TLC Data Sheet Overview

The Department of Human Resource Management (DHRM) collects employer information from the participants of The Local Choice (TLC) health care program for each plan year (PY). This information is maintained in Cardinal for use in Open Enrollment and maintenance due to Life Events, communicated to the various participating vendors, and for administrative purposes by the Office of Health Benefits (OHB). The information will be entered online by the TLC employers using the TLC Data Sheet.

This document explains where and how the TLC employers will enter the annual plan changes in Cardinal using the TLC Data Sheet.

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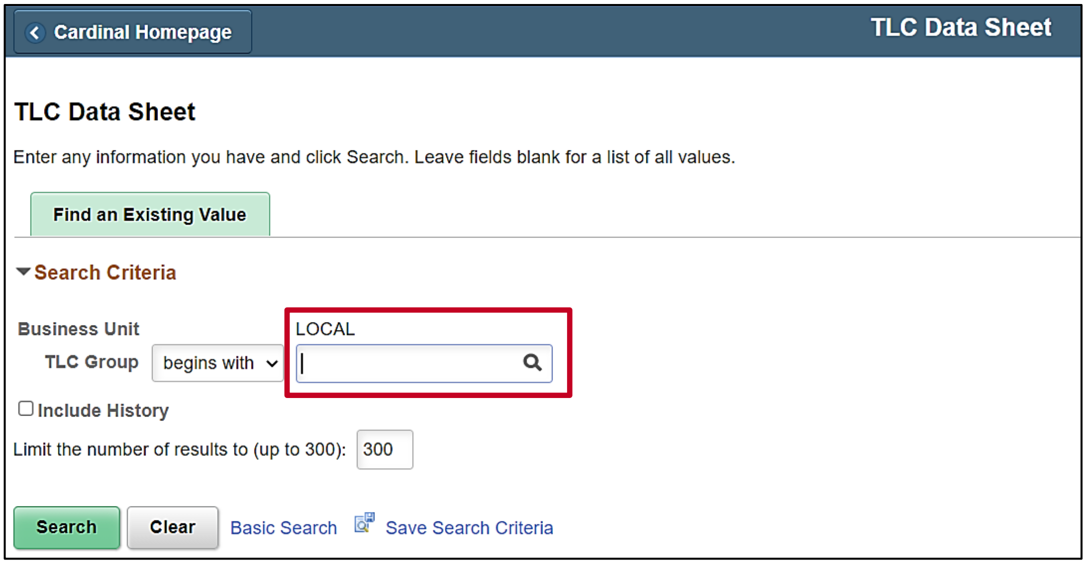
Updating an Existing TLC Plan using the TLC Data Sheet

1. To update an existing TLC Plan, navigate to the **TLC Data Sheet** page by following this path:

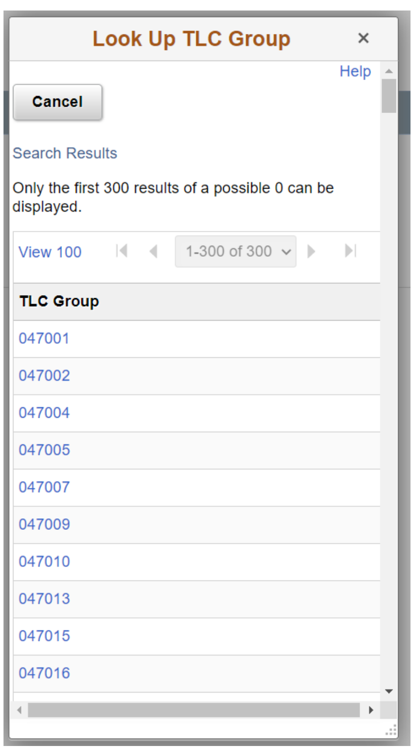
   Navigator > Benefits > Employer Information > TLC Data Sheet

The **TLC Data Sheet search** page displays.



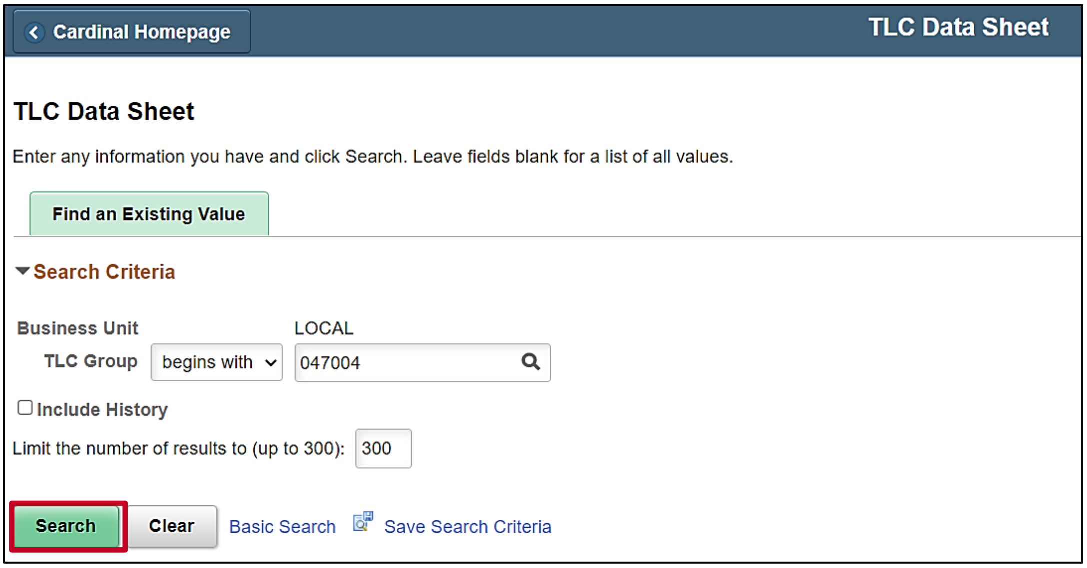
2. Enter the TLC Group number, if known, in the **TLC Group** field and proceed to Step 5.
3. Click the **TLC Group Look Up** icon**,** if the TLC Group number is not known**.**

The **Look Up TLC Group** page displays in a pop-up window.



