



Medical Loss Ratio Form Completion Guide

Below is a guide to assist in completion of the Medical Loss Ratio (MLR) form. If you need further assistance completing the MLR form, please contact our New Business or Existing Business teams at 800.748.0368

Most recently completed calendar year <input type="text"/>									
Employee count information									
FTE employee count	<input type="text"/>	Number of ineligible part-time employees	<input type="text"/>	Number of ineligible seasonal employees	<input type="text"/>	Number of eligible employees in Michigan	<input type="text"/>	Number of eligible employees outside of Michigan	<input type="text"/>
MLR employee count ¹	<input type="text"/>	Number of employees choosing no coverage	<input type="text"/>	Number of employees not offered coverage	<input type="text"/>	Number of employees covered by an individual health plan	<input type="text"/>	Number of employees covered by another group health plan through a spouse, another employer, or retirement plan	<input type="text"/>
¹ Provide the average number of active (nontiree) employees in your company on business days during the most recently completed calendar year.									

1. To calculate the Medical Loss Ratio employee count:
 - i. Count the number of full-time, part-time, and seasonal employees for each month, add the monthly counts together, then divide by twelve.
 - ii. Round the average number up or down to the nearest whole number.
2. Number of eligible employees waiving group coverage due to cost.
3. Number of eligible employees that are not offered group coverage (exclude ineligible employees such as seasonal or part time— less than 30 hours per week).
4. Number of eligible employees who are waiving due to an individual health plan including On-Marketplace or Medicare enrollment.
5. Number of eligible employees waiving coverage due to enrollment through another group health plan including through spouse, parent, VA, Medicaid, or a group retirement plan.

Direction for Completing Page 1 of MLR

RENEWAL DATE: This will be for the next Renewal

- Example 1: Brand New Business Group with an effective date of 08/01/2018; Renewal will be 08/01/2019
- Example 2: Existing Business Group changing and/or adding Carrier with an effective date of 08/01/2018, but currently Renewal date is 02/01; the Renewal date used will be 02/01/2019

COMMON CONTROL: Must be filled out

REBATE MAILED: If Current company mailing address just put an X in Box; if a different address, fill out the address in area provided

SOLE PROPRIETOR STATUS: Fill out as applicable. *Note:* If you choose “I am a Sole Proprietor or a sole shareholder,” the additional box is required to be completed.

GROUP HEALTH PLAN TYPE: Fill out as applicable. *Note:* ERISA is for churches and requires the additional box checked.