procedures under clause (i), procedures
12 for 1 or more alternative means of dispute reso-
13 lution involving independent third-party review
14 under appropriate circumstances by entities
15 mutually acceptable to the Office and the quali-
16 fied company.

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

22 “(3) For purposes of applying the Contract Disputes
23 Act of 1978 to disputes arising under this chapter between
24 a qualified company and the Office—

1 “(A) the agency board having jurisdiction to de-
2 cide an appeal relative to such a dispute shall be
3 such board of contract appeals as the Director of the
4 Office of Personnel Management shall specify in
5 writing (after appropriate arrangements, as de-
6 scribed in section 8(c) of such Act); and

7 “(B) the district courts of the United States
8 shall have original jurisdiction, concurrent with the
9 United States Court of Federal Claims, of any ac-
10 tion described in section 10(a)(1) of such Act rel-
11 ative to such a dispute.

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

15 “(f) Contracts under this chapter shall be for a uni-
16 form term of 7 years and may not be renewed automati-
17 cally.

18 **“§ 8944. Benefits**

19 “(a) The Office may prescribe reasonable minimum
20 standards for enhanced vision benefits plans offered under
21 this chapter and for qualified companies offering the
22 plans.

23 “(b) Each contract may include more than 1 level of
24 benefits that shall be made available to all eligible individ-
25 uals.

1 “(c) The benefits to be provided under enhanced vi-
2 sion benefits plans under this chapter may be of the fol-
3 lowing types:

4 “(1) Diagnostic (to include refractive services).

5 “(2) Preventive.

6 “(3) Eyewear.

7 “(d) A contract approved under this chapter shall re-
8 quire the qualified company to cover the geographic serv-
9 ice delivery specified by the Office. The Office shall require
10 qualified companies to include underserved areas (with re-
11 spect to vision services) in their service delivery areas.

12 “(e) If an individual has vision coverage under a
13 health benefits plan under chapter 89 and also has cov-
14 erage under a plan under this chapter, the health benefits
15 plan under chapter 89 shall be the first payor of any ben-
16 efit payments.

17 **“§ 8945. Information to individuals eligible to enroll**

18 “(a) The qualified companies, at the direction and
19 with the approval of the Office, shall make available to
20 each individual eligible to enroll in a vision benefits plan
21 information on services and benefits (including maxi-
22 mums, limitations, and exclusions) that the Office con-
23 sidered necessary to enable the individual to make an in-
24 formed decision about electing coverage.

1 “(b) The Office shall make available to each indi-
2 vidual eligible to enroll in a vision benefits plan, informa-
3 tion on services and benefits provided by qualified compa-
4 nies participating under chapter 89.

5 **“§ 8946. Election of coverage**

6 “(a) An eligible individual may enroll in a vision bene-
7 fits plan for self-only, self plus one, or for self and family.
8 If an eligible individual has a spouse who is also eligible
9 to enroll, either spouse, but not both, may enroll for self
10 plus one or self and family. An individual may not be en-
11 rolled both as an employee, annuitant, or other individual
12 eligible to enroll and as a member of the family.

13 “(b) The Office shall prescribe regulations under
14 which—

15 “(1) an eligible individual may enroll in a vision
16 benefits plan; and

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

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

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

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

3 “(B) during other times and under other cir-
4 cumstances specified by the Office.

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

7 **“§ 8947. Coverage of restored survivor or disability**
8 **annuitants**

9 “A surviving spouse, disability annuitant, or sur-
10 viving child whose annuity is terminated and later restored
11 may continue enrollment in a vision benefits plan, subject
12 to the terms and conditions prescribed in regulations
13 issued by the Office.

14 **“§ 8948. Premiums**

15 “(a) Each eligible individual obtaining supplemental
16 vision coverage under this chapter shall be responsible for
17 100 percent of the premiums for such coverage.

18 “(b) The Office shall prescribe regulations specifying
19 the terms and conditions under which individuals are re-
20 quired to pay the premiums for enrollment.

21 “(c) The amount necessary to pay the premiums for
22 enrollment may—

23 “(1) in the case of an employee, be withheld
24 from the pay of such an employee; and

1 “(2) in the case of an annuitant, be withheld
2 from the annuity of such an annuitant.

3 “(d) All amounts withheld under this section shall be
4 paid directly to the qualified company.