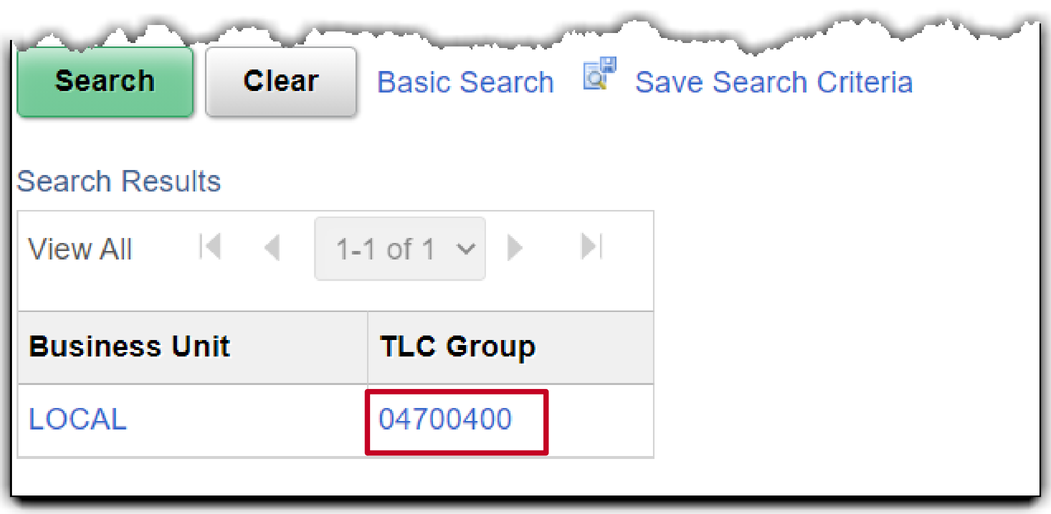
4. The available TLC Groups display. Select the desired **TLC Group** by clicking the corresponding link in the **TLC Group** column.

The **TLC Data Sheet Search** page returns with the TLC Group displayed.



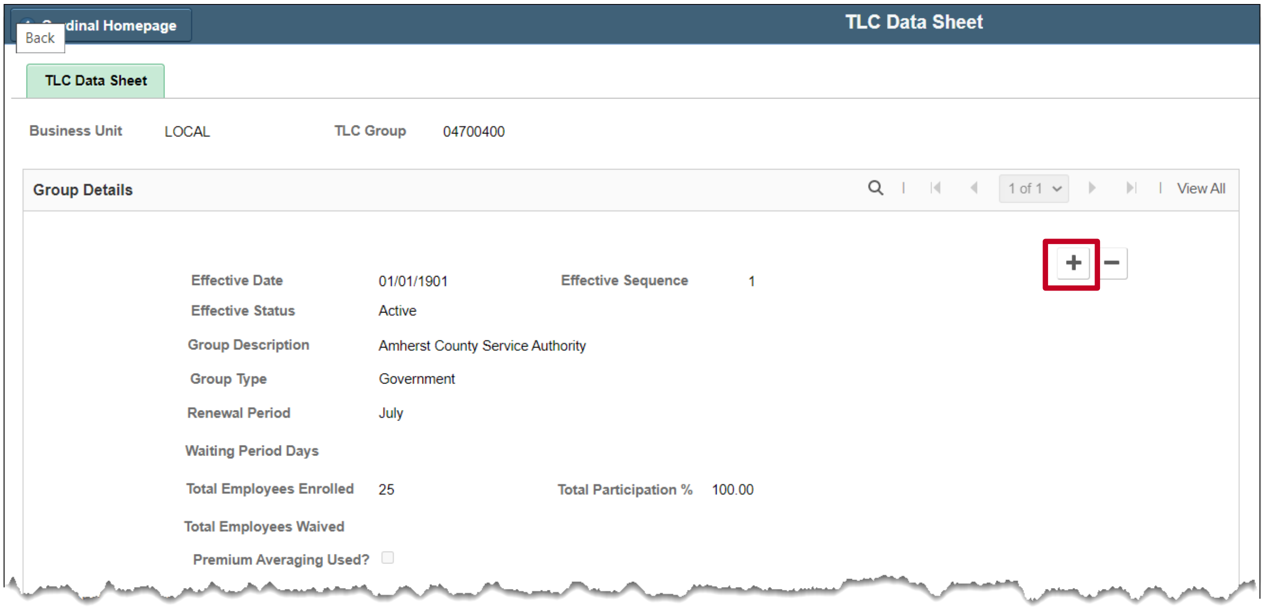
5. Click the **Search** button**.**

The Search results display on the bottom of the page.



6. Click the **TLC Group** link.

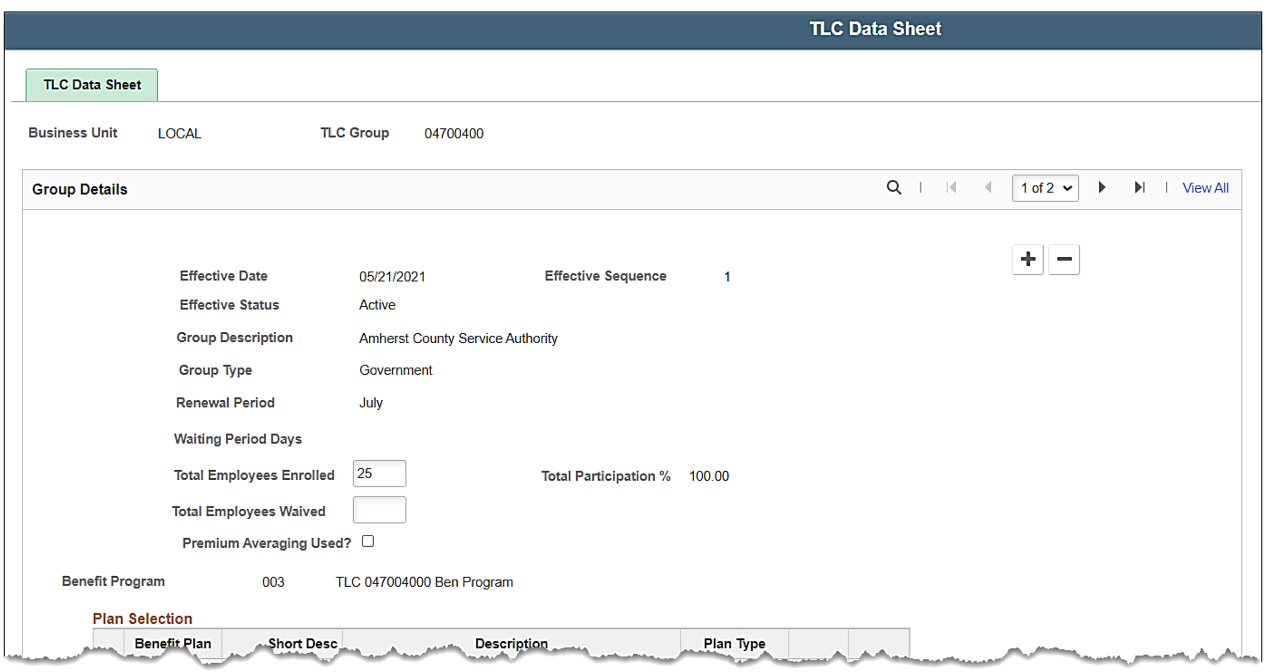
The **TLC Data Sheet** page displays.



Note: Prior to each new plan year, the TLC data sheet will be created with the group profile information populated. This information is not editable by the TLC employer. If changes are required, the TLC must contact the OHB.

