

Step 2 – Help for Classifications continued

- Retiree Survivors – not eligible for Medicare is a conditional classification. It is optional if you also offer coverage to Early Retirees.
- Retiree Survivors – eligible for Medicare is a conditional classification. It is optional if you also offer coverage to Medicare Retirees.

Optional Billing Methods are available for some Classifications:

- Group Bill means you receive a bill for this classification.
- Direct Bill Subscriber means that subscribers in this classification receives a bill and pay the insurance company rather than pay you. Automatic drafts are available to the subscriber from the insurance company.
- Third-Party Administrator (TPA) means you will receive a bill for this classification.

Step 3 – Help for Election Rules

- Initial Enrollment as an Employee Election Request: Make your selection based on your group's new hire eligibility rules. To be compliant with the Affordable Care Act (ACA), a group cannot have more than a 60-day waiting period.
- Qualifying Mid-Year Event (QME) Election Change Request: Make your selection based on your group's pre-tax (section 125) plan document for qualifying mid-year event changes. If you do not have a pre-tax document, Rule 1 applies.

Step 4 – Help for Participation

The Total Group Participation Count determines how many plan choices are permitted.

- Groups with 14 or less eligible employees may offer one plan.
- Groups with 15-99 eligible employees may offer up to two plans.
- Groups with 100 or more eligible employees may offer up to four plans.

The Total Group Participation Percentage determines the minimum employer contribution for each plan selected.

- When the participation percentage is 75% or greater, the minimum employer contribution is 80% of the Self Only premium.
- When the participation percentage is less than 75%, the minimum employer contribution is 80% of Self Only plus 20% of the dependent cost for the dependent tiers.

Step 5 – Help for Plans

Plan choices are available based on Classifications and Total Group Participation Counts. Choose a plan or choose "None" for each plan choice. The Regional HMO Plan choice is limited to the region it serves, but you still have to select "None" if it is not offered. Selections that are different from last year's renewal are flagged for your convenience.

- Groups with 14 or less eligible employees may select one plan: A Key Advantage plan, a High Deductible plan, or a Regional HMO plan.
- Groups with 15-99 eligible employees may choose up to two plans: Two Key Advantage plans, a Key Advantage plan and a High Deductible plan, a Key Advantage plan and a Regional HMO plan, or a High Deductible plan and a Regional HMO plan.
- Groups with 100 or more eligible employees may choose up to four plans: Two Key Advantage plans, a High Deductible Plan, and a Regional HMO Plan.
- Groups who offer coverage to Medicare Retirees must choose one Medicare plan. Option 1 is a grandfathered Medicare plan – only available to groups who wish to continue the selection.

Step 6 – Help for Premiums

The Total Group Participation Percentage determines the minimum employer contribution required. Employers must contribute a minimum of 80% of the cost of Self Only coverage plus 20% of the cost of dependent coverage. When the participation percentage is 75% or greater, the employer is not required to contribute to the cost of dependent coverage.

The minimum employer contribution required for part-time employees is 50% of the employer contribution for full-time employees.

For Key Advantage, High Deductible and the Regional HMO plans, if the employer contribution is more than the minimum, that contribution then becomes the minimum for the dependent tiers.

If the High Deductible Plan is offered, the minimum employer contribution is 80% of the cost of Self Only coverage plus 20% of the cost of dependent coverage. If the participation percentage is 75% or greater and the employer funds a HSA/HRA, the 20% dependent contribution requirement is waived.

Premium Averaging is an option to employers offering multiple plans (excluding the High Deductible Plan). Employers may choose to determine one minimum premium contribution requirement for all plans except the High Deductible plan. Premium averaging will be determined by using the average Self Only Comprehensive dental premium for all included plans. Once the average premium has been determined, the minimum employer contribution is applied to all applicable plans.

Groups selecting plans with both comprehensive and preventive dental options must offer both options and enter employer (ER) contributions for each option.

Step 7 – Help for ACA Reporting

DHRM will file Affordable Care Act (ACA) employer reports on behalf of groups that:

1. Participate with TLC for the full calendar year;
2. Sign an ACA Designated Government Entity Reporting Agreement, and
3. Submit an annual ACA Employer Reporting Certification.

The ACA employer reports are filed by FEIN. Group IDs using the same employer FEIN must be combined and submitted to IRS together.

Things you can do to manage ACA information throughout the year:

- Make sure to collect an enrollment form from all new hires that are eligible for coverage – those that choose to waive coverage and those that choose to enroll. Be sure it includes the hire date and classification.
- Make sure to term records for employees when they are no longer eligible for coverage. This includes those that waived coverage.
- Review the reports posted to your HurMan folder to be sure the eligibility and enrollment information in BES is accurate.

