

Dated: November 7, 2011.

Kathy Plowitz-Worden,

*Panel Coordinator, Panel Operations,
National Endowment for the Arts.*

[FR Doc. 2011-29230 Filed 11-10-11; 8:45 am]

BILLING CODE 7537-01-P

NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

National Endowment for the Arts; Arts Advisory Panel

Pursuant to Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), as amended, notice is hereby given that ten meetings of the Arts Advisory Panel to the National Council on the Arts will be held at the Nancy Hanks Center, 1100 Pennsylvania Avenue NW., Washington, DC 20506 as follows (ending times are approximate):

Arts Education (application review): November 29–December 2, 2011 in Room 714. This meeting, from 9 a.m. to 5:30 p.m. on November 29th–December 1st and from 9 a.m. to 3 p.m. on December 2nd, will be closed.

Visual Arts (application review): November 30–December 2, 2011 in Room 730. This meeting, from 9 a.m. to 5:30 p.m. on November 30th, from 9 a.m. to 6 p.m. on December 1st, and from 9 a.m. to 3:30 p.m. on December 2nd, will be closed.

Literature (application review): November 30–December 1, 2011 in Room 627. This meeting, from 9 a.m. to 6:30 p.m. on November 30th and from 9 a.m. to 5 p.m. on December 1st, will be closed.

Literature (application review): December 2, 2011 in Room 627. This meeting, from 9 a.m. to 6 p.m., will be closed.

Presenting (application review): December 5–6, 2011 in Room 627. This meeting, from 9 a.m. to 5:30 p.m. on December 5th and from 9 a.m. to 4:45 p.m. on December 6th, will be closed.

Design (application review): December 5–7, 2011 in Room 714. This meeting, from 9 a.m. to 5:30 p.m. on December 5th and 6th, and from 9 a.m. to 3 p.m. on December 7th, will be closed.

Theater (application review): December 7–9, 2011 in Room 716. This meeting, from 9 a.m. to 5:30 p.m. on December 7th, from 9 a.m. to 6 p.m. on December 8th, and from 9 a.m. to 3 p.m. on December 9th, will be closed.

Media Arts (application review): December 7–9, 2011 in Room 730. This meeting, from 9 a.m. to 5:45 p.m. on December 7th, from 9 a.m. to 6 p.m. on December 8th, and from 9 a.m. to 5 p.m. on December 9th, will be closed.

Opera (application review): December 12, 2011 in Room 716. This meeting, from 8:45 a.m. to 5:30 p.m., will be closed.

Opera (application review): December 13, 2011 in Room 716. This meeting, from 8:5 a.m. to 5:30 p.m., will be closed.

The closed portions of meetings are for the purpose of Panel review, discussion, evaluation, and recommendations on financial assistance under the National Foundation on the Arts and the Humanities Act of 1965, as amended, including information given in confidence to the agency. In accordance with the determination of the Chairman of February 15, 2011, these sessions will be closed to the public pursuant to subsection (c)(6) of section 552b of Title 5, United States Code.

Any person may observe meetings, or portions thereof, of advisory panels that are open to the public, and if time allows, may be permitted to participate in the panel's discussions at the discretion of the panel chairman. If you need any accommodations due to a disability, please contact the Office of AccessAbility, National Endowment for the Arts, 1100 Pennsylvania Avenue NW., Washington, DC 20506, (202) 682-5532, TDY-TDD (202) 682-5496, at least seven (7) days prior to the meeting.

Further information with reference to these meetings can be obtained from Ms. Kathy Plowitz-Worden, Office of Guidelines & Panel Operations, National Endowment for the Arts, Washington, DC 20506, or call (202) 682-5691.

Dated: November 7, 2011.

Kathy Plowitz-Worden,

*Panel Coordinator, Panel Operations,
National Endowment for the Arts.*

[FR Doc. 2011-29231 Filed 11-10-11; 8:45 am]

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OVERSEAS PRIVATE INVESTMENT CORPORATION

Sunshine Act Meeting—November 30, 2011 Public Hearing

TIME AND DATE: 2 p.m., Wednesday, November 30, 2011.