7. Click on the **Add a New Row** icon in the **Group Details** Section.

The **TLC Data Sheet** returns, with the **Add a New Row** and **Delete Row** icons displayed.



8. Review the fields displayed in the **Group Details** section:

    a. **Effective Date –** When the TLC employer comes into Cardinal to update the data for an upcoming plan year, the effective date will be future dated. If the TLC employer is updating data after the plan year starts, the effective date will default to the system date. TLC employers will not be able to make changes to the **Effective Date**.

    Note: For further information on effective dating, see the Job Aid titled **HR351 Overview of Effective Dating**. This Job Aid can be found on the Cardinal website in **Job Aids** under **Learning**.

    b. **Effective Sequence** – Each time the data sheet is saved, the page becomes uneditable. TLC employers will not be able to make changes to the **Effective Sequence**. To make additional changes, a new row must be added (+) and the effective sequence incremented.

    c. **Group Description** – Description of the group for which data is being collected. This will generally refer to the primary TLC employer when multiple TLC employers are combined into a group.

    d. **Group Type** – Each TLC group is categorized by OHB as School, Government, or Government and School.

    e. **Renewal Period** – Plan year begin month – July (07/01 to 06/30) or October (10/01 to 09/30).

    f. **Waiting Period Days** – The number of days an employee has to enroll in a health care plan upon hire (initial enrollment). To be compliant with the Affordable Care Act (ACA), this cannot be more than a 60-day waiting period.

    g. **Total Employees Enrolled** – Number of employees selecting coverage.

    h. **Total Participation %** – A calculated value of Total Employees Enrolled to Total Employees (enrolled + waived). The Total Participation % determines the minimum employer contribution for each plan selected.

    i. **Total Employees Waived** – Number of employees waiving coverage.

    j. **Premium Averaging Used** – 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.

    k. **Benefit Program** – Each TLC group is assigned a Benefit Program under which the chosen plans and rates are maintained.

9. Scroll down to the **Plan Selection** section.

Plan Selection

	Benefit Plan	Short Desc	Description	Plan Type		
1	003F01	003KAExpC	Key Adv Exp Comprehensive Dent	Key Adv	+	−
2	003F02	003KAExpP	Key Adv Exp Preventive Dent	Key Adv	+	−
3	003F03	003KA250C	Key Adv 250 Comprehensive Dent	Key Adv	+	−
4	003F04	003KA250P	Key Adv 250 Preventive Dent	Key Adv	+	−
5	003F05	003KA500C	Key Adv 500 Comprehensive Dent	Key Adv	+	−
6	003F06	003KA500P	Key Adv 500 Preventive Dent	Key Adv	+	−
7	003F07	003K1000C	Key Adv 1000 Comprehensive Dnt	Key Adv	+	−
8	003F08	003K1000P	Key Adv 1000 Preventive Dent	Key Adv	+	−
9	003F09	003HSAWC	HDP wHSA funding Compr. Dent	High Ded	+	−
10	003F10	003HSAWP	HDP wHSA funding Prevtive Dent	High Ded	+	−
11	003F11	003HDPWC	HDP no funding Comprhnsv Dent	High Ded	+	−
12	003F12	003HDPWP	HDP no funding Preventive Dent	High Ded	+	−

10. Review the fields displayed in the **Plan Selection** section. Each year the new TLC Data Sheet will be populated from the Plan Selections chosen the year before.

11. To change Plan Selections, choose the following options, as applicable:

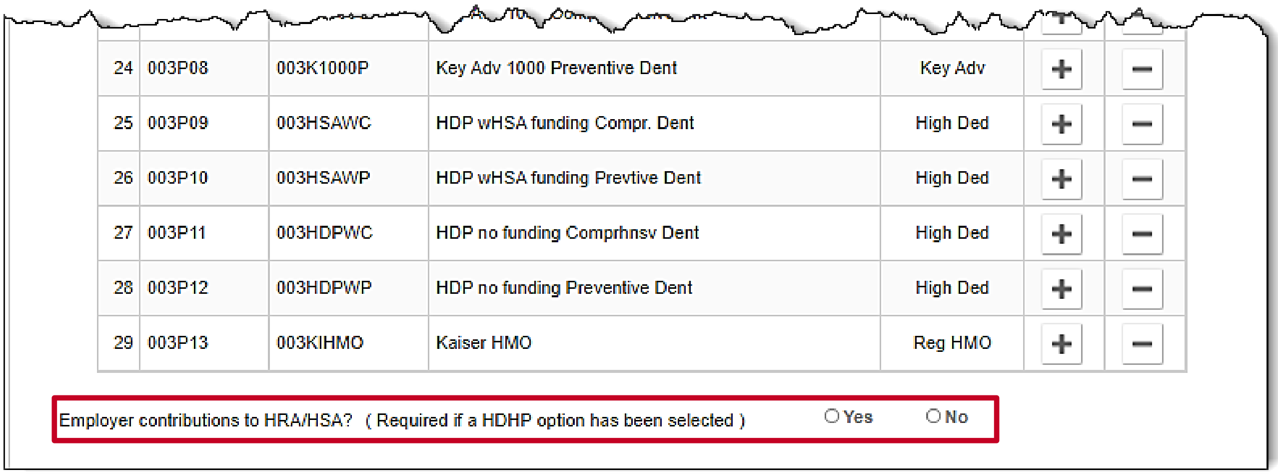
    a. Click on the **Add a New Row +** icon to insert a Benefit Plan.

    b. Click on the **Delete Row –** icon to delete a Benefit Plan.

Note: Groups selecting plans which offer a *comprehensive* and a *preventative* dental option must select each plan.

Note: Any desired change for Medicare plans must be coordinated through OHB.

12. Scroll down to **Employer contributions to HRA/HAS?** When a High Deductible Plan (HDP) is selected, the **Employer contributions to HRA/HSA** question must be answered by selecting the **Yes** or **No** radio button. The response to this impacts the Minimum Employer Contribution (**MEC**) values on the rate page.