Step 8 – Open Enrollment Dates

TLC requires an Open Enrollment period no longer than 30 days.

- July renewals must hold Open Enrollment between April 1 and May 15.
- October renewals must hold Open Enrollment between July 28 and September 10.

Remember, all Open Enrollment forms must be signed and dated during your Open Enrollment period or they will not be processed.

Step 9 – Contact Information

A mailing address, a shipping address, and contacts are required for each Group ID. Updates can be requested at any time by sending a Group Data Change form to DHRM-TLC. Contacts receive communications from DHRM-TLC and are granted access to on-line TLC applications and group reports posted to HuRMan. You are encouraged to have at least two, and up to four, different contacts in the event one is not available.

Step 10 – Certification

Be sure all tabs on the on-line form are complete (no asterisks) are complete and submit your renewal by the required deadline. You will receive an email when your renewal is approved.

Group Name: _____

Step 2 - Classifications

7. Check 'yes' or 'no' for each enrollee category to be offered coverage and the billing method where applicable.

Enrollee Category	Offer Coverage?	Billing Method
Full-time Employees:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Group Bill
Part-time Employees:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Group Bill
Elected Officials with full-time premium:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Group Bill
Elected Officials with part-time premium:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Group Bill
Long-Term Disability (LTD) Employees:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA
Extended Coverage/COBRA Qualified Beneficiaries – Regular:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group Bill <input type="checkbox"/> Direct Bill Subscriber <input type="checkbox"/> Third-Party Administrator (TPA)
Extended Coverage/COBRA Qualified Beneficiaries – Disability:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Billed as COBRA - Regular
Early Retirees – not eligible for Medicare:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group Bill <input type="checkbox"/> Direct Bill Subscriber <input type="checkbox"/> Third-Party Administrator (TPA)
Medicare Retirees – eligible for Medicare:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Group Bill <input type="checkbox"/> Direct Bill Subscriber <input type="checkbox"/> Third-Party Administrator (TPA)
Split Contract Dependents of Retirees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Billed as Early Retiree when dependent is not eligible for Medicare <input checked="" type="checkbox"/> Billed as Medicare Retiree when dependent is eligible for Medicare
Survivors of Employees (includes Elected Officials if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> One extra month on Group Bill
Retiree Survivors – not eligible for Medicare:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Billed as Early Retiree
Retiree Survivors – eligible for Medicare:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Billed as Medicare Retiree

Step 3 – Election Rules

8. Check one and enter the number of days if you check Rule 2 or Rule 3.

Initial Enrollment as an Employee Election Request:			
<input type="checkbox"/> Rule 1: Number of days in waiting period:	0	Number of days allowed to make the enrollment election request:	30
<input type="checkbox"/> Rule 2: Number of days in waiting period:	0	Number of days (31-60) allowed to make the enrollment election request:	
<input type="checkbox"/> Rule 3: Number of days (1-60) in waiting period:		Number of days (1-60) allowed to make the enrollment election request:	

9. Check one and enter the number of days if you check Rule 2.

Qualifying Mid-Year Event (QME) Election Change Request:		
<input type="checkbox"/> Rule 1: Number of days allowed to make the election change request:	60	
<input type="checkbox"/> Rule 2: Number of days (1-59) allowed to make the election change request:		

Group Name: _____

Step 4 - Participation

10. Enter the counts and sum the totals for each group ID.

Primary Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			
Additional Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			
Additional Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			
Additional Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			
Additional Group ID:	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Full-time Employees:			
Part-time Employees:			
Elected Officials with full-time premium:			
Elected Officials with part-time premium:			
Total for this Group ID:			

11. Enter the total group counts and calculate the total group Participation Percentage.

	Enrolled Count	Waived Count	Eligible Count (Enrolled + Waived)
Total Participation Counts: (sum of all group IDs)			
Total Participation Percentage: (Divide Enrolled Count by Eligible Count and round down)			%

Group Name: _____

Step 5 – Plans & Step 6 – Premiums

12. Plan selections apply to all group IDs. Employer Contribution Amounts may vary by Group ID. Check one:

<input type="checkbox"/> ER Contribution Amounts apply to all group IDs	<input type="checkbox"/> ER Contribution Amounts apply to Group ID: _____
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13. For each plan choice, check a plan selection. Then, for each plan selection, enter the total premium amounts from the renewal sheet, and the full-time employer and enrollee contribution amounts. If you offer part-time coverage, also enter the part-time contribution amounts.

