A	Attachment I - 2022 Rate Proposal - Small Carriers (Use Biweekly Net-To-Carrier Rates)							
Carrie	r Name							
State		Code		Option (High/Standard/HDHP/CDHP/Ba	asic/Value)			
Year	2022							
Q1. What t	ype(s) of co	mmunity ra	ating do you	ı propose to use for the Federal group in	2022?			
			Т	CR (Traditional Community Rating)				
				CRC (Community Rating By Class)				
				ACR (Adjusted Community Rating)				
					Self	Self + 1	Family	
Q3. Enter t the reconci If your actua 2022 rates s	he adjustmaliation of the al 2021 Feder hould be increased than estire	ent to the 2 ne 2021 Fed al group rate reased to rec	O22 propos eral group of the services were higher cover the loss	Line A: sed Federal group rates as a result of rates. er than estimated in the 2021 proposal, the Likewise, if the actual 2021 Federal group al, the 2022 rates should be decreased to				
Q4. What a	• •	osed 2022	Federal gro	up rates after adjustments? Line C:	\$0.00	\$0.00	\$0.00	
Amount of	excess cont	tingency res	erve*:					
Rate reduc equal to th		ary to gene	rate a conti	ngency reserve payment approximately Line D:				
2022 FEHB	P Rates			Lille D.	\$0.00	\$0.00	\$0.00	
				Line E:				

^{*} If applicable, OPM will work with you to complete the section below to reduce the proposed rates in order to draw down the contingency reserve.

	Self	Self+1	Family
2021 Maximum Government Contribution	\$241.58	\$517.46	\$562.25
2021 Net-to-Carrier Rates			
2021 Gross Premium (Net-to-Carrier Rates x 1.04)	\$0.00	\$0.00	\$0.00
2021 Government Contribution	New Option	New Option	New Option
2021 Enrollee Contribution	New Option	New Option	New Option

Estimated

		2022 Maximum Government Contribution *			
_		Self	Self+1	Family	
0.00	0% increase to 2021 Government Contribution	\$241.58	\$517.46	\$562.25	
0.03	3% increase to 2021 Government Contribution	\$248.83	\$532.98	\$579.12	
0.06	6% increase to 2021 Government Contribution	\$256.07	\$548.51	\$595.99	
0.09	9% increase to 2021 Government Contribution	\$263.32	\$564.03	\$612.85	

	2022 Gross Premium			
	Self	Self+1	Family	
0% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
3% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
6% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
9% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	

	2022 Government Contribution			
	Self	Self+1	Family	
0% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
3% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
6% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
9% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	

	2022 Enrollee Contribution			
	Self	Self+1	Family	
0% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
3% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
6% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
9% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	

	% increase in Er	% increase in Enrollee Contribution			
	Self	Self+1	Family		
0% increase to 2021 Government Contribution	New Option	New Option	New Option		
3% increase to 2021 Government Contribution	New Option	New Option	New Option		
6% increase to 2021 Government Contribution	New Option	New Option	New Option		
9% increase to 2021 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.

Δ	Attachment II - 2022 Rate Proposal - Large Carriers (Use Biweekly Net-To-Carrier Rates)						
Carrie	r Name			(Ose biweekly Net-10-Carrier Rates)			
State		Code		Option (High/Standard/HDHP/CDHP/Ba	asic/Value)		
Year	2022						
					Self	Self + 1	Family
1. Propose	d FEHB Rate	es Before Lo	adings for J	anuary 1, 2022			
2. Special B	Benefit Load	lings					
(a)							
(b)							
3. FEHB Ra	tes Plus Spe	cial Benefit	Loadings		\$0.00	\$0.00	\$0.00
4. Standard	d Loadings						
	(a) Extension	on of Covera	ge Loading	[.004 x (3)]			
	(b) Medica	re Loading					
4c. Subtota	ıl [(3) + (4a)	+ (4b)]			\$0.00	\$0.00	\$0.00
4d. Estimat	ted Premiun	n Underpay	ment Perce	ntage			
4e. Premiu	m Underpa	yment Load	ing [(4c) x (4	łd)]	\$0.00	\$0.00	\$0.00
5a. Propos	ed 2022 FEH	IB Rates Bef	ore Discou	nt [(4c) + (4e)]	\$0.00	\$0.00	\$0.00
5b. Discour	nt						
	(i) SSSG Dis	scount (for T	CR plans or	nly)			
	(ii) Other D	iscount					
5c. Final Pr	oposed 202	2 FEHB Rate	es [(5a) - (5k	oi) - (5bii)]	\$0.00	\$0.00	\$0.00
Amount of	excess cont	tingency res	erve*:				
Rate reduc equal to th		ary to gener	ate a contir	ngency reserve payment approximately			
2022 FEHB	P Rates				\$0.00	\$0.00	\$0.00

^{*} If applicable, OPM will work with you to complete the section below to reduce the proposed rates in order to draw down the contingency reserve.

	Self	Self+1	Family
2021 Maximum Government Contribution	\$241.58	\$517.46	\$562.25
2021 Net-to-Carrier Rates			
2021 Gross Premium (Net-to-Carrier Rates x 1.04)	\$0.00	\$0.00	\$0.00
2021 Government Contribution	New Option	New Option	New Option
2021 Enrollee Contribution	New Option	New Option	New Option

Estimated

		2022 Maximum Government Contribution *			
_		Self	Self+1	Family	
0.00	0% increase to 2021 Government Contribution	\$241.58	\$517.46	\$562.25	
0.03	3% increase to 2021 Government Contribution	\$248.83	\$532.98	\$579.12	
0.06	6% increase to 2021 Government Contribution	\$256.07	\$548.51	\$595.99	
0.09	9% increase to 2021 Government Contribution	\$263.32	\$564.03	\$612.85	

		2022 Gross Premium			
_		Self	Self+1	Family	
Ī	0% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
	3% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
	6% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
	9% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	

		2022 Government Contribution			
		Self	Self+1	Family	
I	0% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
	3% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
	6% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	
L	9% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00	

	2022 Enrollee Contribution		
	Self	Self+1	Family
0% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00
3% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00
6% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00
9% increase to 2021 Government Contribution	\$0.00	\$0.00	\$0.00

	% increase in Enrollee Contribution		
	Self	Self+1	Family
0% increase to 2021 Government Contribution	New Option	New Option	New Option
3% increase to 2021 Government Contribution	New Option	New Option	New Option
6% increase to 2021 Government Contribution	New Option	New Option	New Option
9% increase to 2021 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.

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 Rates** Age/Sex Factor **Resulting Capitation Rate 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 - 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.

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 Lo	ading (if appropriate	e) on line 4b of Attac	chment II.	
	(A)	(B)	(C)	(D)	Plan Cost
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	O (E)			\$0.00	
Total FEHB Members (F)					
Cost Per Member (E / F)				#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.		