24	003P08	003K1000P	Key Adv 1000 Preventive Dent	Key Adv	+	−
25	003P09	003HSAWC	HDP wHSA funding Compr. Dent	High Ded	+	−
26	003P10	003HSAWP	HDP wHSA funding Prevtive Dent	High Ded	+	−
27	003P11	003HDPWC	HDP no funding Comprhnsv Dent	High Ded	+	−
28	003P12	003HDPWP	HDP no funding Preventive Dent	High Ded	+	−
29	003P13	003KIHMO	Kaiser HMO	Reg HMO	+	−

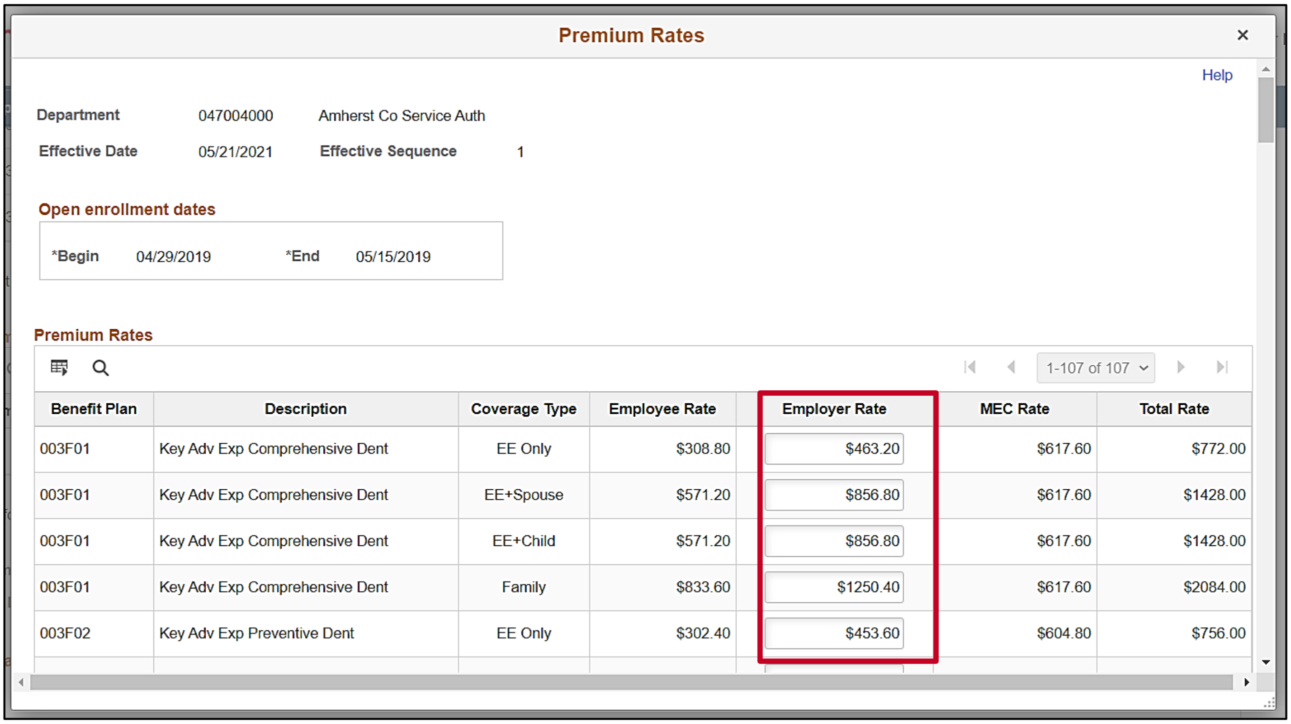
Employer contributions to HRA/HSA? (Required if a HDHP option has been selected) Yes No

13. Scroll down further to the **Departments** section.

Note: The Departments represent the individual TLC Employers within the TLC Group. The TLC employer tasked with populating the TLC Data Sheet will be marked as Primary. Any changes to the Departments must be coordinated through OHB.

14. Click on the **Rates** link next to the corresponding department.

The **Premium Rates** page displays in a pop-up window.



Premium Rates

Help

Department 047004000 Amherst Co Service Auth

Effective Date 05/21/2021 Effective Sequence 1

Open enrollment dates

*Begin 04/29/2019 *End 05/15/2019

Premium Rates

1-107 of 107

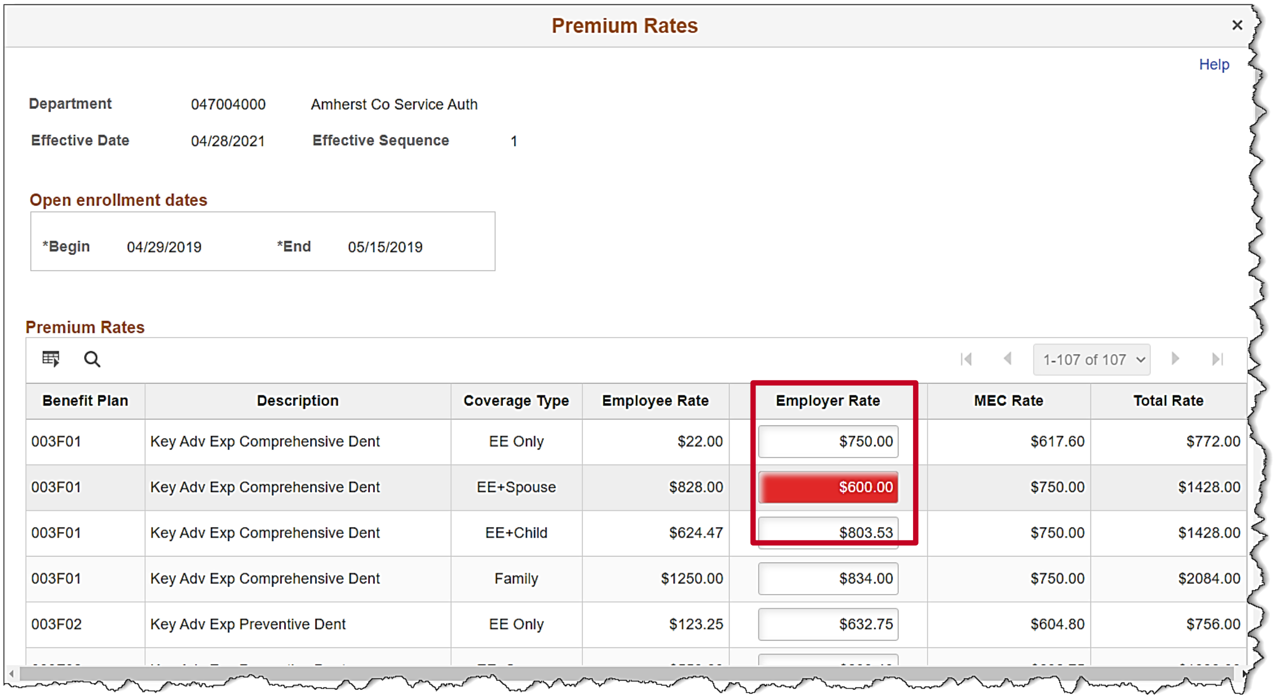
Benefit Plan	Description	Coverage Type	Employee Rate	Employer Rate	MEC Rate	Total Rate
003F01	Key Adv Exp Comprehensive Dent	EE Only	$308.80	$463.20	$617.60	$772.00
003F01	Key Adv Exp Comprehensive Dent	EE+Spouse	$571.20	$856.80	$617.60	$1428.00
003F01	Key Adv Exp Comprehensive Dent	EE+Child	$571.20	$856.80	$617.60	$1428.00
003F01	Key Adv Exp Comprehensive Dent	Family	$833.60	$1250.40	$617.60	$2084.00
003F02	Key Adv Exp Preventive Dent	EE Only	$302.40	$453.60	$604.80	$756.00

Note: The Premium Rates page will display only rows for the Benefit Plans selected in the Plan Selection section. The Total Rate will reflect the total premium amounts for the individual Benefit Plan and Coverage Type combination. The Employer Rate will need to be populated for each Department even if the values are the same for all Departments. The Open Enrollment dates reflect the period in which employees may be able to enroll through Employee Self Service (ESS). These dates are set by OHB.

