A	ttach	ment	I - 202	21 RATE PROPOSA	۹L ·	- SMALI	CARRII	ERS
				(Use BIWEEKLY Net-To-Carrier R	ates)			
CARRIE	R NAME							
STATE		CODE		<b>OPTION</b> (High/Standard/HDHP/C	DHP/B	asic/Value)		
YEAR	2021							
Q1. What t	type(s) of co	ommunity r	ating do yo	u propose to use for the Federal gr	oup i	n 2021?		
			T	CR (Traditional Community Rating)				
				CRC (Community Rating By Class)				
				ACR (Adjusted Community Rating)				
						SELF	SELF + 1	FAMILY
Line 5c, Atta Q3. Enter t the reconc If your actua 2021 rates s rates were l return the g	Federal grou achment II or he adjustm iliation of the al 2020 Fede hould be inclease than esti ain to OPM. are the prop	up income is a this line. <b>The to the 2</b> <b>he 2020 Fec</b> ral group rate reased to ree mated in the	greater than 2021 propo leral group es were high cover the los 2020 propo	Lir sed Federal group rates as a result rates. The set mated in the 2020 proposal is. Likewise, if the actual 2020 Federal g sal, the 2021 rates should be decreased Lir Dup rates after adjustments?	ne A: of I, the group	\$0.00	\$0.00	\$0.00
If applicabl contingence		l work with	you to con	nplete the section below to reduce	the p	roposed rates	in order to drav	v down the
			A	Amount of excess contingency reser	rve:			
		ary to gene to the exces		ingency reserve payment				
				Lin	ne D:			
2021 FEHB	P Rates			Lir	ne E:	\$0.00	\$0.00	\$0.00

	Self	Self+1	Family
2020 Maximum Government Contribution	\$235.77	\$504.12	\$546.47
2020 Net-to-Carrier Rates			
2020 Gross Premium (Net-to-Carrier Rates * 1.04)	\$0.00	\$0.00	\$0.00
2020 Government Contribution	New Option	New Option	New Option
2020 Enrollee Contribuition	New Option	New Option	New Option

			ESTIMATED				
			2021 Maximum Government Contribution *				
	_		Self Self+1 Family				
C	0.00	0% increase to 2020 Government Contribution	\$235.77	\$504.12	\$546.47		
C	0.03	3% increase to 2020 Government Contribution	\$242.84	\$519.24	\$562.86		
C	0.06	6% increase to 2020 Government Contribution	\$249.92	\$534.37	\$579.26		
C	0.09	9% increase to 2020 Government Contribution	\$256.99	\$549.49	\$595.65		

	2021 Gross Prei	mium	
	Self	Self+1	Family
0% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00
3% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00
6% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00
9% increase to 2020 Government Contributior	\$0.00	\$0.00	\$0.00

	2021 Governme	ent Contribution	
	Self	Self+1	Family
0% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00
3% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00
6% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00
9% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00

	2021 Enrollee (	Contribution	
	Self	Self+1	Family
0% increase to 2020 Government Contribut	ion \$0.00	\$0.00	\$0.00
3% increase to 2020 Government Contribut	ion \$0.00	\$0.00	\$0.00
6% increase to 2020 Government Contribut	ion \$0.00	\$0.00	\$0.00
9% increase to 2020 Government Contribut	ion \$0.00	\$0.00	\$0.00

	% increase in Er	nrollee Contribut	ion
	Self Self+1 Family		
0% increase to 2020 Government Contribution	New Option	New Option	New Option
3% increase to 2020 Government Contribution	New Option	New Option	New Option
6% increase to 2020 Government Contribution	New Option	New Option	New Option
9% increase to 2020 Government Contribution	New Option	New Option	New Option

\*OPM does not know what the government contribution will be until all rates are finalized.

This table is provided to give plans an ideas of what their enrollee contribution will be under

different assumptions of the government contribution.

This chart shows the Government Contribution for non-postal employees and annuitants.

