

# Medicare Family Some Contracts

**Introduction to the New Health Insurance Coverage Levels  
Beginning January 1, 2020**

Korbey White

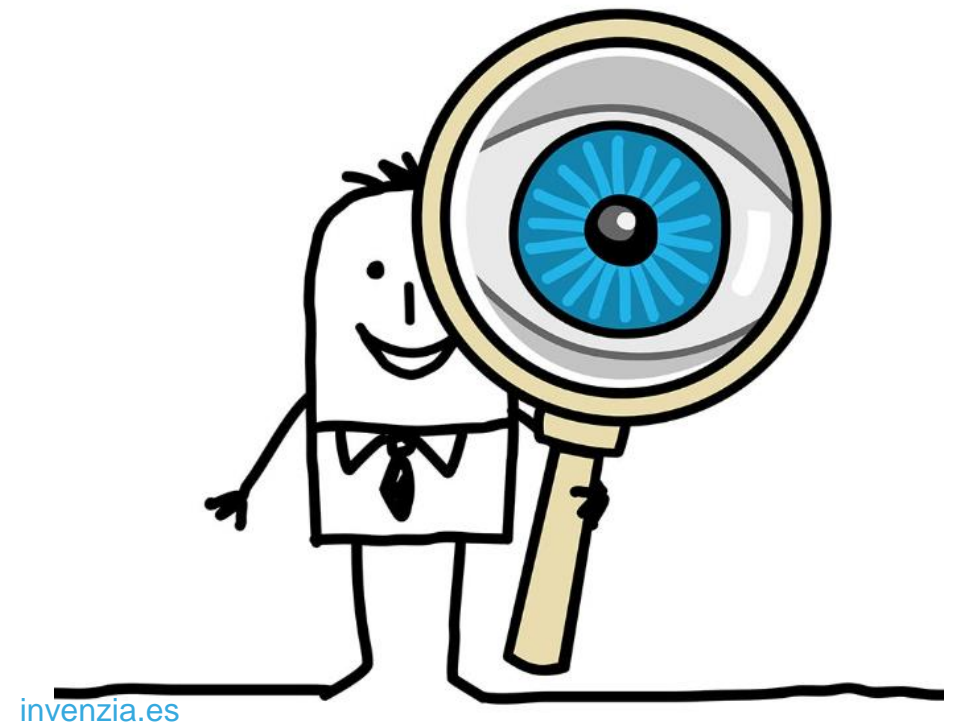
Employer Services Section Trainer



# Learning Objectives

By the end of this training, you should be able to:

- Describe key definitions and policy changes, including who is eligible for Medicare Family Some Contracts
- Summarize Medicare as a life event
- Explain how premiums will be handled
- Interpret Medicare Family Some (with two health plans) contracts in myETF Benefits.