15. Enter the applicable Employer Rate in the **Employer Rate** fields for the benefit plans listed.

Note: The MEC Rate is the minimum amount for the **Employer Rate.**

16. The **Premium Rates** page will highlight the incorrect fields in red and will not let you save the rate amounts if the Employer Rate is below the MEC Rate.


Premium Rates

Help

Department 047004000 Amherst Co Service Auth

Effective Date 04/28/2021 Effective Sequence 1

Open enrollment dates

*Begin 04/29/2019 *End 05/15/2019

Premium Rates

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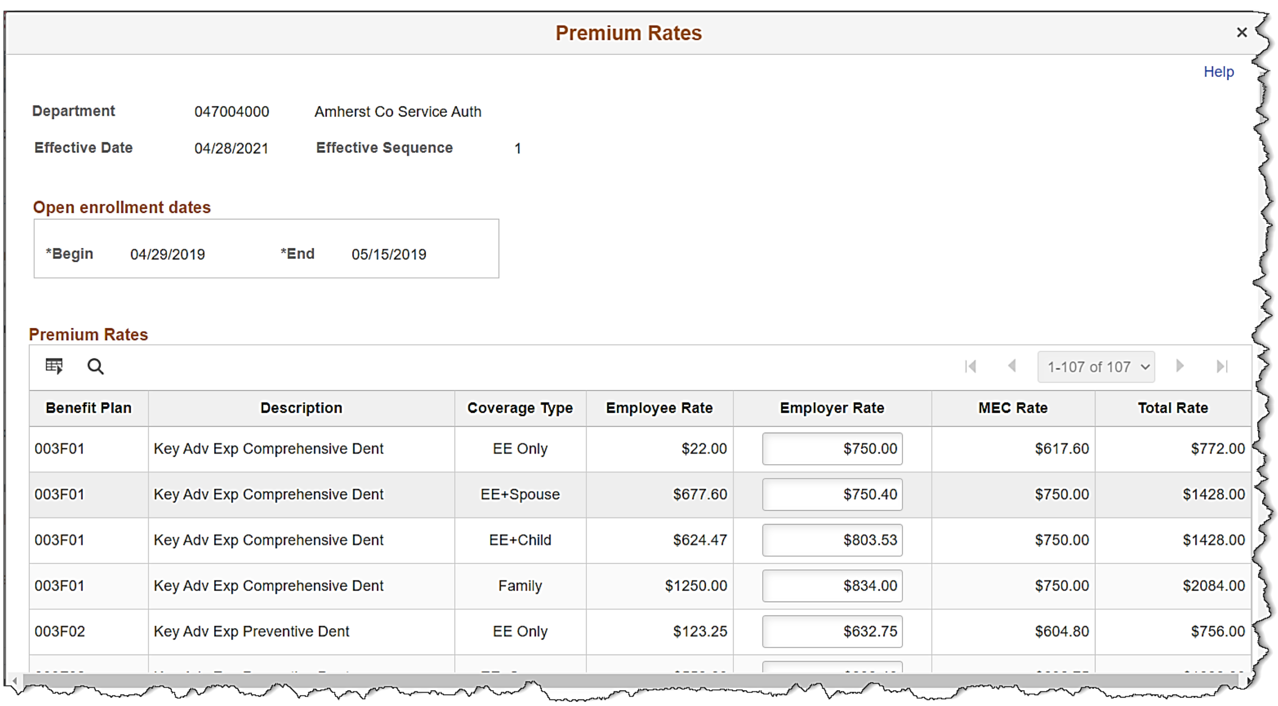
Benefit Plan	Description	Coverage Type	Employee Rate	Employer Rate	MEC Rate	Total Rate
003F01	Key Adv Exp Comprehensive Dent	EE Only	$22.00	$750.00	$617.60	$772.00
003F01	Key Adv Exp Comprehensive Dent	EE+Spouse	$828.00	$600.00	$750.00	$1428.00
003F01	Key Adv Exp Comprehensive Dent	EE+Child	$624.47	$803.53	$750.00	$1428.00
003F01	Key Adv Exp Comprehensive Dent	Family	$1250.00	$834.00	$750.00	$2084.00
003F02	Key Adv Exp Preventive Dent	EE Only	$123.25	$632.75	$604.80	$756.00

17. Correct the **Employer Rate** highlighted in red.


Premium Rates

Help

Department 047004000 Amherst Co Service Auth

Effective Date 04/28/2021 Effective Sequence 1

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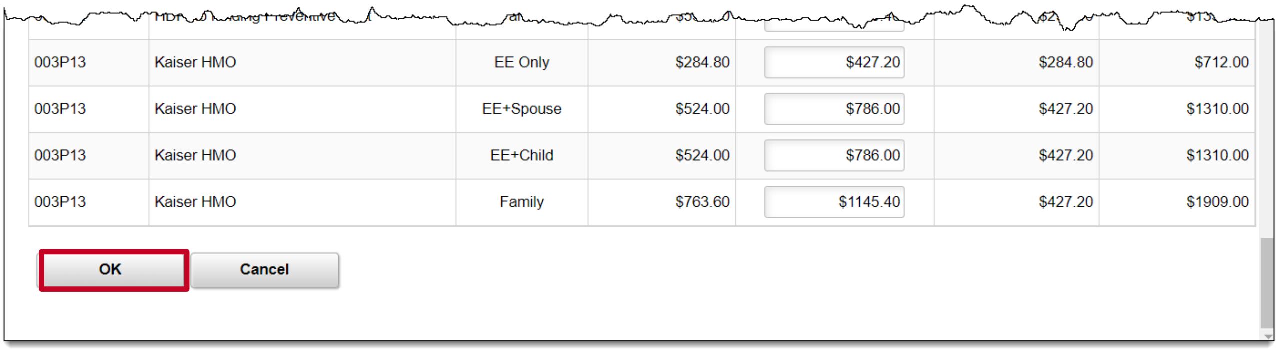
Premium Rates

