

#### **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 during Open Enrollment, for maintenance due to Life Events, and is communicated to the various participating Vendors. This information is also maintained 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.

If any updates are required for your TLC Contacts, refer to the Job Aid titled BN361\_TLC Contacts\_Locality. This Job Aid is located on the Cardinal Website in **Job Aids** under **Learning**.

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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 > Menu > Benefits > Employer Information > TLC Data Sheet

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

Cardinal Homepage		TLC Data Sheet
TLC Data Sheet Enter any information you have and Find an Existing Value	l click Search. Leave fields blank for a list of all values.	
<ul> <li>✓ Search Criteria</li> <li>Business Unit</li> <li>TLC Group begins with ✓</li> </ul>		
Limit the number of results to (up to	300): 300	
Search Clear Basic Se	earch 🖉 Save Search Criteria	

- 2. If known, enter the TLC Group number in the **TLC Group** field and proceed to Step 5. If the TLC Group number is not known, continue to Step 3.
- 3. Click the **TLC Group Look Up** icon (magnifying glass icon to the right of the **TLC Group** field) if the TLC Group number is not known.



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

¢ardinal Homepage	]							
TLC Data Sheet								
Enter any information you have and click Search. Leave fields blank for a list of all values.								
Find an Existing V	alue <u>A</u> dd a Nei	v Value						
▼ Search Criteria								
Business Unit TLC Group begins v	LOCAL		Q					
□ Include History □ C	orrect History	_						
Limit the number of results	to (up to 300): 300							
Search Clear	Basic Search 📓 S	ave Searc	h Criteria					
Search Results								
View All 🗐 🍕 1-1	of 1 🗸 🕨 🕨							
Business Unit	TLC Group							
LOCAL	047004000							
Find an Existing Value	Add a New Value	•						

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

Note: Only the TLC Groups that you have security access to will display for selection.

The **TLC Data Sheet Search** page redisplays with the selected TLC Group.

Cardinal Ho	mepage			TLC Data Sheet
TLC Data Sh Enter any informat	tion you have an	nd click Search. Leave fiel	ds blank for a list of all values.	
Search Criter	ia			
Business Unit		LOCAL		
TLC Group	begins with 🗸	047004	Q	
Limit the number of	-	to 300): 300		
Search C	lear Basic S	Search 📓 Save Search	Criteria	

5. Click the **Search** button.



The search results display at the bottom of the page.

Search Clear	Basic Search 🖾 Save Search Criteria	···
Search Results		
View All	1-1 of 1 ✓ ► ►	
Business Unit	TLC Group	
LOCAL	04700400	

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

The TLC Data Sheet page displays.

TLC Data Sheet							
Business Unit	LOCAL	TLC Grou	ıp 047004000				
Group Details				Q	I∢ ∢ 1 of	3 🗸 🕩	View /
	Effective	Date (	07/01/2024	Effective Sequence	1		
	Effective	Status A	Active				
	Group Des	scription A	Amherst County Service Authority	,			
	Group Ty	pe (	Government				
	Renewal P	eriod J	luly				
	Waiting Pe	riod Days					
	Total Empl	oyees Enrolled 2	6	Total Participation %	89.66		
	Total Emple	oyees Waived 3	-		Yes - Reporting A	greement	t on File
	Premium A	veraging Used?			○No - Opt Out ○No - Partial year		
	Benefit Prog	ram	003	TLC 047004000	Ben Program		
Plan	Selection						
	Benefit Plan	Short Desc	Descripti	on	Plan Type		
1	003F01	003KAExpC	Key Adv Exp Comprehensive D	ent	Key Adv	+	-
2	003F02	003KAExpP	Key Adv Exp Preventive Dent		Key Adv	+	-
3	003R01	003KAExpC	Key Adv Exp Comprehensive D	ent	Key Adv	+	-
4	003R02	003KAExpP	Key Adv Exp Preventive Dent		Key Adv	+	-
ŧ	003R16	003A65WDV	Advantage 65 + DV		Medicare	+	-
Employer contribu	utions to HRA/HS	A? (Required if a H	DHP option has been selected )	⊖ Yes	No		