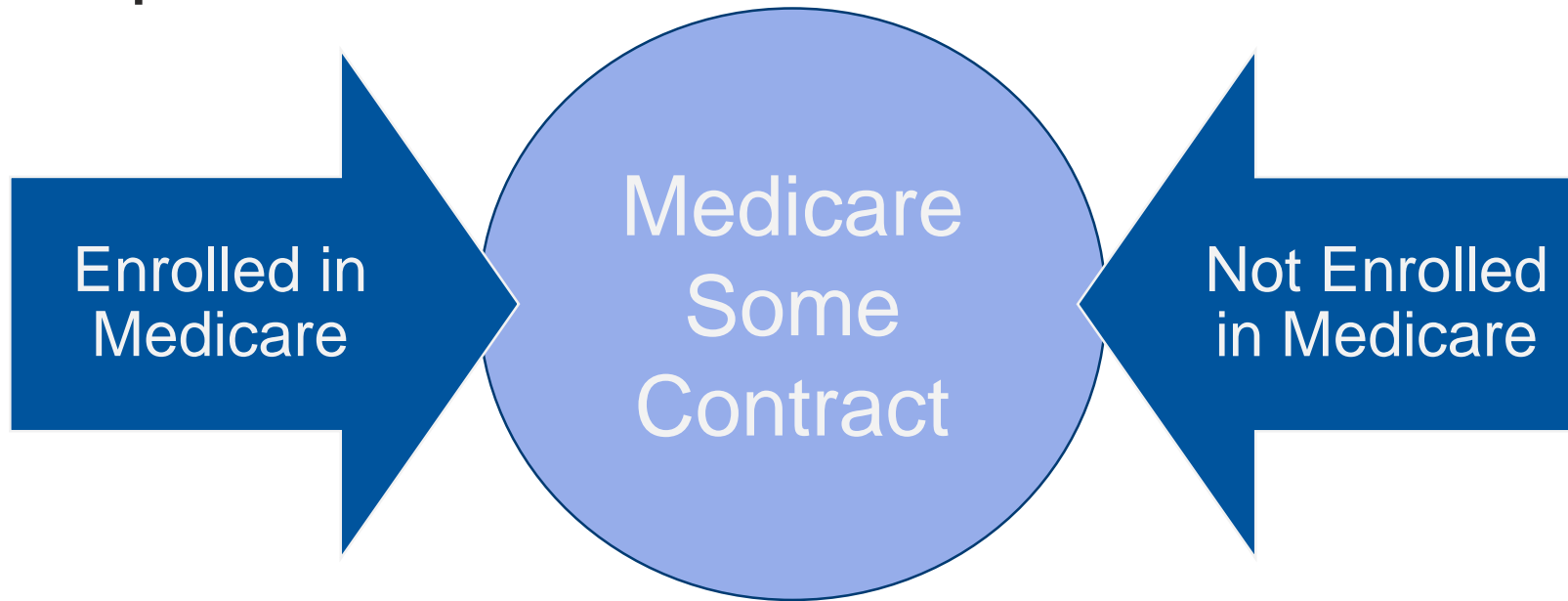


# The Basics

## Overview of Changes

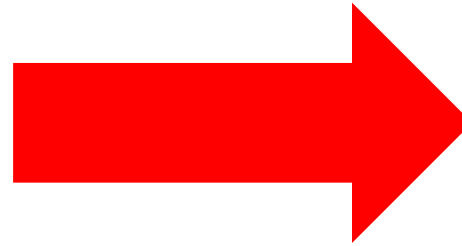
# What Is a Medicare Family Some Contract?

A contract which gives Retirees the option to divide their family health contract into a Medicare plan and a non-Medicare plan.



# New Names for Medicare Family 1 Contracts

Medicare Family 1



Med Fam Some -  
Health Plan Med

Brand New Medicare Family 1 Contracts:

Med Fam Some – Med Plus

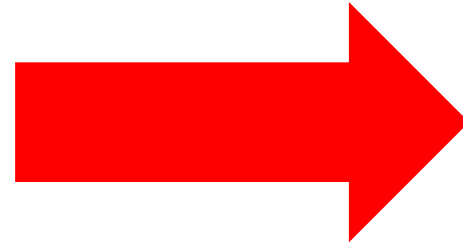


Med Fam Some – Med  
Advantage

# New Name for Medicare Family 2 Contracts

Beginning January 1, 2020

Medicare Family 2



Medicare Family All

# Why Is ETF Offering Medicare Family Some Contracts?

Requested by Our Members

More Flexibility

Lower Premium Costs

Additional Providers for Participants  
(Medicare Advantage offers a nationwide network and  
Medicare Plus offers a worldwide network)

# Which Health Plans Are Available?

Member Enrolled in Medicare

Medicare Plus  
(WEA Trust)  
Or  
Medicare Advantage  
(UnitedHealthcare)

Other IYC Health  
Plans

Member Not  
Enrolled in Medicare



# What Are the Medicare Specific Plans?

## Medicare Advantage

- Administered by UnitedHealthCare
- Uniform Benefits
- Nationwide Network
- Specialized services, such as:
  - Optional in-home preventive visits
  - SilverSneakers (a gym membership)

## Medicare Plus

- Administered by WEA Trust
- Uniform Benefits
- Worldwide Network
- Specialized services, such as:
  - Low back pain program
  - SilverSneakers