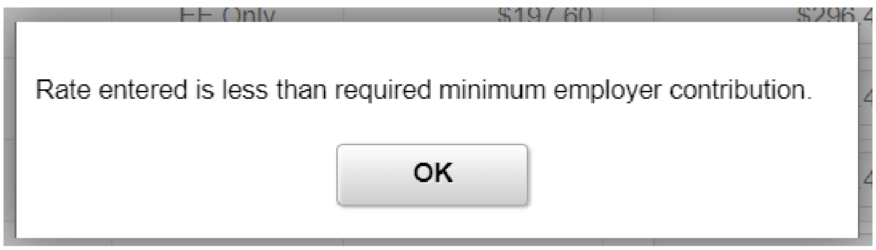
1-107 of 107

Benefit Plan	Description	Coverage Type	Employee Rate	Employer Rate	MEC Rate	Total Rate
003F01	Key Adv Exp Comprehensive Dent	EE Only	$22.00	$750.00	$617.60	$772.00
003F01	Key Adv Exp Comprehensive Dent	EE+Spouse	$677.60	$750.40	$750.00	$1428.00
003F01	Key Adv Exp Comprehensive Dent	EE+Child	$624.47	$803.53	$750.00	$1428.00
003F01	Key Adv Exp Comprehensive Dent	Family	$1250.00	$834.00	$750.00	$2084.00
003F02	Key Adv Exp Preventive Dent	EE Only	$123.25	$632.75	$604.80	$756.00

18. Continue data entry for the rates until all rates are entered. Scroll to the bottom of the pop-up window.



19. Click on the **OK** button at the bottom of the page. If a warning about the rate displays, return to step 15; otherwise, proceed to step 20.



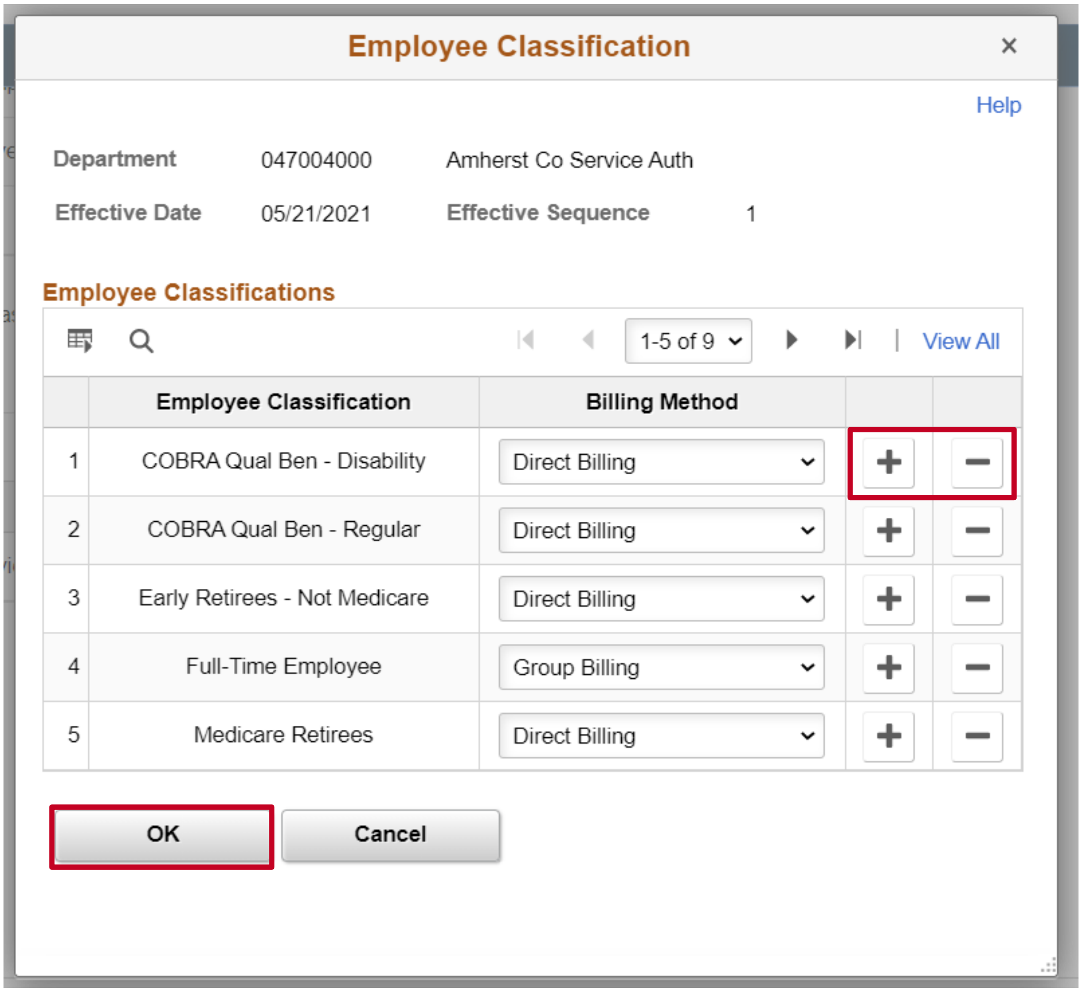
The **TLC Data Sheet** page returns.

20. Scroll down to the **Departments** section.

21. Click on the **Class** link.

Note: Class will carry over from the prior year. If anything needs to be added or removed, the TLC group can do this through the **Class** hyperlink.

The **Employee Classification** page displays in a pop-up window.

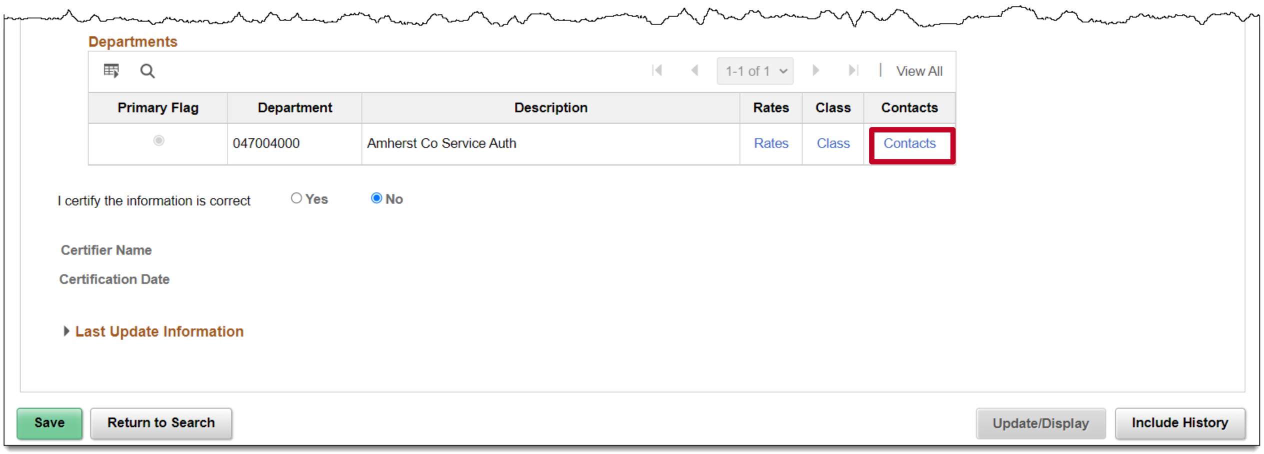


22. Use the **Add a New Row** + or **Delete Row -** buttons, as appropriate to add or remove classes.

    Note: The only mandatory Employee Classification is Full-Time Employee. For each Employee Classification a Billing method must be defined. The **Billing Method** options are Direct Billing, Group Billing, or Third-Party Administrator.