5 “(e) Each participating qualified company shall
6 maintain accounting records that contain such informa-
7 tion and reports as the Office may require.

8 “(f)(1) The Employees Health Benefits Fund is
9 available, without fiscal year limitation, for reasonable ex-
10 penses incurred by the Office in administering this chapter
11 before the first day of the first contract period, including
12 reasonable implementation costs.

13 “(2)(A) There is established in the Employees Health
14 Benefits Fund a Vision Benefits Administrative Account,
15 which shall be available to the Office, without fiscal year
16 limitation, to defray reasonable expenses incurred by the
17 Office in administering this chapter after the start of the
18 first contract year.

19 “(B) A contract under this chapter shall include ap-
20 propriate provisions under which the qualified company in-
21 volved shall, during each year, make such periodic con-
22 tributions to the Vision Benefits Administrative Account
23 as necessary to ensure that the reasonable anticipated ex-
24 penses of the Office in administering this chapter during
25 such year are defrayed.

1 **“§ 8949. Preemption**

2 “The terms of any contract that relate to the nature,
3 provision, or extent of coverage or benefits (including pay-
4 ments with respect to benefits) shall supersede and pre-
5 empt any State or local law, or any regulation issued
6 thereunder, which relates to vision benefits, insurance,
7 plans, or contracts.

8 **“§ 8950. Studies, reports, and audits**

9 “(a) Each contract shall contain provisions requiring
10 the qualified company—

11 “(1) to furnish such reasonable reports as the
12 Office determines to be necessary to enable it to
13 carry out its functions under this chapter; and

14 “(2) to permit the Office and representatives of
15 the Government Accountability Office to examine
16 such records of the qualified company as may be
17 necessary to carry out the purposes of this chapter.

18 “(b) Each Government agency shall keep such
19 records, make such certifications, and furnish the Office,
20 the qualified company, or both, with such information and
21 reports as the Office may require.

22 “(c) The Office shall conduct periodic reviews of
23 plans under this chapter, including a comparison of the
24 vision benefits available under chapter 89, to ensure the
25 competitiveness of plans under this chapter. The Office

1 shall cooperate with the Government Accountability Office
2 to provide periodic evaluations of the program.

3 **“§ 8951. Jurisdiction of courts**

4 “The district courts of the United States have origi-
5 nal jurisdiction, concurrent with the United States Court
6 of Federal Claims, of a civil action or claim against the
7 United States under this chapter after such administrative
8 remedies as required under section 8943(d) have been ex-
9 hausted, but only to the extent judicial review is not pre-
10 cluded by any dispute resolution or other remedy under
11 this chapter.

12 **“§ 8952. Administrative functions**

13 “(a) The Office shall prescribe regulations to carry
14 out this chapter. The regulations may exclude an employee
15 on the basis of the nature and type of employment or con-
16 ditions pertaining to it.

17 “(b) The Office shall, as appropriate, provide for co-
18 ordinated enrollment, promotion, and education efforts as
19 appropriate in consultation with each qualified company.
20 The information under this subsection shall include infor-
21 mation relating to the vision benefits available under chap-
22 ter 89, including the advantages and disadvantages of ob-
23 taining additional coverage under this chapter.”.

1 **SEC. 4. TECHNICAL AND CONFORMING AMENDMENT.**

2 The table of chapters for part III of title 5, United
3 States Code, is amended by inserting after the item relat-
4 ing to chapter 89 the following:

“89A. Enhanced Dental Benefits 8921
“89B. Enhanced Vision Benefits 8941”.

5 **SEC. 5. APPLICATION TO POSTAL SERVICE EMPLOYEES.**

6 Section 1005(f) of title 39, United States Code, is
7 amended in the second sentence by striking “chapters 87
8 and 89” and inserting “chapters 87, 89, 89A, and 89B”.

9 **SEC. 6. SENSE OF CONGRESS.**

10 (a) FINDINGS.—Congress finds that—

11 (1) oral and vision health and general health
12 and well-being are inseparable, and access to dental
13 and vision services is an essential factor in maintain-
14 ing good health;

15 (2) Federal employees and their families de-
16 serve and desire additional coverage options and
17 place value on maintaining good oral and vision
18 health; and

19 (3) it is in the interest of the Federal Govern-
20 ment to remain competitive in attracting and retain-
21 ing highly skilled employees and taking reasonable
22 steps to ensure the health and well-being of its em-
23 ployees.

