



[Date]

[Employer Contact]

[Employer Name]

[Address 1]

[City, State Zip]

**Important: Healthcare Reform Alert – Please Complete Enclosed Form**

Dear [Employer Contact]:

Thank you for choosing Humana. We truly value your business and are committed to providing affordable benefits that support the well-being of you and your workforce and keep pace with your changing healthcare needs.

In order to comply with healthcare reform and state law, Humana must obtain accurate information regarding the number of individuals that you employed during the prior calendar year 2014. This information will be used in administering various provisions of the law, such as, Medical Loss Ratio, Risk Adjustment, Essential Health Benefits, and Adjusted Community Rating. Below are the three types of employee counts that Humana needs to collect from you:

**Payroll Count** – The total number of employees based on a monthly average. (Include temporary/seasonal, permanent, part-time, and full-time employees.)

**Full-Time Equivalents** – The total number of employees that worked 30 hours or more per week based on a monthly average; plus the number of hours worked by part-time employees on a monthly basis capped at 120 hours, divided by 120. (Include temporary/seasonal, permanent, part-time, and full-time employees.)

**Eligible Employees** – The number of employees that were eligible for healthcare benefits as sponsored by your company and based on a monthly average. This should include even those employees that elected not to enroll in medical coverage.

**\*Please Note:** Counts above include ALL employees within the same controlled group of companies (that is, parent, subsidiary, or other affiliated companies).

In order to assist with the calculation of each count, we have included a calculation worksheet. Please consult with a financial or legal advisor for guidance on calculating all counts. After completing the



calculation worksheet, record the corresponding counts on the Count Input Form, and sign and return the completed form in the enclosed envelope within the next 30 days. If you prefer, you can fax the form to 1-877-296-3853. **If we do not receive an updated form, Humana will use the information that we currently have on record (as pre-populated in the tables) to determine your group size for the various healthcare reform provisions.**

If you have any questions, please contact your broker or Humana Billing & Enrollment at 800-232-2006.

**Humana's commitment**

Humana is committed to providing quality, affordable healthcare coverage, and we continue to work on reducing administrative costs. Likewise, we believe everyone can contribute to a stronger, more efficient health care system through a focus on wellness and prevention.

Thank you again for allowing us to partner with you in your journey towards lifelong well-being. If you have additional questions about the Affordable Care Act provisions, visit our website at **[Humana.com/healthreform](http://Humana.com/healthreform)** or contact us at 1-855-617-8488.

Sincerely,

Tami Quiram  
Vice President, Employer Group  
Humana

Enclosure(s)





## Worksheet for Calculating Employee Counts

This worksheet is provided for your convenience. It does not have to be returned to Humana. You may use it to help you calculate the required counts and transfer them to boxes on the Count Input Form as indicated below. Refer to the definitions on the first page of the form to determine which employees to include in each of the calculations.

### Payroll Count

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
# of EEs on payroll													
Divide the total number of employees above by 12 to derive the monthly average. Enter this number in <b>Box 1</b> of the enclosed form.													

### Full-Time Employees & Full-Time Equivalents (FTEs)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
# of full-time EEs													
(a) Divide the total number of full-time employees above by 12 to derive the monthly average.													
Total hours worked by part-time EEs (maximum of 120 hours per employee)													
Calculate full-time equivalents (divide hours for each month by 120)													
(b) Divide the total number of full-time equivalents by 12 to derive the monthly average.													
Add (a) and (b). Enter this number in <b>Box 2</b> of the enclosed form.													

### Eligible Employees

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
# of EEs eligible for healthcare benefits													
Divide the total number of employees above by 12 to derive the monthly average. Enter this number in <b>Box 3</b> of the enclosed form.													

*Note: All averages should be rounded to the nearest whole number. If your company was not in existence for the entire prior calendar year, please estimate your average counts for the current year.*

*Humana will use these counts to determine your group size in administering the following healthcare reform provisions: Medical Loss Ratio, Risk Adjustment, Essential Health Benefits, and Adjusted Community Rating. Consult with a financial or legal advisor for guidance on calculating all counts.*