- 7. Review the following fields displayed in the **Group Details** section:
  - a. **Effective Date**: When the TLC employer accesses Cardinal to update the data for an upcoming Plan Year, the effective date will be future dated. The **Effective Date** field is not editable by TLC employers

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

- b. **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. The **Group Description** field is not editable by TLC employers
- c. **Group Type**: Each TLC group is categorized by OHB as "School", "Government", or "Government and School". The **Group Type** field is not editable by TLC employers
- d. **Renewal Period**: Plan Year begin month July (07/01 to 06/30) or October (10/01 to 09/30). The **Renewal Period** field is not editable by TLC employers
- e. **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. The **Waiting Period Days** field is not editable by TLC employers
- f. **Total Employees Enrolled**: Number of employees selecting coverage. Update as applicable
- g. Total Employees Waived: Number of employees waiving coverage. Update as applicable
- 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. **Premium Averaging Used**: Premium Averaging is an option to employers offering multiple plans (excluding 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
- j. **ACA Reporting**: Use the radio button options in this section to indicate if ACA forms should be produced for your Group. If you are not participating, select the applicable reason (Opt Out or Partial year participant)
- Benefit Program Each TLC group is assigned a Benefit Program under which the chosen plans and rates are maintained. The Benefit Program field is not editable by TLC employers



up Details Effective Date 07/01/2024 Effective Sequence 1 Effective Status Active Group Description Amherst County Service Authority	View Al
Effective Status Active	
Effective Status Active	
Group Description Amherst County Service Authority	
Group Type Government	
Renewal Period July	
Waiting Period Days	
Total Employees Enrolled 26 Total Participation % 89.66	_
Total Employees Waived 3 ACA Reporting: O Yes - Reporting Agreement on File	÷
Premium Averaging Used?	
Benefit Program 003 TLC 047004000 Ben Program	
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 003R01 003KAExpC Key Adv Exp Comprehensive Dent Key Adv 🕂 🗖	
4 003R02 003KAExpP Key Adv Exp Preventive Dent Key Adv + -	
5 003R16 003A65WDV Advantage 65 + DV Medicare + -	·

- 8. Review the fields displayed in the **Plan Selection** section. Each year the new TLC Data Sheet will be populated with the Plan Selections chosen the year before.
- 9. To change Plan Selections, choose the following options, as applicable:
  - a. Click the Add a New Row + icon to insert a Benefit Plan
  - b. Click 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. Any desired change for Medicare plans must be coordinated through OHB.



iness Unit LC	CAL	TLC Grou	p 047004000				
oup Details				QI	I	3 🗸 🚺	View A
	Effective I	Date 0	)7/01/2024	Effective Sequence	1		
	Effective	Status A	Active				
	Group Des	cription A	Amherst County Service Authorit	/			
	Group Typ	e G	Government				
	Renewal P	eriod J	luly				
	Waiting Per	riod Days					
	Total Emplo	oyees Enrolled 2	6	Total Participation %	89.66		
	Total Emplo	yees Waived 3		ACA Reporting: 01	/es - Reporting A	greemen	t on File
	Premium A	veraging Used?	, D		No - Opt Out No - Partial year		
	Benefit Progr	am	003	TLC 047004000 B	en Program		
Plan S	election						
	Benefit Plan	Short Desc	Descript	on	Plan Type		
1 0	03F01	003KAExpC	Key Adv Exp Comprehensive I	lent	Key Adv	+	-
2 0	03F02	003KAExpP	Key Adv Exp Preventive Dent		Key Adv	+	-
3 0	03R01	003KAExpC	Key Adv Exp Comprehensive I	lent	Key Adv	+	-
4 0	03R02	003KAExpP	Key Adv Exp Preventive Dent		Key Adv	+	-
	03R16	003A65WDV	Advantage 65 + DV		Medicare	+	

- If a High Deductible Health Plan (HDHP) is selected, the Employer contributions to HRA/HAS? field must be completed by selecting the Yes or No radio button option. The response to this impacts the Minimum Employer Contribution (MEC) values on the Premium Rates page. No selection is necessary if no HDHP is selected.
- 11. Scroll down to the **Departments** section.

