



2021-22 Employer Data Sheet – (Worksheet)

The Local Choice Program

Phone: 888-642-4414

Email: TLC@DHRM.virginia.gov

On-line Employer Data Sheet is DUE: **April 1, 2021 for July Renewals**
July 1, 2021 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. **It is not mandatory that you complete this worksheet if you feel comfortable going straight to 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.

NEW THIS YEAR- As you are completing each step, you will notice an alert (ⓘ) if your selection is different from what you currently have in place. Please hover over the alert (ⓘ) to get the details on the change. If you did not intend to make a change, you can go back to the original selection before moving on to the next step.

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. When you make a selection that is different from last year, you will receive an **alert (ⓘ)** noting the change.

- Full-time Employees is a mandatory classification.
- Part-time Employees is an optional classification. **(When adding coverage for this optional classification, you will be required to submit a board resolution and your rates are subject to change. Contact TLC if you need additional guidance.)**
- 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. **(When adding coverage for this optional classification, you will be required to submit a board resolution and your rates are subject to change. Contact TLC if you need additional guidance.)**

- Extended Coverage/COBRA Qualified Beneficiaries is a mandatory classification and defaults to yes. However, you must select a billing option. 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 offered, you are required to select a billing option.** (When adding coverage for this optional classification, you will be required to submit a board resolution. Note, they are considered part of your group for enrollment and claim purposes. Contact TLC if you need additional guidance.)
- Medicare Retirees is a conditional classification. **If offered, you are required to select a billing option.** If you choose to offer coverage to this classification, you must also offer coverage to Early Retirees. (When adding coverage for this optional classification, you will be required to submit a board resolution. Note, they are considered part of your group for enrollment and claim purposes. Contact TLC if you need additional guidance.) 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.
- 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 subscribers in this classification receive 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.
 - If you select Rule 1, this means your group does **not** have a new hire waiting period, therefore, the effective date of coverage (or waive) is first of the month after Date of Hire.
 - If you select Rule 2, you need to fill in the numbers of days in your group's new hire waiting period. The effective date of coverage (or waive) is first of the month after your new hire waiting period.
- The waiting period you select must be consistent for all new hires.
- Qualifying Mid-Year Event (QME) Election Change Request: There are two (2) rules. Make your selection based on how long your group allows a participant to make an election change request due to a Qualifying Mid-Year Event.
- If your election rules do not follow any of the choices offered please contact TLC for guidance.

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. (May be different for High Deductible plan. See Step 6.)
- 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. Select a plan or select “None” for each plan choice. The Regional HMO Plans are limited based on your group’s eligibility, but you still have to select “None” if it is not offered. When you make a selection that is different from last year, you will receive an **alert** () noting the change.

- 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 supplement plan. Option 1 is a grandfathered Medicare supplement 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 the IRS together.

This section is pre-populated based on the status of your group's most recent ACA filing. We will update this section each year based on your annual reporting status.

Step 8 – Open Enrollment Dates

TLC requires an Open Enrollment period. You pick the dates (within parameters allowed). Your Open Enrollment cannot be longer than 30 days. If you choose a 30 day open enrollment period, please be sure to count the days and not rely on the first day of each month as a guide.

- 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. The information displayed in this section is "read only". 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, but may have up to four, different contacts in the event one is not available.

Step 10 – Certification

NEW THIS YEAR! - Any changes to your renewal will be clearly shown. Please review carefully and if you notice any errors, contact us immediately! Be sure all tabs on the on-line form are complete (no asterisks). Submit your renewal by the required deadline and you will receive an email when it has been approved.



2021-22 Employer Data Sheet
 The Local Choice Program
 Phone: 888-642-4414
 Email: TLC@DHRM.virginia.gov

**On-line Employer Data Sheet is DUE: April 1, 2021 for July Renewals
 July 1, 2021 for October Renewals**

Step 1 – Group

1. Enter the group name:

Group Name:

2. Check one. Enter the begin date for a new group.

<input type="checkbox"/> Existing Group <input type="checkbox"/> New Group: Begins ____ / ____ / ____ (MM/DD/YYYY)

3. Check one:

<input type="checkbox"/> Government Group <input type="checkbox"/> School Group <input type="checkbox"/> Government & School Group <input type="checkbox"/> Grandfathered Government & School Group

4. Check one:

<input type="checkbox"/> July Renewal: Begins: 07/01/2021 Ends 06/30/2022 <input type="checkbox"/> October Renewal: Begins: 10/01/2021 Ends 09/30/2022

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:

<input type="checkbox"/> This group has one FEIN and one group ID. <input type="checkbox"/> This group has one FEIN and more than one group ID. <input type="checkbox"/> 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.

Group ID: 999-999-999 Text	FEIN: 99-9999999	Primary Group ID?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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 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
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)
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
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.

Initial Enrollment as an Employee Election Request: (Effective first of month after the waiting period.)			
<input type="checkbox"/> Rule 1: No waiting period.	0	Number of days allowed to make the enrollment election request:	30
<input type="checkbox"/> Rule 2: Waiting period (1-60 days).		Number of days allowed to make the enrollment election request:	30

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: _____
-------------------------------------------------------------------------	---------------------------------------------------------------------------

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"/> Optima	<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: _____
-----------------------------------------------------------	------------------------------------------------------------

16. Enter the Open Enrollment Period dates:

Begins: ____/____/____ (MM/DD/YYYY)	Ends: ____/____/____ (MM/DD/YYYY)
-------------------------------------	-----------------------------------

Step 9 – Contact Information

17. Existing groups are encouraged to review. ***If updates are needed, please submit a Group Data Change form.***

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			