
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Office of Insurance Programs

Letter No. 1999-013

Date: March 16, 1999

Fee-for-service [12] Experience-rated HMO [12] Community-rated [11]

SUBJECT: Table 1 -- Reporting Under The FEHB Program

By Carrier Letter 98-012 we notified you that we discontinued Table 2 Summary of Open Season Transactions and we asked you to only report disenrollment data for that reporting period.

We have now revised Table 1 Enrollment Report to incorporate disenrollment data. Please use the enclosed form beginning with your April 15, 1999, submission and continue to use the form each year until we notify you otherwise.

For more information about Table 1, contact Mike Hodges at 202/606-0745.

Sincerely,

(signed)
Frank D. Titus
Assistant Director
for Insurance Programs

Enclosure

TABLE 1. SUMMARY OF FEHBP 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 code.
Instructions:	If your plan has multiple codes, submit a separate report for each code.

✓**Employees** -- means active employees covered by FEHBP. For the purposes of this table, all enrollees in payroll offices not listed below are employees.

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

10 01 5697	24 05 9901	28 00 3334	95 56 0059
16 00 9919	24 06 9901	57 38 0101	(formerly, 11 93
19 00 0001	24 07 9901	64 90 9901	9902)
20 74 9901	24 02 9901	69 02 5356	99 00 4860
23 90 0001	24 17 9901	95 56 0057	99 00 4861
24 00 0002**	24 21 9901	(formerly, 11 23	99 00 4862
24 03 9901	24 57 9901	9902)	99 00 4863
24 04 9901	24 90 0002**	95 56 0058	99 99 0001
		(formerly, 11 93	
		9901)	

** 24 90 0002 and 24 00 0002 are OPM's payroll office numbers for CSRS and FERS annuitants.

✓**Contracts** – report the number of enrollees (employee and annuitant contract holders) in your plan at the end of the reporting period.

✓**Persons Covered** – report the number of members (enrollees plus all of their covered dependents) in your plan at the end of the reporting period.

If you cannot provide an exact figure for dependents, estimate. Check the box and tell us how you arrived at your estimate.

✓**Disenrollments** – report the total number of contracts who transferred out of your plan into another plan or dropped health benefits entirely. Please note we are interested in gross disenrollments – not net.

Revised March 1999

TABLE 1. SUMMARY OF FEHBP ENROLLMENT

MARCH 31, _____ [Enter year of report]

Plan name:		Plan code:	
	Number of:		
	Contracts	Persons covered (contracts + dependents)	Disenrollments
EMPLOYEES			
High option			
xx1 Self only			
xx2 Self and family			
Standard option			
xx4 Self only			
xx5 Self and family			
TOTAL			
ANNUITANTS			
High option			
xx1 Self only			
xx2 Self and family			
Standard option			
xx4 Self only			
xx5 Self and family			
TOTAL			

Where xx is your plan's two-character identification code.

Dependent counts are actual. [check if applies]

Dependent counts are estimates. [check if applies]

Describe your method of estimating the number of dependents: _____

 Signature of responsible person

 Date

 Telephone number

BE SURE THE PLAN CODE IS ON THE TOP OF THE REPORT AND THAT YOU HAVE SIGNED THE REPORT AND INCLUDED YOUR PHONE NUMBER. MAIL THIS REPORT TO: OFFICE OF INSURANCE PROGRAMS, ATTENTION: ENROLLMENT REPORTS, PO Box 707, WASHINGTON DC 20044. FAX THIS FORM TO 202/606-0036 OR CALL MIKE HODGES AT 202/606-0745 FOR INFORMATION ABOUT

THIS FORM.

Revised March 1999