

108<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5295

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IN THE SENATE OF THE UNITED STATES

OCTOBER 9, 2004

Received

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## 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 re-  
11          lative 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 siders 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.*