PLACE: Offices of the Corporation, Twelfth Floor Board Room, 1100 New York Avenue NW., Washington, DC

STATUS: Hearing OPEN to the Public at 2 p.m.

PURPOSE: Public Hearing in conjunction with each meeting of OPIC's Board of Directors, to afford an opportunity for any person to present views regarding the activities of the Corporation.

PROCEDURES:

Individuals wishing to address the hearing orally must provide advance notice to OPIC's Corporate Secretary no later than 5 p.m. Wednesday, November 23, 2011. The notice must include the individual's name, title, organization, address, and telephone number, and a concise summary of the subject matter to be presented.

Oral presentations may not exceed ten (10) minutes. The time for individual presentations may be reduced proportionately, if necessary, to afford all participants who have submitted a timely request an opportunity to be heard.

Participants wishing to submit a written statement for the record must submit a copy of such statement to OPIC's Corporate Secretary no later than 5 p.m. Wednesday, November 23, 2011. Such statement must be typewritten, double-spaced, and may not exceed twenty-five (25) pages.

Upon receipt of the required notice, OPIC will prepare an agenda, which will be available at the hearing, that identifies speakers, the subject on which each participant will speak, and the time allotted for each presentation.

A written summary of the hearing will be compiled, and such summary will be made available, upon written request to OPIC's Corporate Secretary, at the cost of reproduction.

Written summaries of the projects to be presented at the December 8, 2011 Board meeting will be posted on OPIC's web site on or about Thursday, November 17, 2011.

CONTACT PERSON FOR INFORMATION:

Information on the hearing may be obtained from Connie M. Downs at (202) 336-8438, via facsimile at (202) 408-0297, or via email at Connie.Downs@opic.gov.

Dated: November 9, 2011.

Connie M. Downs,

OPIC Corporate Secretary.

[FR Doc. 2011-29453 Filed 11-9-11; 4:15 pm]

BILLING CODE 3210-01-P

OFFICE OF PERSONNEL MANAGEMENT

Federal Employees' Group Life Insurance Program: New Federal Employees' Group Life Insurance (FGLI) Premiums

AGENCY: Office of Personnel Management.

ACTION: Notice.

SUMMARY: The Office of Personnel Management (OPM) is announcing changes in premiums for certain Federal

Employees' Group Life Insurance (FEGLI) categories in accordance with sections 870.401(a)(2) and 870.402(a)(3) of title 5 of the Code of Federal Regulations. These include changes to premiums for Option B (most age bands), Option C (all age bands), and Post-Retirement Basic Insurance. These rates will be effective the first pay period beginning on or after January 1, 2012.

DATES: *Effective Date:* January 1, 2012.

FOR FURTHER INFORMATION CONTACT:

Marguerite Martel,
marguerite.martel@opm.gov, (202) 606-0004.

SUPPLEMENTARY INFORMATION: This notice announces changes to FEGLI Option B (most age bands), Option C (all age bands) and Post-Retirement Basic Insurance. The last premium change for some age categories of Option B and Option C and Post-Retirement Basic insurances was on the first pay period beginning on or after January 1, 2003 (Option B and Option C coverages had a three-year phase-in of premium changes ending in January 2005). Those changes coincided with the implementation of the Federal Employees' Life Insurance Improvement Act, Public Law 105-311, (112 Stat. 2950) which provided expanded coverage choices for employees, retirees, and compensationers with Option B and Option C coverage past age 65.

The premiums in the FEGLI Program represent estimates of premium income necessary to pay future expected benefits costs. The rates for all coverage categories are specific to the experience of the FEGLI group and are not based on

mortality rates within the general population. Actuarial analysis of changing mortality rates makes periodic premium adjustments necessary.

Accordingly, OPM has completed a study of funding and claims experience within the FEGLI Program. Based on this updated actuarial analysis of actual claims experience, OPM has determined that changes are required to Option B, Option C and Post-Retirement Basic premiums. These changes reflect updated mortality and claims rates from actual program experience within each FEGLI category. The legislative structure of the FEGLI Program assumes that we set premiums for each age band independently of the other bands, so that each age band is financially self-supporting.