Departments			₫	4	1-1 of 1	▶ ▶	▶ 1	View All
Primary Flag	Department	Description			Rates	Class		
۲	047004000	Amherst Co Service Auth			Rates	Class	+	-

**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.

12. Click on the **Rates** link for the corresponding Department.



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

		Pre	mium Rates			>
Department Effective Date	047004000 Amherst Co Servi 05/21/2021 Effective Sequer					Help
Open enrollme *Begin 0. Premium Rate:	4/29/2019 *End 05/15/2019				▲ 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	\$756.0

**Note:** The **Premium Rates** page will display only rows for the Benefit Plans selected in the **Plan Selection** section. The **Total Rate** field reflects the total premium amount for the individual Benefit Plan and Coverage Type combination. The **Employer Rate** field must be entered for each Department even if the values are the same for all Departments. The Open Enrollment dates are displayed in the **Open enrollment dates** section at the top of the page. These dates are set by OHB.

13. Enter the applicable employer rate amounts in the **Employer Rate** fields for all of the benefit plans listed.

**Note**: The **Employee Rate** field will automatically be adjusted once the employer rate is entered (Employee Rate + Employer Rate = Total Rate). The **MEC Rate** field (Minimum Employer Contribution) displays the minimum amount for the employer rate. The **Employer Rate** field amount must be equal to or greater than the **MEC Rate** field amount.



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 less than the MEC Rate. Example of the **Premium Rates** page with an error:

		Pre	mium Rates			
Department	047004000 Amherst Co Servi					Help
Effective Date Open enrollm	04/28/2021 Effective Sequer	nce 1				
*Begin 0-	4/29/2019 * <b>End</b> 05/15/2019					
Premium Rate ा □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	S				I ▲ 1-107 of	107 ~ 🕨 🕨
	S Description	Coverage Type	Employee Rate	Employer Rate	4 1-107 of MEC Rate	107 V V
ा दिस्त कि बिराय क कि बिराय कि बिराय क	1	Coverage Type EE Only	Employee Rate \$22.00	Employer Rate \$750.00		
<b>₿</b> Q	Description				MEC Rate	Total Rate \$772.0
Benefit Plan	Description Key Adv Exp Comprehensive Dent	EE Only	\$22.00	\$750.00	MEC Rate \$617.60	Total Rate
Q     Benefit Plan  003F01	Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	EE Only EE+Spouse	\$22.00 \$828.00	\$750.00 \$600.00	MEC Rate \$617.60 \$750.00	Total Rate \$772.0 \$1428.0

Example of the corrected **Premium Rates** page:

		Pre	mium Rates			>
Department Effective Date	047004000 Amherst Co Serv 04/28/2021 Effective Seque					Help
Open enrollme	ent dates					
*Begin 04	4/29/2019 *End 05/15/2019					
Premium Rates	5					
Premium Rates	S				I∢	107 ~ )
	s Description	Coverage Type	Employee Rate	Employer Rate	MEC Rate	107 V V VI
₿ Q	1	Coverage Type EE Only	Employee Rate \$22.00	Employer Rate		
Benefit Plan	Description				MEC Rate	Total Rate \$772.00
Image: Constraint of the second sec	Description Key Adv Exp Comprehensive Dent	EE Only	\$22.00	\$750.00	MEC Rate \$617.60	Total Rate \$772.00 \$1428.00
Image: Q         Q           Benefit Plan         003F01           003F01         003F01	Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	EE Only EE+Spouse	\$22.00 \$677.60	\$750.00	MEC Rate \$617.60 \$750.00	Total Rate \$772.00 \$1428.00 \$1428.00
ा दि प्र Benefit Plan	Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	EE Only EE+Spouse EE+Child	\$22.00 \$677.60 \$624.47	\$750.00 \$750.40 \$803.53	MEC Rate \$617.60 \$750.00 \$750.00	Total Rate

