

## Brochure Creation Tool 508 Guidance

All brochures must meet accessibility requirements under Section 508 of the Rehabilitation Act (29 U.S.C. § 794d). Please ensure that all individuals who use the Brochure Creation Tool are provided with the following tips on how to enter content in the Brochure Creation Tool so that it meets these accessibility standards.

If you have any questions about how best to format or otherwise input information in the Tool so that it is compliant with Section 508 of the Rehabilitation Act, please contact your Health Insurance Specialist for further instruction.

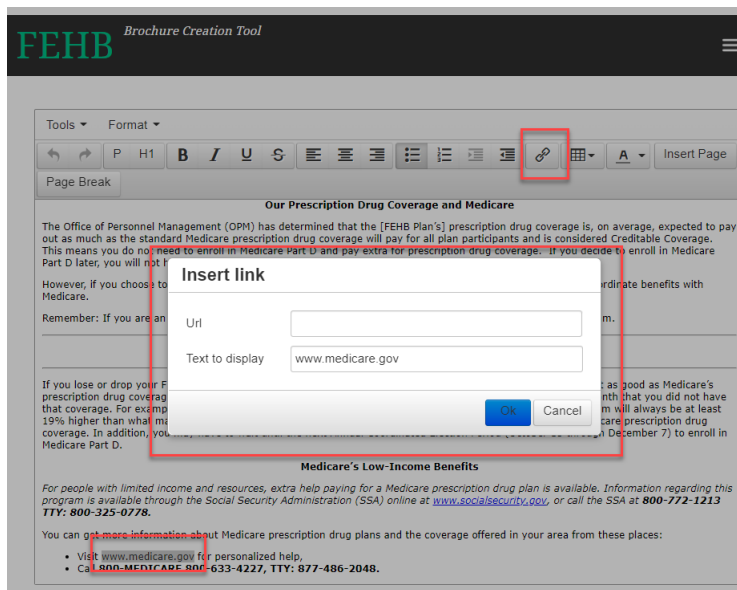
Additionally, if you identify existing content that does not follow this guidance, please make these corrections for the upcoming plan year brochure.

### Underlines

Do not underline any text that is not a hyperlink.

### Hyperlinks

All URLs must be active hyperlinks. To do this, highlight the text, click on “Insert/edit link” button on the top menu bar, and complete both fields.



### Telephone Icons

In some instances when phone numbers are copied from another source and pasted in the Brochure Creation Tool, a Skype telephone icon appears. These icons must be deleted.



### Tables with Multiple Rows of Data in a Cell

Table rows should only contain one set of data so that a screen reader can interpret each cell appropriately. For example, benefits with different copays should be separate rows instead of combined into a single row. If the cost sharing is different for any items in the benefit description, those benefits must be separate rows.

In this example, a screen reader would read "Primary Care Specialty Care/In-network Specialty Care/Out-of-network" then "\$10 copay \$20 copay \$30 copay," and the user may not understand what benefits to which those copays are associated.

Benefits Description	You pay After the calendar year deductible...	
	High Option	Standard Option
<b>Medical Care</b>		
Primary Care	\$10 copay	\$30 copay
Specialty Care/In-network	\$20 copay	\$40 copay
Specialty Care/Out-of-network	\$30 copay	\$50 copay

Each discrete line should be a separate row in the Benefits Table.

Benefits Description	You pay After the calendar year deductible...	
	High Option	Standard Option
<b>Medical Care</b>		
Primary Care	\$10 copay	\$30 copay
Specialty Care/In-network	\$20 copay	\$40 copay
Specialty Care/Out-of-network	\$30	\$50

**Tables with Split Rows and References to Page Numbers**

A row of data should not be split in to two separate rows if the cost sharing applies to everything is the benefit description. If content must be separated, all relevant content must be repeated instead of referring to the previous page. Additionally, when referencing a page number, you must also include the title of the section on that page the relevant information is available.

In this example, a page break was added for formatting purposes for the printed PDF version of the brochure; however, it is not 508-compliant. "See previous page" or referencing specific page numbers does not translate in an HTML version of the brochure as there are no pages, and a user using a screen reader may not understand where to reference to find the appropriate cost sharing.