Based on updated experience, premiums for all Option B age bands, other than the oldest groups (ages 75-79 and ages 80 and over), will decrease. Premiums for Option C age bands under age 45 will also decrease. However, a rate increase is needed for Option C premiums for those ages 45 and over. Premiums for Post-Retirement Basic FEGLI will also increase slightly for those enrollees who elect the 50% Reduction and No Reduction. These increases are necessary due to the experience of the group and are necessary to sufficiently fund the projected future increases.

We will issue guidance to all agencies for the purpose of counseling employees and we will notify affected annuitants directly via OPM's Office of Retirement Services. The FEGLI premium rates will be maintained on the FEGLI Web site <http://www.opm.gov/insure/life>.

The new FEGLI premium rates for Option B, Option C and the Post-Retirement Basic Option are as follows:

OPTION B PREMIUM PER \$1,000 OF INSURANCE

Age band	Biweekly	Monthly
Under 35	\$0.02	\$0.043
35-39	0.03	0.065
40-44	0.05	0.108
45-49	0.08	0.173
50-54	0.13	0.282
55-59	0.23	0.498
60-64	0.52	1.127
65-69	0.62	1.343
70-74	1.14	2.470
75-79	1.80	3.900
80 and over	2.40	5.200

The premiums for compensationers who are paid every four weeks are two times the biweekly premium.

OPTION C PREMIUM PER MULTIPLE OF INSURANCE

Age band	Biweekly	Monthly
Under 35	\$0.22	\$0.48
35-39	0.29	0.63
40-44	0.42	0.91
45-49	0.63	1.37
50-54	0.94	2.04
55-59	1.52	3.29
60-64	2.70	5.85
65-69	3.14	6.80
70-74	3.60	7.80
75-79	4.80	10.40
80 and over	6.60	14.30

The premiums for compensationers who are paid every four weeks are two times the biweekly premium.

ANNUITANT BASIC PREMIUM PER \$1,000 OF INSURANCE

Election	Monthly withholding for each \$1,000 of your BIA before age 65 (in dollars)	Monthly withholding for each \$1,000 of your BIA after age 65 (in dollars)
75% Reduction	0.3250	(*)
50% Reduction	0.9650	0.64
No Reduction	2.2650	1.94

* No cost.

COMPENSATIONER BASIC PREMIUM PER \$1,000 OF INSURANCE

Election	Withholding every 4 weeks for each \$1,000 of your BIA before age 65 (in dollars)	Withholding every 4 weeks for each \$1,000 of your BIA after age 65 (in dollars)
75% Reduction	0.30	(*)
50% Reduction	0.89	0.59
No Reduction	2.09	1.79

* No cost.

Premiums for other FEGLI coverages, including the Basic Employee premium and Option A (all age bands), will not change at this time. These rates will be effective the first pay period beginning on or after January 1, 2012.

U.S. Office of Personnel Management.

John Berry,
Director.

[FR Doc. 2011-29285 Filed 11-10-11; 8:45 am]

BILLING CODE 6325-63-P

OFFICE OF PERSONNEL MANAGEMENT

Federal Prevailing Rate Advisory Committee; Cancellation of Upcoming Meeting

AGENCY: U.S. Office of Personnel
Management.

ACTION: Notice.

SUMMARY: The Federal Prevailing Rate Advisory Committee is issuing this notice to cancel the November 17, 2011, public meeting scheduled to be held in Room 5A06A, U.S. Office of Personnel Management Building, 1900 E Street NW., Washington, DC. The original **Federal Register** notice announcing this meeting was published Monday, December 6, 2010, at 75 FR 75706.

FOR FURTHER INFORMATION CONTACT: Madeline Gonzalez, (202) 606-2838; email pay-leave-policy@opm.gov; or FAX: (202) 606-4264.

U.S. Office of Personnel Management.

Sheldon Friedman,
*Chairman, Federal Prevailing Rate Advisory
Committee.*

[FR Doc. 2011-29274 Filed 11-10-11; 8:45 am]

BILLING CODE 6325-49-P

OFFICE OF PERSONNEL MANAGEMENT

Privacy Act of 1974: New System of Records

AGENCY: U.S. Office of Personnel
Management (OPM).

