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 – <u>Active</u> 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 – <u>**Retired</u>** employees and other annuitants covered by the FEHB Program. For the purposes of this table, all enrollees in the following payroll offices are annuitants:</u>

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 reflects 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 XX1 and XX2, your plan code is XX.

Contracts – Report the number of employee contract holders 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 enrollees plus all covered dependents in your plan at the end of the reporting period.

Disenrollments – Report the number of contracts that transferred out of your plan during Open Season. Do not report the net results of Open Season.

Reporting Information in Benefits Plus - Instructions:

- 1. Navigate to the Benefits Plus Portal: https://www.opm.gov/healthcare-insurance/benefits-plus/
- 2. Navigate to your Plan Code(s) via selection of the hyperlinked Plan Code(s)
- 3. Navigate to *Table 1* via the left-hand content panel beneath each Plan Code
- 4. Populate Table 1
 - Enter numerical data by Option and employment status (*Employees/Annuitants*) for Contracts, Persons Covered, and Disenrollments, with attention to Enrollment Code (1 – Self, 2 – Self & Family, 3 – Self Plus One, 4 – Self, 5 – Self & Family, 6 – Self Plus One)
 - Select Save
 - Complete one *Table 1* report for each Plan Code
 - Table 1 enrollment data must come from your internal enrollment files. Do not use CLER or 1523 headcount report data when completing Table 1

IN THIS SECTION

ACME Health Plan Contract Summary

- ACME Health Plan (XX)
 - Enter Benefits
 - Out-Of-Pocket Limits and Deductibles
 - Plan Links

Plan Code Info



Contacts

Plan Code Summary

- Service Areas
- Zip Code Manager

(XX) Table 1

Estimated C Actual			
HDHP Option - Employees	Contracts	Persons Covered	Disenrollments
1 Self	0	0	0
2 Self & Family	0	0	0
3 Self Plus One	0	0	0
Totals	0	0	0
HDHP Option - Annuitants	Contracts	Persons Covered	Disenrollments
1 Self	0	0	0
2 Self & Family	0	0	0
3 Self Plus One	0	0	0
Totals	0	0	0

Save

Who has access to Benefits Plus Table 1 data entry screen?

Benefits Plus Table 1 is accessible to all current Benefits Plus users. To add a new user, please contact your Health Insurance Specialist.

Note: Populate Table 1 by April 15. If you need to modify Table 1 data post April 15, please contact your OPM Health Insurance Specialist.