

Employer Data Sheet

Return this Data Sheet to

The Local Choice Health Benefits Program
 Commonwealth of Virginia
 Department of Human Resource Management
 101 North 14th Street - 13th Floor
 Richmond, VA 23219
 Phone (804) 786.6460 · Fax (804) 371.0231



You must order your enrollment materials using the Materials Order Form included in your renewal/ proposal notebook. Fax your order to the number shown on the Materials Order Form. Do not send order forms to TLC offices.

Please complete all applicable information and return this sheet to the address shown above. You will receive a letter confirming the plan(s) to be offered and the monthly premiums for each plan. It is important that you complete each section and sign the completed form.

1. Group Name: City of Manassas Park
2. Effective Date: 7/1/2012 **To** 6/30/2013

3. Number of Employees Eligible/Participating

	# Eligible Employees	# Participating Employees
Active Full Time Employees	158	110
Active Part Time Employees		
COBRA Eligibles		
Retirees Not Eligible for Medicare		8
Retirees Eligible for Medicare		

4. List your definition of participating Full-Time Employee (including minimum hours):

40 hrs per week

5. Do you cover Part-Time Employees? Yes, our definition of Part-Time is:

24 hrs per week Budgeted position

No, we do not cover Part-Time Employees.

6. Are elected members of your Governing Body eligible?

Yes, as FT Yes, as PT No

GROUP NAME _____

7. Have any of your definitions changed since your last renewal?

Yes No

If yes, please list changes: _____

8. You must have an Open Enrollment of no longer than 30 days between April 1 and May 15 for 7/1 effective groups and between July 28 and September 10 for 10/1 effective groups. Our OE dates will be:

9. Employers with fewer than 20 employees on a typical business day during the preceding calendar year are not allowed to offer COBRA. This exclusion is based on the actual number of employees rather than plan participants. Employers must consider all full-time and part-time employees. Is your Group eligible for COBRA?

Yes No

10. For Groups that cannot offer COBRA, we want to continue coverage for survivors of deceased employees until the end of the month following our employee's death. Full premium with continued employer and dependent contribution is required. Survivors must participate and no plan changes are permitted.

Yes No

11. Please check the plan name and list rates for Benefit Plan(s) to be offered and Monthly Rate(s) for each Employee/Retiree. Enter the premium rates from your proposal/renewal rate sheet for each selected plan. Do not list the total monthly premium for your group.

	PPO Plans				HDHP	Regional Plan (if available in your area)
	<input type="checkbox"/> Key Advantage Expanded	<input checked="" type="checkbox"/> Key Advantage 250	<input checked="" type="checkbox"/> Key Advantage 500	<input type="checkbox"/> Key Advantage 1000	<input checked="" type="checkbox"/> High Deductible Health Plan	<input checked="" type="checkbox"/> Kaiser Permanente
Active Employees – Insert Rates from Proposal/Renewal						
Single		539	497		412	557
Employee +1		997	919		762	1025
Family		1455	1342		1112	1494
Retirees NOT Eligible for Medicare – Insert Rates from Proposal/Renewal						
Single						
Employee +1						
Family						

Retirees Eligible for Medicare	
Insert monthly Rates from Proposal/Renewal	
Advantage 65	\$
Advantage 65 with Dental/Vision	\$
Medicare Complementary	\$

GROUP NAME

12. List Contributions

Minimum Employer Contribution:

- Full-Time: 80% of average single cost
- No employer contribution is required for dependents if more than 75% of eligible employees enroll
- If less than 75% enroll, the employer must pay at least 20% of the cost of Dependent Coverage
- If Part-Time coverage is offered the employer must pay a minimum of 50% of the amount contributed toward Full Time employee coverage at all membership levels
- HDHP contributions are calculated separately from other contribution calculations
- Minimum employer contributions for HDHP are 80% F/T single employee cost and 20% of dependent cost
- Higher contributions are permitted.

SEE ATTACHED

	Single		Dual		Family	
	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Active Full Time	\$	\$	\$	\$	\$	\$
Active Part Time	\$	\$	\$	\$	\$	\$
Retiree Not Eligible for Medicare	\$	\$	\$	\$	\$	\$
Retiree with Medicare	\$	\$	\$	\$	\$	\$

If you offer multiple plans, please copy and submit this page for each plan you endorse.

13. I hereby certify that the above information is correct to renew The Local Choice Program.

▲ **GROUP EXECUTIVE ADMINISTRATOR (SIGNATURE REQUIRED)**

▲ **DATE**

▲ **PRINT NAME & TITLE**

▲ **TELEPHONE**

▲ **FAX**

▲ **EMAIL**

FY 2013		Premium Splits		
FULL TIME				
ANTHEM 250	Employee Share	City Share	Total Monthly Premium	
Single	108.00	431.00	539.00	
Dual	330.00	667.00	997.00	
Family	524.00	931.00	1,455.00	
ANTHEM 500				
Single	99.00	398.00	497.00	
Dual	259.00	660.00	919.00	
Family	420.00	922.00	1,342.00	
TLC HDHP				
Single	82.00	330.00	412.00	
Dual	215.00	547.00	762.00	
Family	348.00	764.00	1,112.00	
KAISER				
Single	111.00	446.00	557.00	
Dual	338.00	687.00	1,025.00	
Family	538.00	956.00	1,494.00	

PART TIME			
ANTHEM 250	Employee Share	City Share	Total Monthly Premium
Single	269.50	269.50	539.00
Dual	498.50	498.50	997.00
Family	727.50	727.50	1,455.00
	-	0.00	
ANTHEM 500			
Single	248.50	248.50	497.00
Dual	459.50	459.50	919.00
Family	671.00	671.00	1,342.00
	-	0.00	
TLC HDHP			
Single	206.00	206.00	412.00
Dual	381.00	381.00	762.00
Family	556.00	556.00	1,112.00
	-	0.00	
KAISER			
Single	278.50	278.50	557.00
Dual	512.50	512.50	1,025.00
Family	747.00	747.00	1,494.00

RETIREE			
ANTHEM 250	Employee Share	City Share	Total Monthly Premium
Single	539.00	0.00	539.00
Dual	997.00	0.00	997.00
Family	1,455.00	0.00	1,455.00
ANTHEM 500			
Single	497.00	0.00	497.00
Dual	919.00	0.00	919.00
Family	1,342.00	0.00	1,342.00
TLC HDHP			
Single	412.00	0.00	412.00
Dual	762.00	0.00	762.00
Family	1,112.00	0.00	1,112.00
KAISER			
Single	557.00	0.00	557.00
Dual	1,025.00	0.00	1,025.00
Family	1,494.00	0.00	1,494.00



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