# Retirees Now Have Three Choices for Enrollment When There Are Medicare and Non-Medicare Sides of a Contract

## One Plan: Medicare Family Some - Health Plan Medicare

Subscriber and dependents are covered under the same IYC Health Plan

## Two Plans: Medicare Family Some – Medicare Advantage

Medicare members enrolled in UHC Medicare Advantage and Non-Medicare members enrolled in an IYC Health Plan

## Two Plans: Medicare Family Some - Medicare Plus

Medicare members enrolled in WEA Trust Medicare Plus and Non-Medicare members in an IYC Health Plan

# Health Applications

How Do Retirees Enroll In a Medicare Family Some Contract?

# What Are the Differences Between the Two Health Apps?

## ET-2301



Health Insurance Application/Change

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

## ET-2331



Health Insurance Application/Change  
For Retirees & COBRA Continuant

Wisconsin Department  
of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

### Active Employees:


- Enrollment and Re-enrollment
- Decline or Cancel Coverage
- Request a change
- Newly eligible for COBRA

### Retirees:

- Enrollment and Re-enrollment
- Request a change
- If a COBRA Continuant needs to make a change because of a life event or during IYC (very rare)

# Which Health Application Do Retirees Use to Enroll in a Medicare Family Some Contract?

- Retirees applying for Medicare Family Some Contracts with two plans must use form **ET-2331**, Health Insurance Application/Change form for Retirees & COBRA Continuants.
- Retirees using the member insurance portal (myETF Benefits) **will** be able to view their Med Fam Some contracts with two plans, but they **will not** be able to enroll or update information. They must submit an ET-2331 to ETF.

	<b>Health Insurance Application/Change For Retirees &amp; COBRA Continuants</b>	Wisconsin Department of Employee Trust Funds PO Box 7931 Madison WI 53707-7931 1-877-533-5020 (toll free) Fax 608-267-4549 etf.wi.gov
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# New Policy Info

Medicare Family Some Contracts



# Life Change Event: Medicare Eligibility Will Allow for Contract Changes

Retirees will have the opportunity to change their health plan when they or their dependent's Medicare enrollment changes.

Enrollment in Medicare A and B

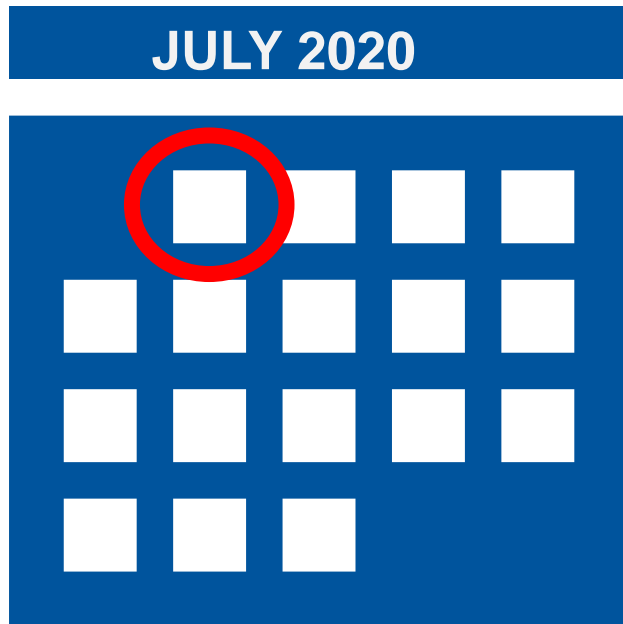
Loss of Medicare A and B

Enrollment in Medicare A or B

Loss of Medicare A or B

Note: This event does **not** allow for initial enrollment or re-enrollment in a health contract

# Life Change Event: Medicare Gain or Loss



A Retiree wishing to change health plans due to a Medicare event must submit a health application **within 30 days** of the gain or loss of Medicare