1 (b) SENSE OF CONGRESS.—It is the sense of Con-
2 gress that health insurance benefits available to Federal
3 employees should be sufficient to promote the health and
4 productivity of all Federal workers and to support the re-
5 cruitment and retention of a highly qualified workforce.
6 To help achieve these goals, Congress should evaluate the
7 supplemental plans established under the this Act to de-
8 termine the options for and feasibility of providing an em-
9 ployer contribution.

10 **SEC. 7. REQUIREMENT TO STUDY HEALTH BENEFITS COV-**
11 **ERAGE FOR DEPENDENT CHILDREN WHO**
12 **ARE FULL-TIME STUDENTS.**

13 Not later than 6 months after the date of enactment
14 of this Act, the Office of Personnel Management shall sub-
15 mit to Congress a report describing and evaluating options
16 whereby benefits under chapter 89 of title 5, United
17 States Code, could be made available to an unmarried de-
18 pendent child under 25 years of age who is enrolled as
19 a full-time student at an institution of higher education,
20 as defined under section 101 of the Higher Education Act
21 of 1965 (20 U.S.C. 1001).

22 **SEC. 8. HEARING BENEFITS REPORTING REQUIREMENT.**

23 (a) IN GENERAL.—Not later than 6 months after the
24 date of enactment of this Act, the Office of Personnel
25 Management shall submit to Congress a report describing

1 and evaluating options whereby additional hearing benefits
2 could be made available to—

3 (1) Federal employees and annuitants;

4 (2) qualified relatives of Federal employees and
5 annuitants; and

6 (3) other appropriate classes of individuals.

7 (b) REQUIRED CONTENT.—The report shall in-
8 clude—

9 (1) a description of the hearing benefits cur-
10 rently available under the Federal employees health
11 benefits program;

12 (2) a description of any hearing plans currently
13 offered by carriers participating in the Federal em-
14 ployees health benefits program;

15 (3) a description of specific hearing benefits
16 that could be offered in addition to those described
17 in paragraphs (1) and (2), including any maximums,
18 limitations, exclusions, and definitions that might be
19 relevant;

20 (4) a description of the specific classes of indi-
21 viduals (as referred to generally in paragraphs (1)
22 through (3) of subsection (a)) to whom those addi-
23 tional benefits should be made available, including
24 any definitions and other terms or conditions that
25 might be relevant;

1 (5) a description and assessment of the various
2 contracting arrangements by which the Government
3 could make those additional benefits available, in-
4 cluding whether such benefits should be contracted
5 for on a regional or national basis;

6 (6) the estimated cost of those additional bene-
7 fits, including an analysis relating to whether any
8 regular Government contributions or allocation for
9 start-up costs might be necessary or appropriate;

10 (7) a description of how those additional bene-
11 fits could be made available through—

12 (A) the Federal employees health benefits
13 program;

14 (B) one or more plans outside the Federal
15 employees health benefits program, including
16 supplemental plans referred to in paragraph
17 (2);

18 (C) the program described in subpara-
19 graph (A) in combination with one or more of
20 the plans described in subparagraph (B); and

21 (D) any other hearing coverage delivery
22 method;

23 (8) an analysis of the advantages and disadvan-
24 tages associated with the alternatives described
25 under paragraph (7), including—

1 (A) the relative cost effectiveness and effi-
2 ciency of each;

3 (B) the likely impact of each alternative on
4 the overall attractiveness of the Federal employ-
5 ees health benefits program to individuals eligi-
6 ble to enroll, particularly Federal employees
7 and annuitants; and

8 (C) the extent to which each alternative
9 might affect the relative competitiveness of the
10 various carriers and plans currently partici-
11 pating in the Federal employees health benefits
12 program (including as a provider of supple-
13 mental benefits);

14 (9) a recommendation from the Office as to its
15 preferred method or methods for providing those ad-
16 ditional benefits; and

17 (10) any proposed legislation or other measures
18 the Office considers necessary in order to implement
19 any of the foregoing.

20 **SEC. 9. EFFECTIVE DATE.**

21 The amendments made by this Act shall take effect
22 on the date of enactment of this Act and shall apply to

1 contracts that take effect in any year beginning after De-
2 cember 31, 2005.

Passed the House of Representatives October 8,
2004.

Attest:

JEFF TRANDAHL,
Clerk.