



2022-23 Employer Renewal Data Sheet – Instructions

The Local Choice Program
Phone: 888-642-4414
Email: TLC@DHRM.virginia.gov

On-line Employer Renewal Data Sheet is DUE: March 25, 2022 for July Renewals

Instructions and Help

These instructions may be helpful to review prior to submitting your Employer Renewal Data Sheet.

It is intended to help you gather information prior to submitting the on-line Employer Renewal Data Sheet.

Please submit the on-line Employer Renewal Data Sheet by the due date as noted above. Use the contact information above if you have questions.

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.** The billing options are explained below.
- 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. The system will default to the correct selection.
- 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 (COBRA, Early Retirees, Medicare Eligible Retirees):

- **Group Bill** means your group will receive a bill for this classification. You will collect the premiums and you will send them to the carrier.
- **Direct Bill Subscriber** means subscribers in this classification receive a bill and pay the carrier rather than pay you. Automatic drafts may be available, your subscriber would contact the carrier for assistance.
- **Third-Party Administrator (TPA)** means your group 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 number 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.
- Life Event – (Previously referred to as 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 Life Event (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.

- **Open Enrollment for all July Renewals will be May 2, 2022 through May 16, 2022**

Remember, all Open Enrollment forms must be signed and dated by your participant and received by you during Open Enrollment 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. 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

Submitted Changes - 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.