Coverage is effective on the date of the gain or loss of Medicare enrollment

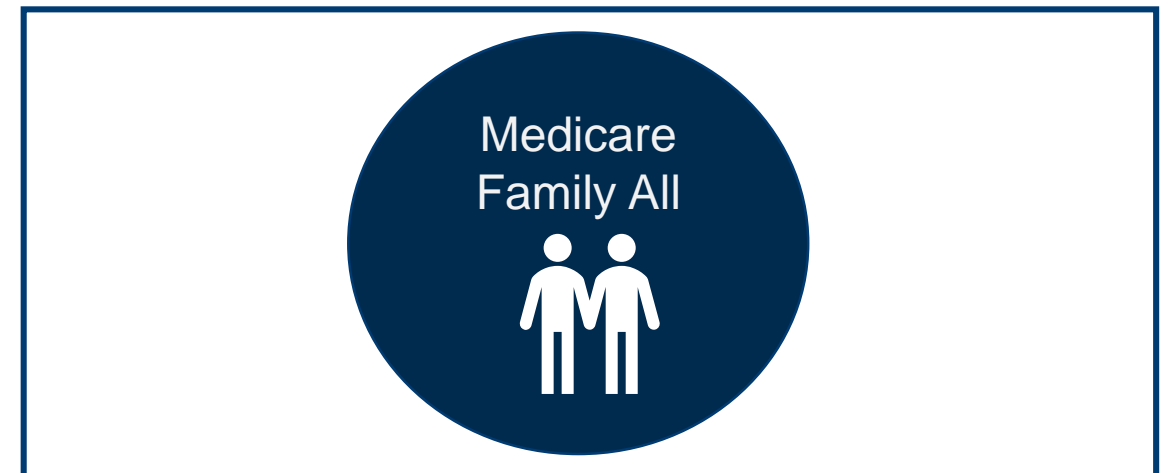
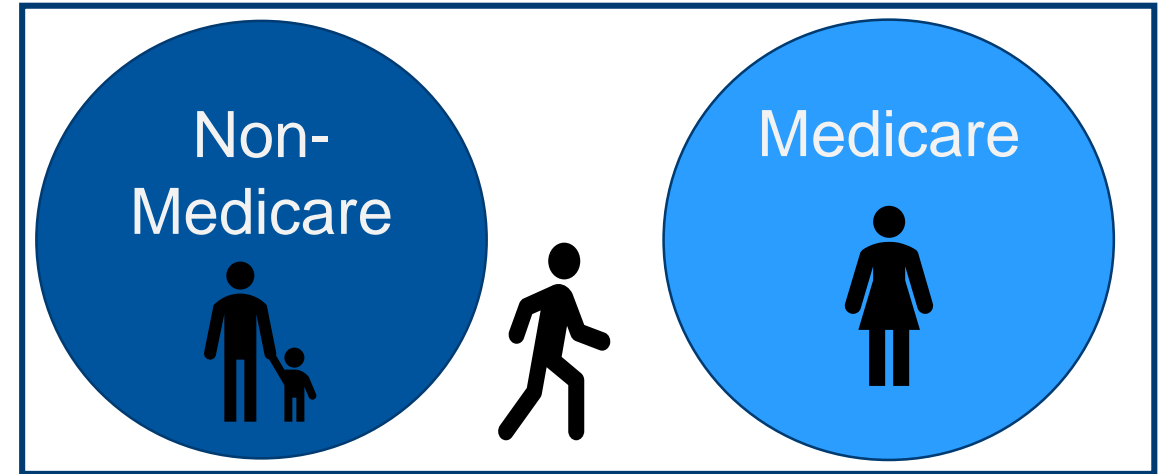
*Note: Retirees should have both Parts A and B if they're eligible or they will be responsible for claims that Medicare would have paid if they'd had Medicare.*



# What Happens to the Medicare Family Some Contract When Someone Gains or Loses Medicare?

## Example: Spouse Gains Medicare

- If there are dependents, the individual will be moved to the Medicare half of the contract
- If there are no remaining dependents on the Non-Medicare side, the contract will change to a Medicare - Family All contract



# Medicare Eligibility Allows for a Health Plan Change

- Retirees in a Medicare Family Some contract with two different health plans will be **automatically transferred** to the Medicare plan when they become eligible for Medicare, **unless they submit an application to change plans within 30 days** of becoming Medicare eligible.

