

Attachment IIIA - Reconciliation Backup Forms

➤ **Backup Line 1 Form**

Plans should use the Form that applies to them. If neither of these Forms is appropriate, create/modify your own Form and place it here.

Enter the results on line 1 of Attachment III.

Backup Line 1 Form – TCR & CRC	
Beginning Capitation Rate	
Age/Sex Factor	
Total Discount Factor	
Percentage of Self Contracts	
Percentage of Family Contracts	
Average Family Size	
Revenue Ratio (Family/Self Ratio)	
1 st Level Step-Up Factor (Self/Capitation)	
Self Rate	
Family Rate	

Backup Line 1 Form – ACR	
Experience Period	
Total Paid Claims (before any COB)	
Total COB (including CMS)	
Annual Trend	
Total Trend from Experience Period	
Expected Claims	
Administration (& Profit)	
Total Expected Claims + Admin + Profit	
Members	
Per Member Rate	
Percentage of Self Contracts	
Percentage of Family Contracts	
Average Family Size	
Revenue Ratio (Family/Self Ratio)	
1 st Level Step-Up Factor (Self/Capitation)	
Self Rate	
Family Rate	

Attachment IIIA - Reconciliation Backup Forms

Backup Special Benefit Loadings Form

Enter any loadings under line 2 of Attachment III.

Backup Special Benefits Loading Form			
Benefit	Cost/Member	Self Rate	Family Rate
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			

Note: Put any necessary backup calculations to support these loadings below.

Attachment IIIA - Reconciliation Backup Forms

Backup Medicare Loading Form

Enter any loading on line 4c of Attachment III.

Backup Medicare Loading Form					
Medicare Coverage	(A) Count	(B) Cost Of Benefits	(C) FEHB Premium	(D) CMS COB	Plan Cost A*(B-C-D)
Part A Only					
Part B Only					
Parts A & B					
No Coverage					
Total		(E)			
Total FEHBP Members (F)					
Cost Per Member (E / F)					
Self Loading					
Family Loading					

Or

Alternative Backup Medicare Loading Form	

Attachment IIIA - Reconciliation Backup Forms

➤ **Backup Children's Loading Form**

Enter results onto Line 4(b) of Attachment III if eligible.

Backup Children's Loading Form	
A. Family Rate (Line 3 of Attachment III)	
B. Self Rate (Line 3 of Attachment III)	
C. Children's Rate { $A - (2 \times B)$ } ¹	
D. Children are insured up to what age?	
E. Years Extended { 22 - D Years }	
F. Do you cover Full Time Students?	
G. Loading Factor (Enter .2 if you answered 'yes' to F, .55 if you answered 'no')	
H. Children's Loading (apply to Family Rate)	

- 1** If the actual biweekly cost per child is known, and the average number of children per family is known, the children's rate may be computed by multiplying the two figures together. In general, if you can compute the overall rate for children in a more accurate way than that suggested, use that result in line (C).

Attachment IIIA - Reconciliation Backup Forms

Backup Brochure Printing Costs Form

Enter this amount on line 10 of Attachment III.

Backup Brochure Printing Costs Form				
OPM Approved Allowable Brochure Quantity (A)				
Variable Printing Costs	Quantity (B)	Total Cost (C)	Price/Item (D = C / B)	Allowable Cost (A * D)
1. Brochures Printed				
2				
3.				
4.				
TOTAL (E)				
Fixed Printing Costs				Total Cost
Artwork				
Brochure Design				
Shipping & Handling				
TOTAL (F)				
Total Allowable Costs (E + F)				