Premium averaging used? Yes No

	Self Only	Self + One	Self + Family
Key Advantage Plan Choice 1:	<input type="checkbox"/> KA Expanded <input type="checkbox"/> KA 250 <input type="checkbox"/> KA 500 <input type="checkbox"/> KA 1000 <input type="checkbox"/> None		
+ comprehensive dental – Total:	\$	\$	\$
Full-time ER:	\$	\$	\$
EE:	\$	\$	\$
Part-time ER:	\$	\$	\$
EE:	\$	\$	\$
+ preventive dental – Total:	\$	\$	\$
Full-time ER:	\$	\$	\$
EE:	\$	\$	\$
Part-time ER:	\$	\$	\$
EE:	\$	\$	\$
Key Advantage Plan Choice 2:	<input type="checkbox"/> KA Expanded <input type="checkbox"/> KA 250 <input type="checkbox"/> KA 500 <input type="checkbox"/> KA 1000 <input type="checkbox"/> None		
+ comprehensive dental – Total:	\$	\$	\$
Full-time ER:	\$	\$	\$
EE:	\$	\$	\$
Part-time ER:	\$	\$	\$
EE:	\$	\$	\$
+ preventive dental – Total:	\$	\$	\$
Full-time ER:	\$	\$	\$
EE:	\$	\$	\$
Part-time ER:	\$	\$	\$
EE:	\$	\$	\$
High Deductible Plan Choice:	<input type="checkbox"/> HDP with employer HSA/HRA funding <input type="checkbox"/> HDP without employer HSA/HRA funding <input type="checkbox"/> None		
+ comprehensive dental – Total:	\$	\$	\$
Full-time ER:	\$	\$	\$
EE:	\$	\$	\$
Part-time ER:	\$	\$	\$
EE:	\$	\$	\$
+ preventive dental – Total:	\$	\$	\$
Full-time ER:	\$	\$	\$
EE:	\$	\$	\$
Part-time ER:	\$	\$	\$
EE:	\$	\$	\$
Regional HMO Choice:	<input type="checkbox"/> Kaiser HMO <input type="checkbox"/> None		
Total:	\$	\$	\$
Full-time ER:	\$	\$	\$
EE:	\$	\$	\$
Part-time ER:	\$	\$	\$
EE:	\$	\$	\$
Medicare Plan Choice:	<input type="checkbox"/> Advantage 65 <input type="checkbox"/> Advantage 65 + Dental/Vision <input type="checkbox"/> Option 1 <input type="checkbox"/> None		
	\$	NA	NA

Group Name: _____

Step 7 – ACA Reporting

14. Unless an employer opts-out, DHRM will file ACA reports on their behalf when the group has been with TLC for the full calendar year.

Step 8 – Open Enrollment Dates

15. Check one:

<input type="checkbox"/> OE Dates apply to all group IDs.	<input type="checkbox"/> OE Dates apply to Group ID: _____
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16. Enter the Open Enrollment Period dates:

Begins: ____/____/____ (MM/DD/YYYY)	Ends: ____/____/____ (MM/DD/YYYY)
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Step 9 – Contact Information

17. Existing groups are encouraged to review and update their group data. A new group is required to submit their group data.

Mailing Address:			
Street or P O Box:			Suite:
City:	State:		Zip+4:
Shipping Address: This is the physical location. <input type="checkbox"/> Shipping Address same as Mailing Address			
Street or P O Box:			Suite:
City:	State:		Zip+4:
Benefits Administrator: This person handles eligibility and enrollment.			
First Name:	Middle Initial:	Last Name:	Suffix:
ID or SSN:		Date of Birth:	
Email:			
Phone: () -	Ext:	Fax: () -	
Benefits Executive: This person authorizes the renewal.			
First Name:	Middle Initial:	Last Name:	Suffix:
ID or SSN:		Date of Birth:	
Email:			
Phone: () -	Ext:	Fax: () -	
Billing Administrator: This person receives and handles inquiries about billing.			
First Name:	Middle Initial:	Last Name:	Suffix:
ID or SSN:		Date of Birth:	
Email:			
Phone: () -	Ext:	Fax: () -	
Billing Executive: This person authorizes premium payments.			
First Name:	Middle Initial:	Last Name:	Suffix:
ID or SSN:		Date of Birth:	
Email:			
Phone: () -	Ext:	Fax: () -	

Step 10 – Certification

18. Enter information about the person authorizing this Employer Data Sheet, the person submitting it, and check 'yes' or 'no' to certify.

Authorized By:			
Title:		Phone: () -	Ext:
Submitted By:			
		Phone: () -	Ext:
We certify that the information on this form is true, correct, and complete to the best of our knowledge: <input type="checkbox"/> Yes <input type="checkbox"/> No			