odivision Name:		D	HRM Group No	ımber: Agy:	Grp:	_Sub	
Check 'yes or 'no' for each plan choice. If 'yes' is selected, check a plan and enter the premium totals from the renewal sheet and the employer and enrollee contribution amounts for each tier.							
Groups with 25 or fewer eligible employees may offer only one plan. Groups with 26 to 100 eligible employees may offer two plans. Groups with more than 100 eligible employees may offer two Key Advantage plans and a High Deductible Plan and/or Kaiser if available. Groups offering a Key Advantage Plan choice or a High Deductible Plan choice must offer both the Preventive Option and the Comprehensive Option. Groups offering coverage to Medicare Retirees may choose one Medicare plan.							
 Employer contributions for each plan offered <u>must meet or exceed</u> the minimum employer funding requirements which are based on the total participation percentage from #4 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 requirements. Minimum Employer Contribution Requirements: All Key Advantage Plans, the High Deductible Plan <u>with</u> employer HSA/HRA funding, or the Kaiser HMO:							
Key Advantage Plan Choice 1: Yes No	KA Expanded KA 250		KA 500 KA 1000				
	Self Only		Self + One		Self + Family		
Preventive Premiums	\$		\$		\$		
Comprehensive Premiums \$			\$		\$		
	Employer	Enrollee	Employer	Enrollee	Employer	Enrollee	
Comprehensive Contributions - Full-time	\$	\$	\$	\$	\$	\$	
Comprehensive Contributions - Part-time	\$	\$	\$	\$	\$	\$	
Key Advantage Plan Choice 2: Yes No	KA Expanded KA 250 KA 500 KA 1000						
	Self Only		Self + One		Self + Family		
Preventive Premiums	\$		\$		\$		
Comprehensive Premiums	ive Premiums \$		\$		\$		
·	Employer	Enrollee	Employer	Enrollee	Employer	Enrollee	
Comprehensive Contributions - Full-time	\$	\$	\$	\$	\$	\$	
Comprehensive Contributions - Part-time	\$	\$	\$	\$	\$	\$	
High Deductible Plan Choice: Yes No	HDP with employer HSA/HI		A funding HDP without e		mployer HSA/HRA funding		
		Self Only		Self + One		Self + Family	
Preventive Premiums	\$		\$		\$		
Comprehensive Premiums	\$		\$		\$		
	Employer	Enrollee	Employer	Enrollee	Employer	Enrollee	
Comprehensive Contributions - Full-time	\$	\$	\$	\$	\$	\$	
Comprehensive Contributions - Part-time	\$	\$	\$	\$	\$	\$	
Regional HMO Choice: Yes No	Kaiser HMO Self	Only	Self + One		Self + Family		
Premiums	\$		\$		\$		
	Employer	Enrollee	Employer	Enrollee	Employer	Enrollee	
Contributions Full-time	\$	\$	\$	\$	\$	\$	
Contributions Part-time	\$	\$	\$	\$	\$	\$	
Medicare Plan Choice: Yes No	Advantage 65 Advantage 65 + Dental/Vision Option 1						

Self Only Total Premium: \$