

Attachment III - RECONCILIATION FORM

BIWEEKLY NET-TO-CARRIER RATES (2017 CONTRACT YEAR)

CARRIER NAME						
STATE		CODE		OPTION (High/Standard/HDHP/CDHP/Basic/Value)		
YEAR	2017					
				SELF	SELF+1	FAMILY
1. Actual 2017 FEHB Rate Before Loadings						
2. Special Benefits Loadings						
a.						
b.						
3. FEHB Rates Plus Special Loadings				\$0.00	\$0.00	\$0.00
4. Standard Loadings						
a. Extension of Coverage [.004x(3)]						
b. Medicare Loading						
4c. Subtotal				\$0.00	\$0.00	\$0.00
4d. FEIO Approved Premium Underpayment Percentage						
4e. Premium Underpayment Loading [(4c)x(4d)]				\$0.00	\$0.00	\$0.00
5a. Total 2017 FEHB Rates Before Discount*				\$0.00	\$0.00	\$0.00
5b. Discount						
(i) SSSG Discount						
(ii) Other Discount						
5c. Final 2017 FEHB Rates [(5a) - (5bi) - (5bii)]				\$0.00	\$0.00	\$0.00
6. Contract Rates - 2017*						
7. Difference ((5c) - (6))						
+ = Underpayment to Carrier				\$0.00	\$0.00	\$0.00
- = Overpayment to Carrier						
8. March 31, 2017 Enrollment						
9. Payment Due Carrier/(FEHB)				\$0	\$0	\$0
10. Subtotal Amount Due Carrier/(FEHB)						\$0
11. Outstanding Amount Due Carrier/(FEHB)						
12. Brochure Printing Costs						
13. Total Amount Due Carrier/(FEHB)						\$0

*These rates are subject to audit in accordance with the carrier's contract with OPM.

Attachment IIIA - 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. Please keep all formulas.

Beginning Capitation Rates	
Age/Sex Factor	
Total Discount Factor	
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 IIIA - 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. Please keep all formulas.

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 IIIA - Special Benefits Loading Form

List your Special Benefit Loadings below and provide backup calculations for all loadings. Enter either the actual rates filed with the State Insurance Department or recalculate the loading based on the actual 2017 capitation rate. If you do not file with the State, submit other appropriate documentation for this benefit.

Benefit	Derivation	Cost/Member	Self Rates	Self+1 Rates	Family Rates
<i>Ex. \$10/\$20/\$45 Rx Benefit</i>	<i>Comm. Rated Benefit See State Filing</i>	<i>\$45.93 PMPM</i>	<i>\$25.44</i>	<i>\$48.34 (Rates are Self Rates times Family Ratio of 1.9)</i>	<i>\$58.51 (Rates are Self Rates times Family Ratio of 2.3)</i>
<i>Ex. \$20 Urgent Care</i>	<i>Capitation Rate (303.75)*.008 see attached backup derivation of .008</i>	<i>\$4.39 PMPM</i>	<i>\$2.43</i>	<i>\$4.62</i>	<i>\$5.59</i>
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					
(g)					
(h)					

Attachment IIIA - Medicare Loading Form

Enter any loading on line 4b of Attachment III.

Medicare Coverage	(A) Count	(B) Cost Of Benefits	(C) FEHB Premium	(D) Money from CMS	Plan Cost 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)					#DIV/0!
Self Loading					
Self+1 Loading					
Family Loading					

Attachment IIIA - Brochure Printing Costs Form

Enter this amount on line 12 of Attachment III. OPM will reimburse the amount the carrier actually spent to produce the **OPM approved quantity** of brochures. Submit documentation, such as paid invoices, helpful in evaluating the reasonableness of your requested amount. Note that the amount claimed may only be for OPM brochures or rate sheets and corresponding shipping and handling (shipping from the printer to the carrier only). No costs for provider directories, business cards, or other promotional materials may be included.

OPM Approved Allowable Brochure Quantity (A)				
Variable Printing Costs	Quantity (B)	Total Cost (C)	Price/Item (D = C / B)	Allowable Cost (A * D)
1. Brochures Printed				
2.				
3.				
4.				
TOTAL (E)				\$0.00
Fixed Printing Costs				Total Cost
Shipping & Handling				
TOTAL (F)				\$0.00
Total Allowable Costs (E + F)				\$0.00