

2019-20 Employer Data Sheet – (Worksheet)

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On-line Employer Data Sheet is DUE: April 1, 2019 for July Renewals

July 1, 2019 for October Renewals

Instructions and Help

This form is a worksheet only. It is intended to help gather information prior to submitting the on-line Employer Data Sheet. Submit the on-line Employer Data Sheet by the due date to avoid a delay in group set-up. Use the contact information above if you have questions.

Step 1 – Help for Group

A group must have a separate Group ID, assigned by DHRM-TLC, for each Federal Employer Identification Number (FEIN) included in the group. Separate Group IDs with the same FEIN are also permitted. One of the Group IDs must be primary for submitting a renewal Data Sheet. Unless otherwise approved by DHRM-TLC, the Group ID with most participants is primary.

Step 2 – Help for Classifications

A selection for each Classification and its billing method is required. Some selections are mandatory, some are optional, and some are conditional. Selections that are different from last year's renewal are flagged for your convenience.

- Full-time Employees is a mandatory classification.
- Part-time Employees is an optional classification.
- Elected Officials is an optional classification. If you offer coverage to Elected Officials, make your selection based on the premium cost-sharing. When the Elected Official receives the same employer (ER) contribution as a full-time employee, select Elected Officials with full-time premium. When the Elected Official receives the same employer (ER) contribution as a part-time employee, select Elected Officials with part-time premium.
- Long-Term Disability (LTD) Employees is not a classification offered by TLC.
- Extended Coverage/COBRA Qualified Beneficiaries Regular and Extended Coverage/COBRA Qualified Beneficiaries
 Disability are mandatory classifications. When a COBRA participant is approved for an additional 11 months due to disability, the classification changes from Regular to Disability and the premium amount increases.
- Early Retirees is an optional classification. If you are not currently offering coverage to this classification, but are considering it now, contact your TLC Program Specialist before you submit your renewal to see if the selection will affect your renewal rates.
- Medicare Retirees is a conditional classification. If you choose to offer coverage to this classification, you must also
 offer coverage to Early Retirees. If you are not currently offering coverage to this classification, but are considering it
 now, contact your TLC Program Specialist before you submit your renewal for approval.
- Split Contract Dependents of Retirees is a conditional classification. If you choose to offer coverage to Medicare Retirees, you must also offer coverage to this classification. A split contract occurs when an Early Retiree with covered dependents has someone become eligible for Medicare.
- Survivors of Employees are an optional classification. If you choose to offer coverage to this classification, the survivors remain covered at the same employee premium for one extra month. When elected the survivor coverage is concurrent with the first month of Extended Coverage/COBRA.

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.



2019-20 Employer Data Sheet

The Local Choice Program Phone: (804) 786-0270

Step 1 – Group

Email: Freddie.Oliver@dhrm.virginia.gov

On-line Employer Data Sheet is DUE: April 1, 2019 for July Renewals

July 1, 2019 for October Renewals

1. Enter the group name:						
	Group Name:					
2.	Check one. Enter the begin date for a new group.					
	☐ Existing Group ☐ New Group: Begins / / (MM/DD/YYYY)					
3.	Check one:					
	☐ Government Group ☐ School Group ☐ Government & School Group ☐ Grandfathered Government & School Group					
4.	Check one:					
	☐ July Renewal: Begins: 07/01/2019 Ends 06/30/2020 ☐ October Renewal: Begins: 10/01/2019 Ends 09/30/2020					
5.	A group must have a separate group ID, assigned by DHRM, for each Federal Employer Identification Number (FEIN) included in the group and one of the group IDs must be primary. Separate group IDs with the same FEIN are also permitted.					
	Check one:					
	☐ This group has one FEIN and one group ID.					
	☐ This group has one FEIN and more than one group ID.					
	☐ This group has more than one FEIN and more than one group ID.					
6.	Enter the Group ID assigned by DHRM, the FEIN, and check 'yes' or 'no' for primary. Only one group ID may be primary. The primary group submits the Employer Data Sheet on behalf of all group IDs.					

FEIN: 99-999999

Each FEIN may have different employer cost-sharing, Open Enrollment dates, and contacts. A grandfathered Government & School group may also have different classifications and billing methods. Attach separate pages when there are differences between group IDs.

Group ID: 999-999-999 Text

Primary Group ID?

