Statistical Reports

Instructions

A. General

Appendix C of the contracts between the United States Civil Service Commission and the carriers provides that the carriers shall maintain certain statistical records and provide certain statistical reports to the Commission. In accordance with these requirements carriers are requested to provide data separately for active employees, retired employees, and survivor annuitants, as indicated in these instructions and the accompanying formats of the tabulations. These instructions and the table formats relate only to item B. "Exposure" Appendix C.

1. Table formats: - The accompanying table formats are intended as guides indicating the data requested; the detail in which they are to be presented; and to assure uniformity, among the different carriers, of the character of the data reported.

These formats are not "forms" to be filled out and the carrier may adjust them, if necessary, to fit his statistical procedures. However, they should be followed as closely as possible and may be used as "forms" if conveient.

2. Basis of reporting: - Data with respect to item B will be reported on a 100% basis.

3. Due date of the reports: - Reports are due within 60 days after the end of period covered by the reports.

4. Source of the data: - Data for item B of Appendix C will be obtained from the Health Benefits Registration Form (Standard Form No. 2809).

All the data requested are precoded on Form 2809, except (a) the employee's State of residence (Part A, item 4); (b) whether the enrollee is an active employee or an annuitant; and (c) data on conversions. A box on the extreme right of Part A, item 4 is provided for you to write in your own State Code.

With respect to annuitants, none will be eligible to register in the initial enrollment period. Therefore original enrollments will not include annuitants. As covered employees retire on or after the effective date of the Act, their transfer from employee enrollment to annuitant enrollment will be effected through Standard Form 2810 "Notice of Change of Enrollment Status."

Data on conversions will be found on Form 2810 "Notice of Change of Enrollment Status."

B. Explanation of Tables

Tables A-1 through A-4 request data with respect to original enrollments covering the registration period of June 1 to June 30th inclusive. These tables should include all registrations received on or before July 31, 1960.

Table A-1 will also cover the initial registration period and is to be submitted annually thereafter as of the end of the contract year. Tables A-2 to A-4 reports are "one-short" reports.

Tables A. 5 summarizes the enrollment at the end of each calendar quarter commencing with the quarter ending September 30, 1960.

Table B summarizes data on conversions from coverage under the FEHB program to individual coverage as enrollees cancel their enrollments or are separated from civilian Federal employment. It covers a contract period. The first report will be as for October 31, 1961.

Table C. relates to the first "Open Season" (October 1 - October 15, 1961, inclusive) in which enrollees who desire to do so will be free to transfer from one plan (or Option) to another. This is a "one-shot" report and covers only the period October 1 - October 15, 1961, inclusive.

Column numbers have been assign to each column in the Tables. In each column requiring totals or sub-totals, the columns from which the totals or sub-totals are to be derived are indicated thus: (3+4) in a given column indicates that for, each item, this column will show the sum of column 3 and of column 4.

Table A. 1

Part A is the total of Part B (high option) and Part C (low option). Explanations which follow apply equally to Parts B and C. The Option for which the enrollee has enrolled is indicated on the Registration Form 2809 in Part B. 1. at the extreme right "enrollment code number." The first 2 digits of this number indicate your carrier code number. The last digit indicates the option and coverage the enrollee has selected.

Last digits 1, 2, and 3 are for high option. Last digits 4, 5, and 6 are for low option. Last digit 1 signifies high option coverage for self only; last digits 2 and 3 signify high option family coverage. Last digit 4 signifies low option coverage for self only; last digits 5 and 6 signify low option family coverage.

Column 1. This is the employee's State of residence. It will be found on Form 2809, Part A, item 4. On the extreme right a box has been provided for your State code.

Column 2. This is the sum of column 3 + column 4.

Column 3. This is the sum of column 5 + column 6.

Column 4. This is the sum of column 7 + column 8.

Column 5. Employees enrolled for self only. Form 2809, Part B. 1 for self only. Form 2809, Part B. 1 last digit of enrollment code: Number 1 for high option, 4 for low option.

