

INSTRUCTIONS FOR COMPLETING THE EMPLOYER DATA WORKSHEET

PLEASE NOTE THAT ALL RENEWALS MUST BE SUBMITTED ONLINE. WE WILL SEND OUT AN E-NEWS ONCE THE SYSTEM IS AVAILABLE FOR YOU TO SUBMIT.

1. Enter your complete group name.
2. Check which type your group is, Stand-alone or Combined.
3. Check if an existing or new group and enter Plan Year begin and end dates.
4. A group must have a subdivision for each Federal Employer Identification Number (FEIN). Subdivisions with the same FEIN are permitted.

List the primary Subdivision first. Your DHRM Group Number consists of a 3 digit agency number, either 047 (for government) or 048 (for schools), a 3 digit Group Number (this is specific to your agency) and a 2 digit subdivision number (00, 01, 02, etc.), if applicable.

5. If your group has more than one subdivision, each subdivision must submit page 2. Subdivisions with the same FEIN may have separate group contacts, but must be set up with the same rules, plan choices and cost sharing. Subdivisions with a different FEIN may have separate contacts, separate rules and separate cost sharing, but must offer the same plan choices.
6. Enter Open Enrollment dates. TLC requires an Open Enrollment period no longer than 30 days between April 1 and May 15 for groups effective July 1 and between July 28 and September 10 for groups effective October 1. **IMPORTANT NOTE TO KEEP IN MIND WHEN SELECTING OPEN ENROLLMENT DATES - ALL ENROLLMENT FORMS MUST BE SIGNED AND DATED BY PARTICIPANTS DURING THESE DATES; IF SIGNED AND DATED OUTSIDE OF THESE DATES, THE FORMS WILL NOT BE PROCESSED.**
7. Answer the questions based on your group's new hire eligibility rules and your pre-tax plan document rules for qualifying mid-year event changes. If you don't have a pre-tax document, our timeframes for qualifying mid-year event changes apply.
8. Check "yes" or "no" for each enrollee category to be offered coverage. If "yes" is checked, enter the current counts; enter "0" if no one is included in the category.
 - a. If coverage is offered and there is a billing method option, please check the appropriate option.
 - b. If you use a Third Party Administrator (TPA), Direct Bill is not permitted.
9. Check the appropriate box regarding subdivisions.
10. Calculate the Total Group Participation Percentage. Use numbers from #8 on Page 2.
IMPORTANT: IF YOUR PARTICIPATION PERCENTAGE IS 75% OR MORE, YOU DO NOT HAVE TO CONTRIBUTE TO THE DEPENDENT COST EXCEPT IF OFFERING THE HDHP. WE DO NOT ROUND UP, SO IF YOU HAVE 74.6%, THAT IS NOT CONSIDERED 75%.
11. If you are offering more than one plan, you may elect to use "Premium Averaging" method to calculate your minimum Employer Contribution.
 - a. Groups with 14 or less eligible employees may offer only one plan.
 - b. Groups with 15 to 99 eligible employees may offer two plans.

- c. Groups with more than 99 eligible employees may offer two Key Advantage plans and a High Deductible plan and/or Kaiser if available.
 - d. If you are offering coverage to Medicare eligible Retirees, you must choose one of the Medicare Plan options.
12. Check one selection for each plan choice and enter the Employer contribution amounts for each plan offered. **NOTE: YOU ARE REQUIRED TO OFFER BOTH COMPREHENSIVE AND PREVENTIVE DENTAL FOR EACH KEY ADVANTAGE AND HIGH DEDUCTIBLE PLAN YOU OFFER. YOU WILL NOT BE ABLE TO SUBMIT WITHOUT ENTERING CONTRIBUTIONS FOR EACH PLAN YOU ARE OFFERING, INCLUDING THE PREVENTIVE DENTAL.**

Employer contributions for each plan offered must meet or exceed the minimum employer funding requirements which are based on the total participation percentage calculated on #10 and the plan(s) offered. When two or more plans are offered, premium averaging may be used. Premium averaging is based on the un-weighted average of the plans offered excluding the High Deductible Plan which is calculated separately. A Medicare plan offering is not subject to minimum employer contribution requirements.

Minimum Employer Contribution Requirements for all Key Advantage Plans, High Deductible **with** employer HSA/HRA funding or Kaiser HMO:

- a. Full-time: 80% of the Self Only Comprehensive Premium plus 20% of the Comprehensive dependent cost. The dependent contribution requirement is waived if the participation percentage from #10 is 75% or more.
- b. Part-time: 50% of the employer contribution for Full-time for each tier. (You only need to complete if you are offering coverage to part-time employees).

Minimum Employer Contribution requirements for High Deductible Plan **without** employer HSA/HRA funding:

- a. 80% of the Self Only Comprehensive Premium plus 20% of the Comprehensive dependent cost, regardless of participation percentage from #10 above.
- b. Part-time: 50% of the employer contribution for Full-time for each tier. (You only need to complete if you are offering coverage to part-time employees).

NOTE: You do not need to complete page 4 of this worksheet. If you need to change or update addresses or contacts for your group, please use the attached Group Data Change form.