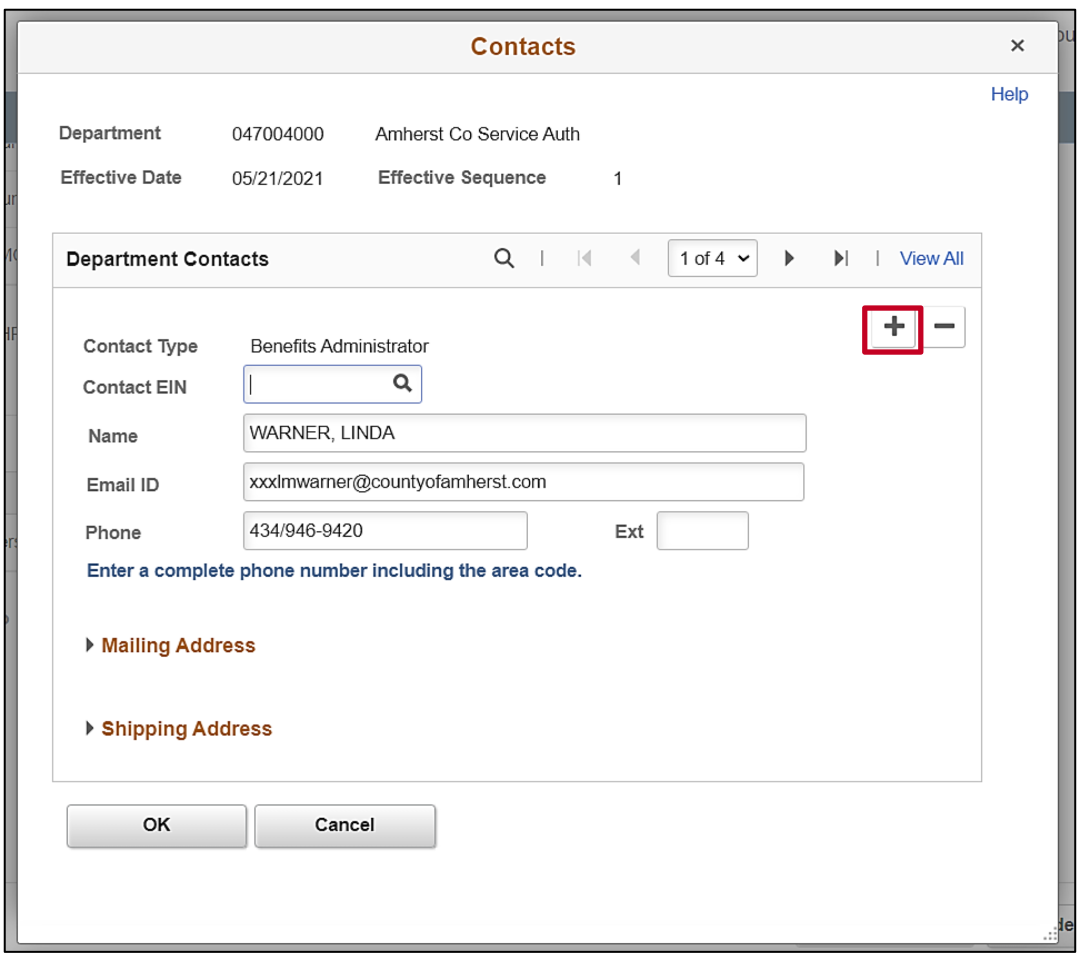
23. Click the **OK** button to continue or if no further updates are needed on the **Employee Classification** page**.**

The **TLC Data Sheet** page returns.



24. Click on the **Contacts** link in the **Departments** section.

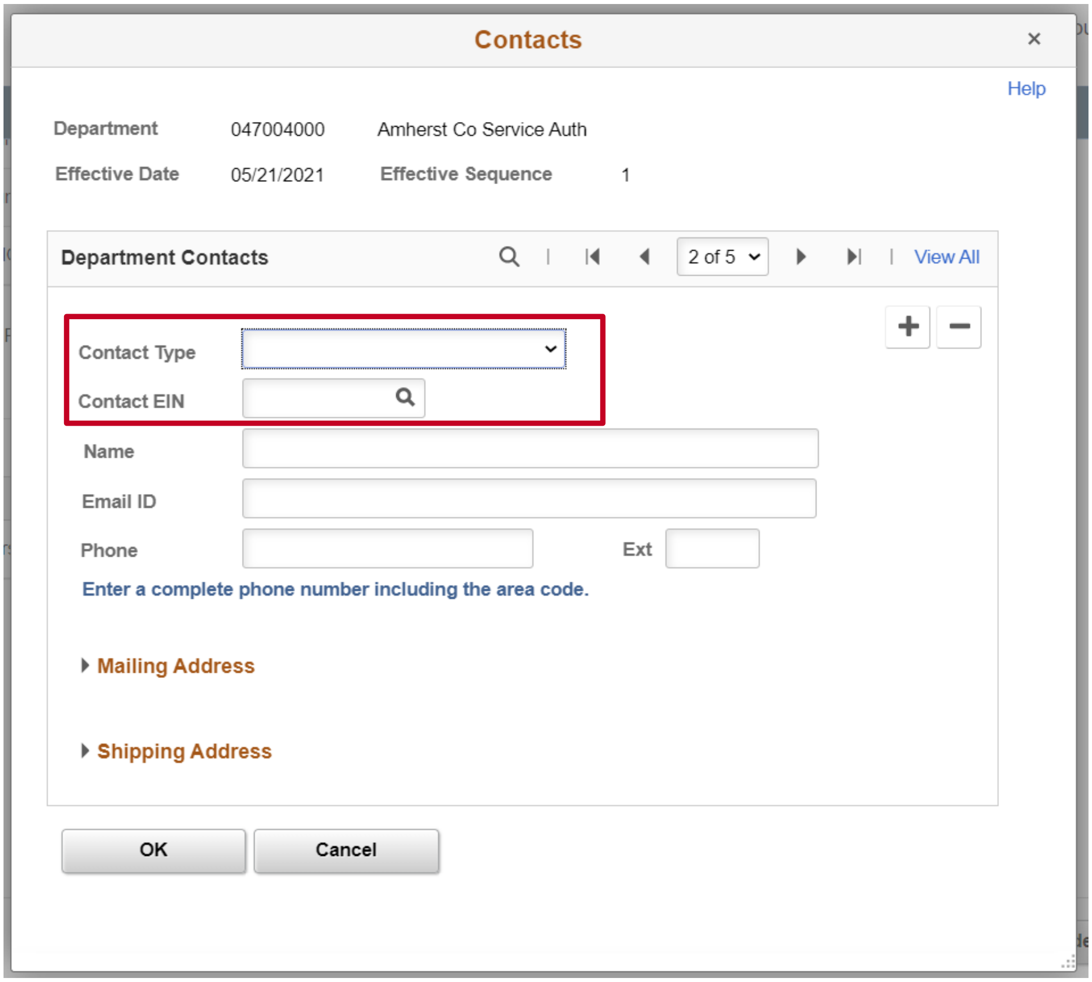
The **Contacts** page displays in a pop-up window with any existing contacts displayed.