A	Attachment II - 2021 RATE PROPOSAL - LARGE CARRIERS								
				Use BIWEEKLY Net-To-Carrier Rates	)				
CARRIE	R NAME								
STATE		CODE		<b>OPTION</b> (High/Standard/HDHP/CDHP/E	Basic/Value)				
YEAR	2021								
					SELF	SELF + 1	FAMILY		
1. Propose	d FEHB Rate	es Before Lo	oadings for	January 1, 2021					
2. Special E	Benefit Load	lings							
(a)									
(b)									
3. FEHB Ra	tes Plus Spe	ecial Benefi	t Loadings		\$0.00	\$0.00	\$0.00		
4. Standard	d Loadings								
	(a) Extensi	on of Cover	age Loading	g [.004 x (3)]					
	(b) Medica	re Loading							
4c. Subtota	al [(3) + (4a)	+ (4b)]			\$0.00	\$0.00	\$0.00		
4d. Estimat	ted Premiu	m Underpay	yment Perc	entage					
4e. Premiu	m Underpa	yment Load	ding [(4c) x	[4d)]	\$0.00	\$0.00	\$0.00		
5a. Propos	ed 2021 FEI	HB Rates Be	efore Discou	ınt [(4c) + (4e)]	\$0.00	\$0.00	\$0.00		
5b. Discou	nt								
	(i) SSSG Dis	scount (for	TCR plans o	nly)					
	(ii) Other D	oiscount							
5c. Final Pr	oposed 202	21 FEHB Rat	:es [(5a) - (5	bi) - (5bii)]	\$0.00	\$0.00	\$0.00		

	Self	Self+1	Family
2020 Maximum Government Contribution	\$235.77	\$504.12	\$546.47
2020 Net-to-Carrier Rates			
2020 Gross Premium (Net-to-Carrier Rates * 1.04)	\$0.00	\$0.00	\$0.00
2020 Government Contribution	New Option	New Option	New Option
2020 Enrollee Contribuition	New Option	New Option	New Option

		ESTIMATED				
		2021 Maximum Government Contribution *				
_		Self Self+1 Family				
0.00	0% increase to 2020 Government Contribution	\$235.77	\$504.12	\$546.47		
0.03	3% increase to 2020 Government Contribution	\$242.84	\$519.24	\$562.86		
0.06	6% increase to 2020 Government Contribution	\$249.92	\$534.37	\$579.26		
0.09	9% increase to 2020 Government Contribution	\$256.99	\$549.49	\$595.65		

	2021 Gross Prei	mium	
	Self	Self+1	Family
0% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00
3% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00
6% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00
9% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00

	2021 Governme	ent Contribution	
	Self	Self+1	Family
0% increase to 2020 Government Contribution	n \$0.00	\$0.00	\$0.00
3% increase to 2020 Government Contribution	n \$0.00	\$0.00	\$0.00
6% increase to 2020 Government Contribution	n \$0.00	\$0.00	\$0.00
9% increase to 2020 Government Contribution	n \$0.00	\$0.00	\$0.00

	2021 Enrollee Contribution			
	Self	Self+1	Family	
0% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00	
3% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00	
6% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00	
9% increase to 2020 Government Contribution	\$0.00	\$0.00	\$0.00	

	% increase in Enrollee Contribution		
	Self	Self+1	Family
0% increase to 2020 Government Contribution	New Option	New Option	New Option
3% increase to 2020 Government Contribution	New Option	New Option	New Option
6% increase to 2020 Government Contribution	New Option	New Option	New Option
9% increase to 2020 Government Contribution	New Option	New Option	New Option

\*OPM does not know what the government contribution will be until all rates are finalized. This table is provided to give plans an ideas of what their enrollee contribution wil be under different assumptions of the government contribution.

This chart shows the Government Contribution for non-postal employees and annuitants.