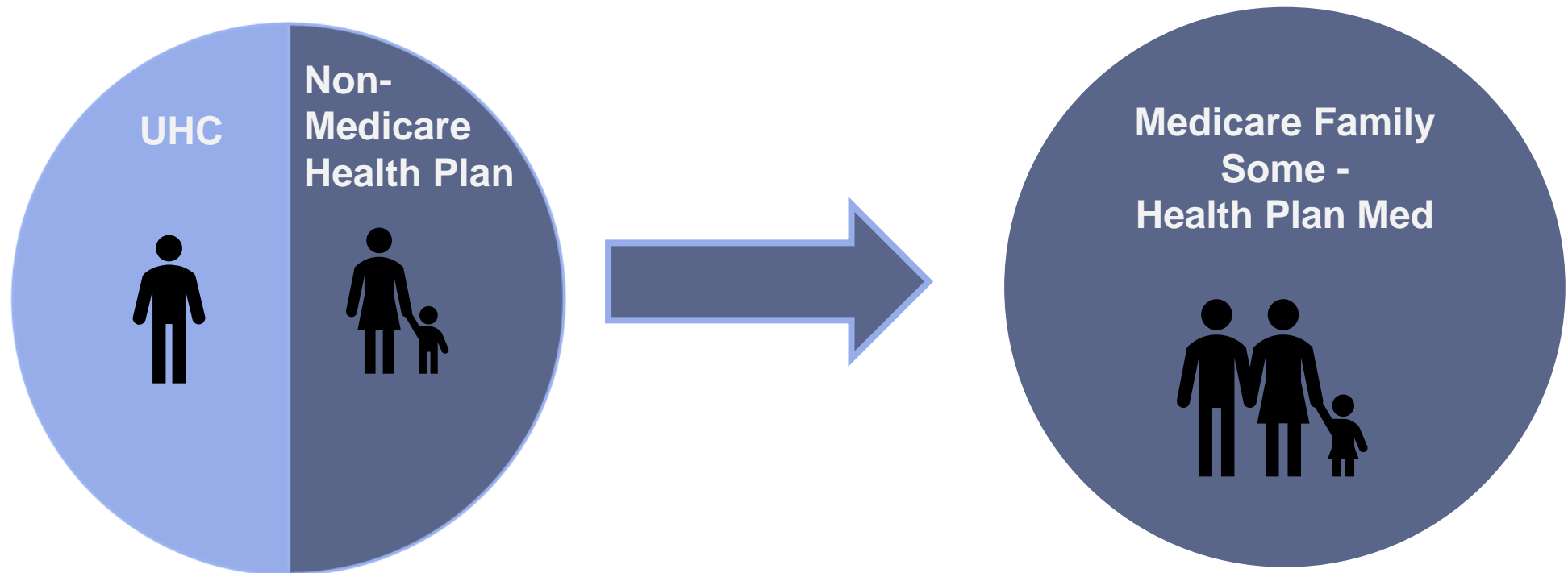
# Special Note for Medicare Family Some – Med Advantage Contracts With UnitedHealthCare

To be eligible for UHC's Medicare Advantage plan, a participant **MUST** be enrolled in Medicare Parts A & B



# Loss of Medicare Part B

When there is only one member on the Medicare side of the **Medicare Family Some – Med Advantage Plan** and they lose Medicare Part B, the contract will be converted to a **Medicare Family Some – Health Plan Med** under the health plan carrier from the Non-Medicare side of the contract.



