▶ <u>Backup Line 1 Form</u>
 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 <sup>st</sup> 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)	
1st Level Step-Up Factor (Self/Capitation)	
Self Rate	
Family Rate	

#### **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)				

<u>Note:</u> Put any necessary backup calculations to support these loadings below.

## **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		

#### **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 x 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)	

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).

#### **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			<b>Total Cost</b>	
Artwork				
Brochure Design				
Shipping & Handling				
			TOTAL (F)	
		Total Allowa	ble Costs (E + F)	

#### > Backup SSSG Comparison Form

# **Backup SSSG Comparison Form**

Line Explanation	FEHBP	SSSG # 1	SSSG # 2