## Attachment IIA - Backup Line 1 Form - TCR & CRC

Enter the results on line 1 of Attachment III. If neither of these Forms is appropriate, create/modify a form and place it here.

Beginning Capitation RatesAge/Sex FactorResulting Capitation RatePercentage of Self ContractsPercentage of Self + 1 ContractsPercentage of Family ContractsAverage Family Size1st Level Step-Up Factor (Self/Capitation)Self+1/Self RatioFamily/Self Ratio
Resulting Capitation RatePercentage of Self ContractsPercentage of Self + 1 ContractsPercentage of Family ContractsAverage Family Size1st Level Step-Up Factor (Self/Capitation)Self+1/Self Ratio
Percentage of Self Contracts     Percentage of Self + 1 Contracts     Percentage of Family Contracts     Average Family Size     1st Level Step-Up Factor (Self/Capitation)     Self+1/Self Ratio
Percentage of Self + 1 Contracts     Percentage of Family Contracts     Average Family Size     1st Level Step-Up Factor (Self/Capitation)     Self+1/Self Ratio
Percentage of Family Contracts Average Family Size 1st Level Step-Up Factor (Self/Capitation) Self+1/Self Ratio
Average Family Size   1st Level Step-Up Factor (Self/Capitation)   Self+1/Self Ratio
1st Level Step-Up Factor (Self/Capitation)   Self+1/Self Ratio
Self+1/Self Ratio
Family/Self Ratio
Self Rates
Self+1 Rates
Family Rates

Attachment IIA - Backup Line 1 Form - ACR				
Enter the results on line 1 of Attachment III. If neither of these Forms is appropriate, create/modify a form and place it here.				
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 Rates				
Percentage of Self Contracts				
Percentage of Self + 1 Contracts				
Percentage of Family Contracts				
Average Family Size				
1st Level Step-Up Factor (Self/Capitation)				
Self+1/Self Ratio				
Family/Self Ratio				
Self Rates				
Self+1 Rates				
Family Rates				

## **Attachment IIA - Special Benefits Loading Form**

Enter the Special Benefit Loadings (if appropriate) under Line 2 of Attachment II. If you are submitting an Excel file, please keep the formulas in the spreadsheet.

Benefit	Cost/Member	Self Rates	Self+1 Rates	Family Rates
Ex. \$10/\$20/\$45 Rx Benefit	\$45.93 PMPM	\$25.44	\$48.34 (Rates are Self Rates times Family Ratio of 1.9)	\$58.51 (Rates are Self Rates times Family Ratio of 2.3)
Ex. \$20 Urgent Care	\$4.39 PMPM	\$2.43	\$4.62	\$5.59
(a)				
(b)				
(c)				
(d)				
(e)				
(f)				
(g)				
(h)				

Note: Include any necessary backup calculations here to support these loadings.

Attachment IIA - Medicare Loading Form						
E	Enter any Medicare Loading (if appropriate) on line 4b of Attachment II.					
	(A) (B) (C) (D) Pla					
Medicare Coverage	Count	Cost Of Benefits	FEHB Premium	Money from CMS	A*(B-C-D)	
Part A Only	\$0.00					
Part B Only	\$0.00					
Parts A & B	\$0.00					
No Coverage					\$0.00	
Total	0 (E) \$0.00					
Total FEHB Members (F)						
Cost Per Member (E / F) #DI					#DIV/0!	
Self Loading						
Self+1 Loading						
Family Loading						

or:

Alternative Backup Medicare Loading Form					

## **Attachment IIA - Potential SSSGs Form**

This page is for carriers that are state-mandated to TCR.

If you choose to submit potential SSSGs in the proposal, fill out the form below. You must also keep a list on file of all potential SSSGs ranked by the group's most recent TCR enrollment (but no later than March 31 of the current year). SSSGs will be chosen from the list on file in the event that the potential SSSGs listed below no longer qualify to be SSSGs at the time of reconciliation.

NAME	ENROLLMENT	AS OF (MM/DD/YYYY)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		