

TABLE 1. SUMMARY OF FEHB PROGRAM ENROLLMENT

FREQUENCY: Annual

Cut-Off Date: March 31

Due Date: April 15

Purpose: Summarizes the number of enrollees and dependents by type of enrollment for a specific enrollment code and gives certain disenrollment data.

Employees -- means **active** employees covered in the FEHB Program. For the purposes of this table, all enrollees in payroll offices not listed below are employees. *Please do not combine employee and annuitant numbers.*

Annuitants – means **retired** employees and other annuitants covered by the FEHB Program. For the purposes of this table, all enrollees in the following payroll offices are annuitants:

10 01 5697	24 02 9901	24 57 9901	60 00 9301	99 00 4860
16 00 9919	24 03 9901	24 77 7777	60 47 0001	99 00 4861
19 00 0001	24 04 9901	24 90 0002	69 02 5356	99 00 4862
20 74 9901	24 17 9901	24 90 0003	70 06 0002	99 00 4863
23 90 0001	24 21 9901	28 00 3334	99 00 4859	99 99 0001

The above list of Annuitant payroll offices has been updated to reflect what is contained in the FEHB CLER Program. If you have an annuitant reported under a payroll office number that is not on this list, please include that data in your Table 1 Report under the Annuitant Section

Plan Code – Your Plan Code is the first two characters of your FEHB enrollment code. For example, if your enrollment codes are NM1 and NM2, your plan code is NM.

Contracts – report the number of enrollees (employees and annuitant contract holders) in your plan at the end of the reporting period (March 31 of the current year).

Persons Covered – report the number of members (enrollees plus all of the covered dependents) in your plan at the end of the reporting period. This column is not dependents only. Remember to count self only contracts in this column as well.

Disenrollments – report the total number of contracts that transferred out of your plan into another plan, or dropped health benefits entirely during Open Season. Please do not give us the net results of Open Season. Put the total number of enrollees that left your plan during Open Season in this column.

Entering Information Through Benefits Plus - Instructions:

1. Access Benefits Plus at <https://www.opm.gov/healthcare-insurance/benefits-plus/>
2. Click on “Table 1” on the left hand navigation list on the Benefits entry screen
 - a. Enter Benefits
 - b. Out-Of-Pocket Limits and Deductibles

- c. Plan Links
 - d. Plan Code Info
 - e. Table 1
 - f. Contacts
 - g. Plan Code Summary
 - h. Zip Code Manager
3. Complete the Table 1 screen

If you have only one Plan Option enter it into the first section under “Employees” and “Annuitants”.

If you do not have an Option with the enrollment code ending in 1, 3, and 2, enter your Plan Option name and data into the second Option Section with enrollment codes ending with 4, 6, and 5.

There are two sections in Table 1. One section is for employees and another section is for annuitants. Each section has its own totals line and the system will calculate and total the number of persons, contracts (aka Subscribers, or Policy Holders, or Enrollees, dependents, disenrollment etc.) at the end of each column of the Employees and Annuitants sections.

Each section contains 3 columns:

- The first column is the number of persons enrolled in each option (1 Self Only, 3 Self Plus One, 2 Self and Family, 4 Self Only, 6 Self Plus One, and 5 Self and Family etc.)
- The second column is the number of enrolled persons plus the number of dependents. This includes self only contract as well.
- The third column is the number of enrolled persons that left the carrier during the previous Open Season

Each plan code must have its own Table 1 Report.

Who has access to the Table 1 data entry screen?

The Table 1 screen is accessible to all current Benefits Plus users. To add a new user please contact Maria.Bianchini@opm.gov or Stephen.Rappaport@opm.gov.

Note: The due date for entry of the Table 1 data is April 15th. On April 16th the Table 1 entry screen will be locked and no entry will be allowed. Should it be necessary to make changes to the Table 1 data, please contact your Health Insurance Contract Specialist.