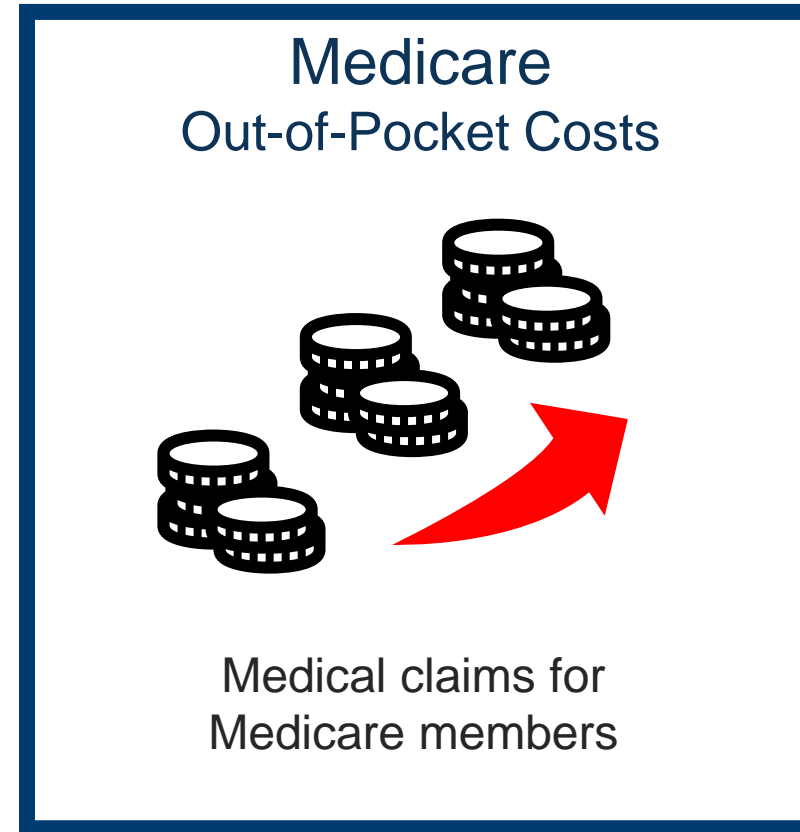
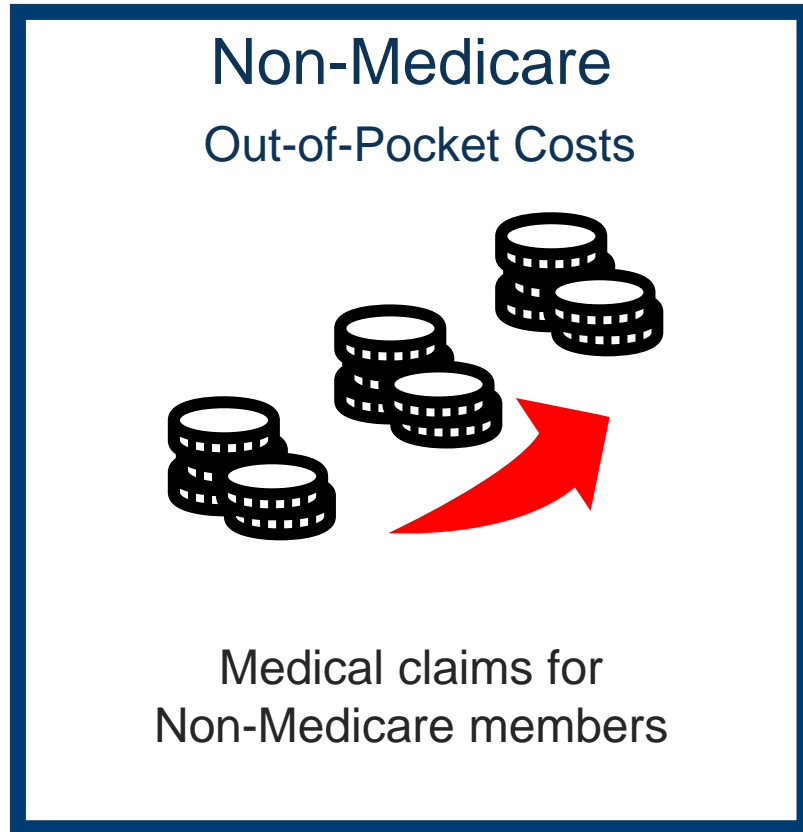
# High Deductible Health Plans (HDHP)