Columns 6, 7, and 8 "Family." Employees and dependents under family coverage. Form 2809, Part B 1 last digits of enrollment code number: 2 and 3 for high option; 5 and 6 for low option.

Column 6: Form 2809, Part B, 1 and above code numbers

Column 7: Spouse under family coverage. Form 2809, Part B, 2, Code $\boxed{1}$

Column 8: Children under family coverage. Form 2809, Part B, 2, last code number $\boxed{}$ used minus 1.

Table A. 2

Column 1 The year of birth of each enrollee and his dependents is shown on Form 2809, Part A. 2 for the enrollee; and in Part B. 2 of the form for each dependent.

Column 2 The sum of columns 3 and 4

Column 3 " " " "   7 + 8 + 12

Column 4 " " " "   9 + 10 + 13

Column 5 " " " "   7 + 9

Column 6 " " " "   8 + 10

Column 7, 8 Form 2809, Part A. 5 Male Code 1, Female Code 2:

Form 2809, Part B. 1, enrollment code numbers ending with 1, 2, or 3 for high option

Columns 9, 10 Form 2809, Part B. 1 enrollment code numbers ending with 4, 5, or 6 for low option; Part A. 5 male code $\boxed{1}$, female code $\boxed{2}$

Column 11 Sum of columns 12 + 13

Columns 12, 13 Form 2809, Part B. 1 enrollment code numbers ending with 1, 2, or 3 for high option; 4, 5, or 6 for low option.

Table A. 3

Column 1 Option and coverage for which employee has enrolled. From Form 2809, Part B. 1 last digit of enrollment code number High Option is indicated by last digits 1, 2, and 3; Low Option by 4, 5, and 6. Enrollment for Self only is indicated by last digit 1 for High Option, 4 for Low Option; Family enrollment by last digit 2 for High Option, 5 for Low Option Family - Female employee with non-dependent husband by last digit 3 for High Option, 6 for Low Option.

Column 2 Sum of column 5 + column 8.

Column 3   Sum of column 6 + column 9.

Column 4   Sum of column 7 + column 10.

Column 5   Sum of column 6 + column 7.

Column 6   Male from Form 2809, Part A. 5 code $\boxed{1}$; Married Part A. 3
code $\boxed{1}$

Column 7   Form 2809, Part A. 5 code $\boxed{1}$, Part A. 3 code $\boxed{2}$

Column 8   Sum of columns 9 + 10

Column 9   Form 2809, Part A. 5 code $\boxed{2}$, Part A. 3 code $\boxed{1}$

Column 10 Form 2809, Part A. 5 code $\boxed{2}$, Part A. 3 code $\boxed{2}$

Table A. 4

Column 1   From Form 2809, Part A. 7

Column 2   Sum of columns 3 + 4 + 5

Column 3   Sum of columns 7 + 11

Column 4   Sum of columns 8 + 12

Column 5   Sum of columns 9 + 13

Column 6   Sum of columns 7 + 8 + 9

Columns 7, 8, 9 Form 2809, Part B. 1 enrollment code numbers

Column 10 Sum of columns 11 + 12 + 13

Columns 11, 12, 13 Form 2809, Part B. 1 enrollment code numbers.

Table A. 5

Column 1   See Table A. 3 Column 1

Column 2   Sum of columns 3 + 4

Column 3   Number of active employees enrolled

Column 4   Sum of columns 5 + 6

Column 5   From Form 2810 "Notice of Change in Enrollment Status"
Part D and Part H

Column 6   From Form 2810 Part D and Part H

Table B

Column 1   From Form 2810 "Notice of Change in Enrollment Status"
Part A. 6.   Enrollment Code Number (see Table A. 3 for explanation
of number); and Part B.

Column 2   Sum of columns 3 + 4

Column 3   Sum of columns 6 + 9

Column 4   Sum of columns 7 + 10

Column 5   Sum of columns 6 + 7

Column 6, 7, 9, 10   Form 2810, Part A. 5 designates whether enrollee
is an active employee or an annuitant; your records will also show this.
Your records will indicate whether the conversion is for single or
family coverage.