14. Once all of the employer rates are entered with no errors, click the **OK** button at the bottom of the page.



#### The TLC Data Sheet page returns.

	Departments			∢	4	1-1 of 1	▶ ▶	▶ 1	View All	
	Primary Flag	Department	Description			Rates	Class			
	۲	047004000	Amherst Co Service Auth			Rates	Class	+	-	
ľ		1	1							

15. Scroll down as needed and click the Class link within the Departments section.

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

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

		Employ	ee Classification	×
				Help
Dep	partment	047004000 A	Amherst Co Service Auth	
Effe	ective Date	05/21/2021 E	Effective Sequence 1	
Emp	loyee Class	ifications		
E5	Q			View All
	Employ	vee Classification	Billing Method	
1	COBRA	Qual Ben - Disability	Direct Billing ~	F —
2	COBRA	Qual Ben - Regular	Direct Billing ~	F —
3	Early Ret	irees - Not Medicare	Direct Billing ~	-
4	Full-	Time Employee	Group Billing ~	-
5	Мес	dicare Retirees	Direct Billing ~	-
	ок	Cancel		

16. Use the corresponding Add a New Row (+) or Delete Row (-) buttons to add or remove classes as needed.

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



17. Once any required updates are made, click the **OK** button.

#### The TLC Data Sheet page returns.

Annual Changes: Summarize the changes to departments, covered employee types and the plans offered. If there are no changes enter 'no changes'.
Group cannot be certified until you click the Validata Data button to ensure all required data for Benefit Plan, Rates, and Class has been completed.
Validate Data

- 18. Complete the Annual Changes field. Use this field to list any changes that were made to departments, covered employee types, and the plans offered. For example, if a plan was removed, use this field to relay what plan employees in the dropped plan have been enrolled into. If there were not changes, enter "No changes". This field is required.
- 19. Click the Validate Data button to verify that all the information has been added correctly.

**Note:** If any errors or missing information is found, a warning message will appear to let you know what piece of information needs to be edited/fixed. If a message appears, take the necessary steps to fix the error before continuing.

A Confirmation message displays in a pop-up window.

Benefit Plan, Rates, and Cl	ss validations were successful. You may now attempt to certify this group by clicking YES below. (0,0)
	ΟΚ

20. Click the **OK** button.



#### The TLC Data Sheet page redisplays.

Validate Data	
I certify the information is correct O Yes    No	
Certifier Name Certification Date	

21. Scroll down as needed and click the **Yes** radio button within the **I certify the information is correct** statement.

**Note**: Once saved, the Certifier Name and Certification Date fields will auto-populate with your name and the current date.

22. Click the **Save** button at the bottom of the page.

The page refreshes with the certification information populated.

Certifier Name		
Certification Date	02/24/2022	
Last Update Inform	ation	

**Note**: Once you have certified the TLC Data Sheet, no further changes can be made in Cardinal. If you need to make a change, contact the TLC Group at OHB.

23. Once the data sheet is certified, run the TLC Data Sheet Report. This report provides a PDF version of the TLC Data Sheet. Refer to the Cardinal HCM Benefits Reports Catalog for additional information and the navigation path for this Report. This Reports Catalog is located on the Cardinal Website in **Reports Catalogs** under **Resources**. Refer to the Job Aid titled NAV225\_Generating and HCM Report for the general steps used to generate an HCM Report. This Job Aid is located on the Cardinal Website in **Job Aids** under **Learning**.