□Yes □No

7. (Check 'yes' or 'no' for each enrollee category to be offer	ed cov	erage and the	billing m	ethod	l where	applicable.		
	Enrollee Category			Offer Coverage?		ıge?	Billing Method		
	Full-time Employees:			✓Yes		0	☑Group Bill		
	Part-time Employees:			□Yes	□No	0	☑Group Bill		
	Elected Officials with full-time premium:			□Yes	□No	0	☑Group Bill		
	Elected Officials with part-time premium:			□Yes	□No	0	☑Group Bill		
	Long-Term Disability (LTD) Employees:			□Yes	☑No	0	NA		
	Extended Coverage/COBRA Qualified Beneficiaries – Regular:			⊠Yes	□No □Group Bill □Direct Bill Subscriber □Third-Party Administrator (TPA)		•		
	Extended Coverage/COBRA Qualified Beneficiaries	– Disal	oility:	✓Yes	□No	0	☑Billed as COBRA - Regular		
	Early Retirees – not eligible for Medicare:			□Yes	□No	0	□Group Bill □Direct Bill Subscriber □Third-Party Administrator (TPA)		
	Medicare Retirees – eligible for Medicare:			□Yes	□No	0	□Group Bill □Direct Bill Subscriber □Third-Party Administrator (TPA)		
	Split Contract Dependents of Retirees			□Yes	□No	0	☑Billed as Early Retiree when dependent is not eligible for Medicare☑Billed as Medicare Retiree when dependent is eligible for Medicare		
	Survivors of Employees (includes Elected Officials if applicable)			□Yes		0	☑One extra month on Group Bill		
	Retiree Survivors – not eligible for Medicare:					0	☑Billed as Early Retiree		
	Retiree Survivors – eligible for Medicare:			□Yes	□No	0	☑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:									
	☐ Rule 1: Number of days in waiting period:	0	Number of days allowed to make the enrollment election request:			30			
	☐ Rule 2: Number of days in waiting period:	0	Number of days (31-60) allowed to make the enrollment election request:						
	☐ 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:								
	☐ Rule 1: Number of days allowed to make the election change request:				60				
	☐ Rule 2: Number of days (1-59) allowed to make the	ام مامد	ion change re	nuest.					

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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 Cour	%		

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(¬rniii) Name:	٥٠ - ١	
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Step 5 - Plans & Step 6 - Premiums

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

☐ ER Contribution Amounts apply to all group IDs	☐ ER Contribution Amounts apply to Group ID:
= 2.1 3011112 all 01.7 all 01.1 all 9.3 all 9.	= 2.1 commodition, amodition apply to enough in-

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

3 3	Self Only	Self + One	Self + Family
Key Advantage Plan Choice 1:	□KA Expanded □KA 250	□KA 500 □KA 1000 □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:	□KA Expanded □KA 250	□KA 500 □KA 1000 □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:	☐HDP with employer HSA/HRA	funding HDP without employe	er HSA/HRA funding □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:	□Kaiser HMO □None		
Total:	\$	\$	\$
Full-time ER:	\$	\$	\$
EE:	\$	\$	\$
Part-time ER:	\$	\$	\$
EE:	\$	\$	\$
Medicare Plan Choice:	□Advantage 65 □Advantage	e 65 + Dental/Vision ☐ Option 1	□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
14. Offices all employer opts out, british will like ACA reports on their behalf when the group has been with record	the full calcifual year.
Step 8 – Open Enrollment Dates	
15. Check one:	
☐ OE Dates apply to all group IDs. ☐ OE Dates apply to Group ID:	
OE Dates apply to all group IDs.	
16. Enter the Open Enrollment Period dates:	
Begins:/(MM/DD/YYYY)	
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.	
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.	Cotto
First Name: Middle Initial: Last Name:	Suffix:
ID or SSN: Date of Birth:	_
Email: Phone: () - Ext: Fax: ()	
There is a second of the secon	-
Billing Executive: This person authorizes premium payments. First Name: Middle Initial: Last Name:	Suffix:
ID or SSN: Date of Birth:	Julia.
Email:	
Phone: () - Ext: Fax: ()	-
Step 10 – Certification	
18. Enter information about the person authorizing this Employer Data Sheet, the person submitting it, and check 'ye	es' or 'no' to certify.
Authorized By:	
Title: Phone: ()	- Ext:
Submitted By: Phone: ()	- Ext:
	Yes □No
The second state and an another second secon	