Column 8   Sum of columns 9 + 10

Table C

Data from Form 2809. The first column on the left are the enrollment code
numbers of the plans and options from which enrollee has transferred to
your plan and are shown in Part D. 1 of the Form. The 6 columns on the
right are for your code numbers indicating the option and coverage to
which the enrollee has transferred and appear on Part B. 1 of the Form.

It will be noted that the first column shows all the enrollment code
numbers for the two Government-wide plans. For the other plans, the
carriers are grouped together into 3 categories with the option and
type of coverage shown separately for each group. Each carrier should
add, as an additional category, his own code and option numbers in the
first column to report and know the number of enrollees changing from
one option to another and/or from one type of coverage to another with-
in his own plan.

SUPPLEMENT TO STATISTICAL REPORTS INSTRUCTIONS OF JUNE 10, 1960

CORRECTIONS AND ADDENDUM

PAGE 1.

Item 1.
Table Formats

Paragraph 2, third line, last word: correct to read "convenient".

Item 4.
Source of the data:

Paragraph 2. Add: Separate codes should be provided for: (a) District of Columbia, (b) territories, dependencies and trusteeships of the United States, and (c) foreign countries.

Item B.
Last line: Insert "such" between "all" and "registrations".

PAGE 2.
Paragraph 1, third line. Third word should read: "one-shot"

Paragraph 5, fifth word: correct to read "assigned".

Item Table A-1
Column 1.
Add: In parts A, B, and C, subtotals should be shown separately for: United States (including District of Columbia); U. S. territories and dependencies; and foreign countries.

Carriers with enrollments in one state only should, if convenient, show data for parts A, B, and C on one table. Column 1 will then have the following items on separate lines: the name of the state (e.g. California); part A, both options; part B, high option; part C, low option. Each of the other columns will then show the data on separate lines for part A, part B, and part C. Carriers with only one option will so indicate.

PAGE 3.
Item Table A-2
Please insert "Total" as the first line in Column 1, above "under 19". This was omitted in error. Appropriate totals should be shown in each column.

ADDITIONAL INSTRUCTIONS

General. Throughout the tables there will be items which are not applicable in your case. In such a situation write "not applicable" in the appropriate place in the proper column.

Carriers will note that many of the totals on certain
tables should be the same as the totals on one or more
of the other tables. For example, the total of each
column of Table A-1, part A, equals the sum of the
total of each corresponding column in Table A-1, part B,
plus the total of each corresponding column in Table A-1,
part C. Other examples are shown below.

TABLES WITH CORRESPONDING TOTALS (EXAMPLES)

Table A-1, part A

Column 2 -- same as Table A-2, Column 2
Column 3 -- same as Table A-2, sum of Columns 5 and 6
            same as Table A-3, Column 2
            same as Table A-4, Column 2
Column 4 -- same as Table A-2, Column 11

Column 5 -- same as Table A-3 "both options", entry for
            "self only" in Column 2
            same as Table A-4, Column 3
Column 6 -- same as Table A-3 sum of entries for "Family"
            and "Family - Female employee with nondependent
            husband" in Column 2
            same as A-4 sum of Columns 4 and 5

Table A-2

Column 3 -- same as Table A-1, part B, Column 2
Column 4 -- same as Table A-1, part C, Column 2
Column 5 -- same as Table A-3, Column 5
Column 6 -- same as Table A-3, Column 8
Column 7 -- same as Table A-3, item High Option, Total; Column 5
Column 8 -- same as A-3, High Option Total in Column 8
Column 9 -- same as A-3, Low Option Total in Column 5
Column 10 - same as A-3, Low Option Total in Column 8
Column 12 - same as A-1, part B, Column 4
Column 13 - same as A-1, part C, Column 4

Table A-4

Column 6 -- same as Table A-1, part B, Column 3
Column 10 - same as A-1, part C, Column 3