ACTION: Notice of a revised system of records OPM Central-16, Health Claims Disputes External Review Services.

SUMMARY: The Patient Protection and Affordable Care Act, Public Law 111-148, was enacted on March 23, 2010, and the Health Care and Education Reconciliation Act (the Reconciliation Act), Public Law 111-152, was enacted on March 30, 2010 (jointly referred to as “the Affordable Care Act”). The Affordable Care Act and implementing regulations (codified in Department of Health and Human Services (HHS)

amended interim final rules (IFR) at 45 CFR Part 147) require that non-grandfathered health insurance plans and issuers offering group and individual coverage have effective internal claims and appeals and external review processes. The effective date for these requirements is plan or policy years beginning on or after September 23, 2010. Regarding external review, the statute requires that health plans and issuers comply with either a state external review process or a process meeting standards issued by the Secretary of Health and Human Services (HHS) that is “similar to” a state process meeting requirements in section 2719 (of what?) (a “federal external review process”). The IFR now includes a transition period prior to January 1, 2012, during which time HHS will work with states to assist in making any necessary changes so that the state process will meet either the minimum consumer protections identified in 45 CFR 147.136 or, until January 1, 2014, the temporary standards listed in Technical Release 2011-02 that must be met in order for the state process to apply. Currently, the Office of Personnel Management (OPM) is administering an interim federal external review process for states that have not passed an external review law that was in effect on September 23, 2010. Beginning January 1, 2012, OPM will administer a federal external review process for all states that do not meet the required minimum consumer protections identified in the interim final regulations.

On September 16, 2010, OPM published a system of records that includes data relevant to external reviews entitled OPM Central 16, Health Claims Disputes External Review Services. OPM now proposes three changes to the system of records. First, OPM proposes expanding the categories of individuals covered by the system of records to include individuals covered by plans and issuers in all states that fail to comply with the minimum standards promulgated by HHS. In addition, the category of individuals that may utilize the external review process provided by OPM and covered by this system of records is further qualified—they must now be covered by a plan that has elected to participate in the external review process operated by OPM and the individual’s claim must involve a rescission of coverage or medical judgment.

The second change to the system of records reflects OPM’s requirement that claimants provide additional information necessary to determine whether the claimant is eligible for review. In some cases, much of this

additional information may have already have been included under the original system of records notice because the information may be derived from documents provided by insurers. However, we have added three additional categories of information: The claimant’s county name, an indication from the claimant of whether the external review request is for an urgent care claim, and an indication from the claimant of whether the external review request is related to a rescission of coverage or medical judgment.

Third, the routine uses have been expanded to include disclosure to a contractor for adjudication of the entire appeal. After October 1, 2011, the external review process may be administered by one or more Independent Review Organization(s) (IRO) under contract with OPM and under OPM’s direction. This systems notice has also been modified to account for the possible involvement of IROs in this process. In accordance with specific contract provisions, the IRO(s) must comply with the requirements of The Privacy Act.

DATES: This action will be effective without further notice on January 1, 2012 unless comments are received that would result in a contrary determination.

ADDRESSES: Send written comments to the Office of Personnel Management, ATTN: Lynelle Frye, Health Claims Disputes External Review Services, 1900 E Street NW., Rm. 3415, Washington, DC 20415.

FOR FURTHER INFORMATION CONTACT: Lynelle Frye, (202) 606-0004.

SUPPLEMENTARY INFORMATION: The program associated with this system of records is part of a broader initiative directed by HHS’s Office of Consumer Information and Insurance Oversight (OCIO) to implement Section 2719 of the Affordable Care Act. HHS has discretion under the Act in the manner in which it implements the external appeals process, OPM administers a health insurance appeals program as part of its Federal Employees Health Benefits Program, and OPM has offered to permit HHS/OCIO to utilize its existing appeals processes and frameworks to administer the interim federal appeals process (as modified by an interagency agreement). HHS/OCIO has accepted that offer. Consequently, OPM has authority to administer the program, using an arrangement under the Economy Act, 31 U.S.C. 1535.