Physical and occupational therapies	High Option	Standard Option
<ul style="list-style-type: none"> <li>Qualified physical therapists</li> </ul>	PPO: 15% of the Plan allowance  Non-PPO: 30% of the Plan allowance and any difference between our allowance and the billed amount	PPO: 30% of the Plan allowance  Non-PPO: 50% of the Plan allowance and any difference between our allowance and the billed amount

*Physical and occupational therapies - continued on next page*

**High and Standard Option**

Benefits Description	You pay After the calendar year deductible...	
	High Option	Standard Option
<b>Physical and occupational therapies (cont.)</b>  <ul style="list-style-type: none"> <li>Occupational therapists</li> </ul> Note: We only cover therapy when a physician: <ul style="list-style-type: none"> <li>orders the care;</li> <li>identifies the specific professional skills the patient requires and the medical necessity for skilled services; and</li> <li>indicates the length of time the services are needed.</li> </ul>	See Previous Page	See previous page
See Page 24.		

## Carrier Letter 2023-06 Attachment

If a page break is used for a benefits table and you are splitting the content in multiple rows, you must repeat the cost sharing and any relevant note information, instead of referring to “See previous page” or “Continued from previous page” so that all the relevant content is available in each row. Additionally, any reference to a page number should also include the title of the section on that page where the information is available.

Physical and occupational therapies	High Option	Standard Option
<ul style="list-style-type: none"> <li>• Qualified physical therapists</li> </ul>	PPO: 15% of the Plan allowance  Non-PPO: 30% of the Plan allowance and any difference between our allowance and the billed amount	PPO: 30% of the Plan allowance  Non-PPO: 50% of the Plan allowance and any difference between our allowance and the billed amount
Note: We only cover therapy when a physician: <ul style="list-style-type: none"> <li>• identifies the specific professional skills the patient requires and the medical necessity for skilled services; and</li> <li>• indicates the length of time the services are needed.</li> </ul> See Page 24, "Other Exclusions"	<i>Physical and occupational therapies - continued on next page</i>	

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High and Standard Option Section 5(a)

### High and Standard Option

Benefits Description	You pay After the calendar year deductible...	
Physical and occupational therapies (cont.)	High Option	Standard Option
<ul style="list-style-type: none"> <li>• Occupational therapists</li> </ul> Note: We only cover therapy when a physician: <ul style="list-style-type: none"> <li>• orders the care;</li> <li>• identifies the specific professional skills the patient requires and the medical necessity for skilled services; and</li> <li>• indicates the length of time the services are needed.</li> </ul> See Page 24, "Other Exclusions"	PPO: 15% of the Plan allowance  Non-PPO: 30% of the Plan allowance and any difference between our allowance and the billed amount	PPO: 30% of the Plan allowance  Non-PPO: 50% of the Plan allowance and any difference between our allowance and the billed amount






### **Lists**

All items in a list should be connected as a single list for assistive technologies to correctly navigate and present the items in the list as related.

In these examples, a hard return and a page break in the middle of a list separates the list, and a screen reader will not read these bullets as a single list.

## Carrier Letter 2023-06 Attachment

Tools ▾ Format ▾

↶ ↷ P **B** *I* U      A ▾ Insert Page

Page Break Add Empty Line

See [www.opm.gov/healthcare-insurance/healthcare](http://www.opm.gov/healthcare-insurance/healthcare) for enrollment information as well as:

- Information on the FEHB Program and plans available to you
- A health plan comparison tool
- A list of agencies that participate in Employee Express
- A link to Employee Express
- Information on and links to other electronic enrollment systems

Also, your employing or retirement office can answer your questions, and give you brochures for other plans and other materials you need to make an informed decision about your FEHB coverage. These materials tell you:






- When you may change your enrollment
- How you can cover your family members

[#PAGEBREAK#]

- What happens when you transfer to another Federal agency, go on leave without pay, enter military service, or retire
- What happens when your enrollment ends
- When the next Open Season for enrollment begins

We don't determine who is eligible for coverage and, in most cases, cannot change your enrollment status without information from your employing or retirement office. For information on your premium deductions, you must also contact your employing or retirement office.

Tools ▾ Format ▾

↶ ↷ P **B** *I* U      A ▾ Insert Page

Page Break Add Empty Line

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