Note: There is a maximum of six contacts per department and a limitation of contact per Contact Type. The only mandatory Contact Type is Benefits Administrator.

25. Click the **Add a New Row** button to add a contact.

26. The **Contacts** page refreshes and is ready for you to enter the new Contact.

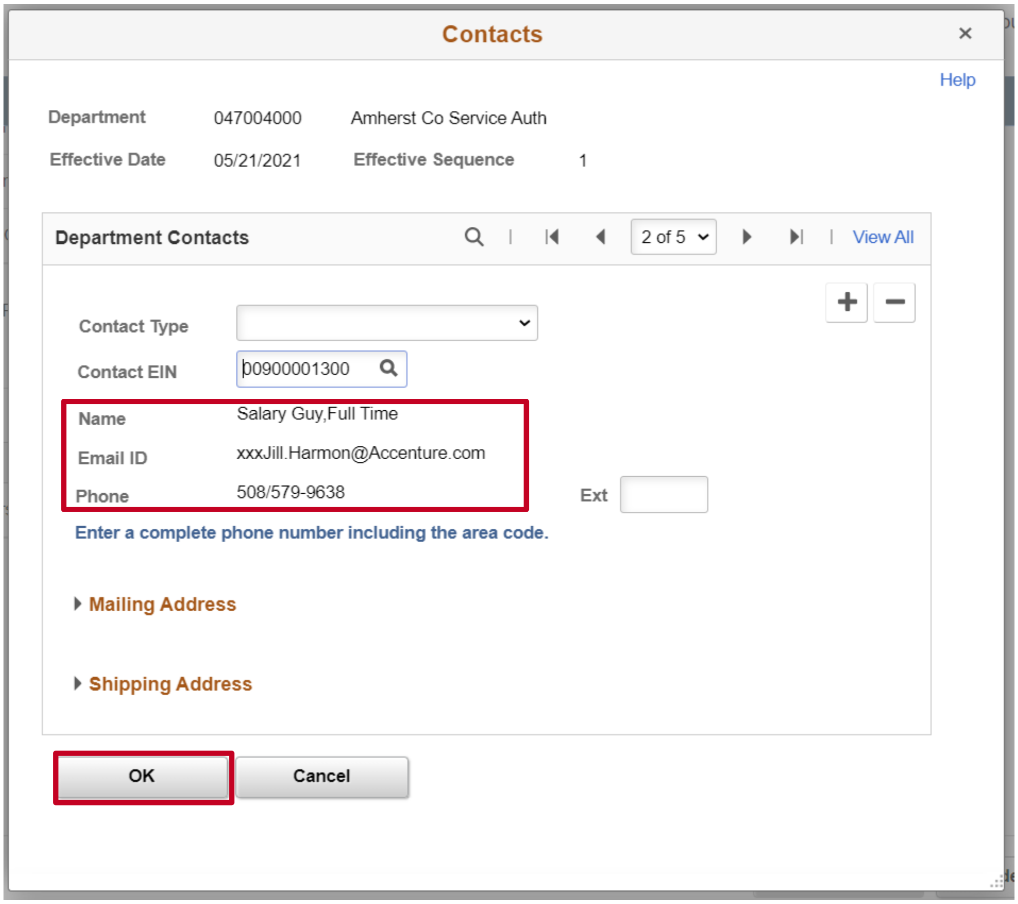


27. Select the **Contact Type** from the drop down menu.

    Note: There can only be one contact per **Contact Type.**

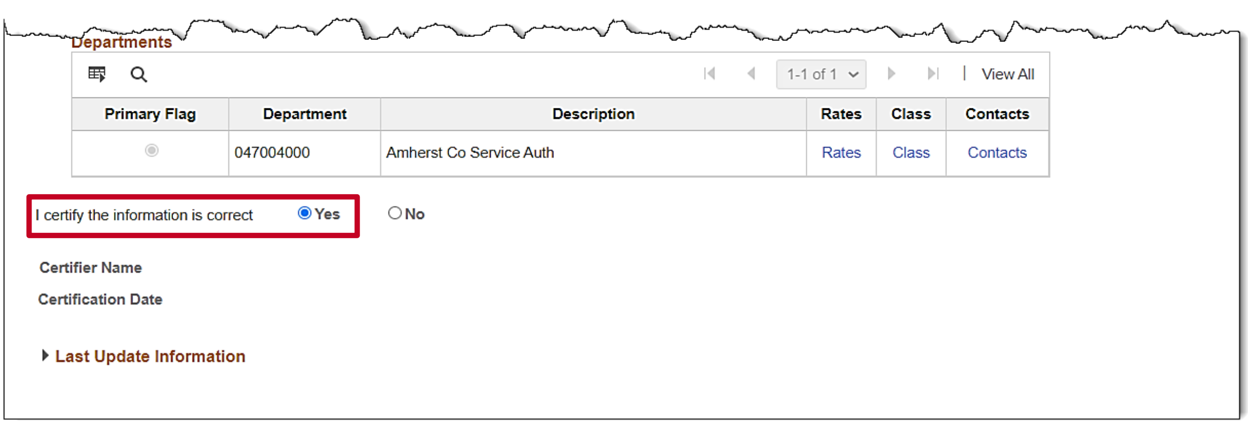
28. If the contact is an employee, type in the employee ID in the **Contact EIN** field.

If the **Contact EIN** field is populated, **Name, Email ID,** and **Phone** will auto populate on the **Contacts** page.



Note: If the contact is not an employee, the contact information needs to be manually entered. Keep in mind the **Phone** number must include the area code. It is suggested that a **Mailing Address** and/or **Shipping Address** also be provided for each contact.

29. Click **OK.**



30. Once the data is entered and complete, click on the **Yes** radio button next to the **I certify the information is correct** statement.

31. Click **Save.**

32. Once saved, the **Certifier Name** and **Certification Date** will auto populate with the person logged in and system date.