

# Minnesota Large Group & Small Group Survey



Please complete the following “survey” for your group for the purpose of determining Large or Small group status and health plan participation levels:

SECTION 1	
	<p>How many individuals did you employ, on average, who worked 20 hours per week during the preceding calendar year? (Use the year preceding your renewal date.)</p> <ul style="list-style-type: none"> <li>• Include Owners</li> <li>• Do not include: 1099/ contracted employees, retirees, individuals on continuation coverage, seasonal employees or union employees covered under a separate union plan.</li> <li>• Please include employees of all entities that are treated as a single employer under subsection (b),(c),(m), or (o) of section 414 of the Federal Internal Revenue Code in this number.</li> </ul>
SECTION 2	
	<p><b>A.</b> Total number of <i>current</i> employees. (Include all new hires in their waiting period, all part-time employees, owners, partners and those working outside of Minnesota.)</p>
	<p><b>B.</b> Is your company part of a national company or under common ownership with other companies? <b>Yes or No</b></p>
	<p><b>C.</b> Does your company offer any other health insurance plan to employees? (Medical only) <b>Yes or No</b></p>
	<p><b>D.</b> How many hours per week does an employee have to work to be considered eligible for coverage?</p>
	<p><b>E.</b> Which classifications of employees are eligible for coverage? (i.e., all full-time employees, non-union, etc.)</p>
	<p><b>F.</b> Number of employees eligible for coverage based on your company’s requirements (Including new hires in their waiting period that will be eligible for coverage).</p>
	<p><b>G.</b> Total eligible employees that are waiving coverage.</p>
	<p><b>H.</b> Number of employees waiving coverage due to qualified waivers (Covered under another employer group or individual health plan; Medicare; Medicaid; or certain other government coverage).</p>
	<p><b>I.</b> Total ineligible employees (A minus F)</p>
	<p><b>J.</b> Number of employees participating in your company’s Medica health plan.</p>
	<p><b>K.</b> Percentage of eligible employees participating (to calculate the percentage, take the answer to question J divided by the result of question F minus question H <math>[J/(F-H)]</math>).</p> <p>This calculation must result in a 75% or higher participation rate in the Medica plan(s) to meet minimum participation requirements. In addition, if your employer group qualifies as a Large Group based on regulatory definitions, a minimum of 50% of all eligible employees must participate in your Medica group plan(s) to meet minimum participation requirements.</p>
	<p><b>L.</b> Percentage your company contributes toward employees’ monthly health insurance premium (single coverage only)</p>

**SECTION 3**

The information provided above is accurate and complete to the best of my knowledge.

Employer Name/Employer Number \_\_\_\_\_

Group Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Group Administrator E-mail Address \_\_\_\_\_