## HDHPs will follow current rules

State subscriber enrolled in Medicare	No HDHP
Dependent enrolled in Medicare on a State subscriber's contract	HDHP okay
Local Medicare Retirees enrolled in PO7 and PO17	HDHP okay

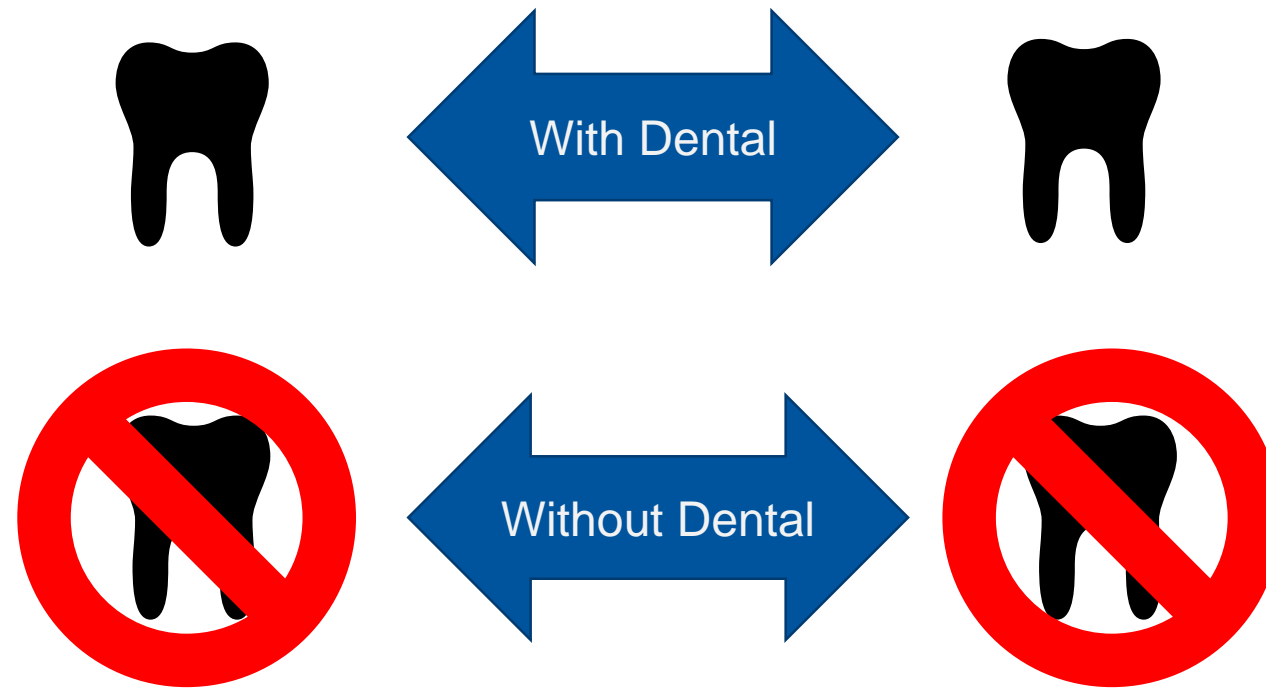
# Medical Out-of-Pocket Costs

Works the same way a Medicare Family 1 contract works now



# What About Dental Coverage?

- Both health plans of the Medicare Some contract must have the same dental coverage



# myETF Benefits for Employers

- Employers will be able to **view** the Medicare Family Some contracts (with two health plans)
- They will **not** be able to create or edit those contracts and must contact ETF to request enrollment and changes.
- Employers with Local Paid Annuitants will be able to **terminate** Medicare Family Some – Med Advantage and Medicare Family Some – Med Plus Contracts in myETF Benefits.

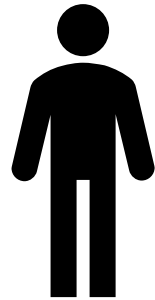


# Premium and Payment Information

Medicare Family Some Contracts

# Actual and Elevated Subscribers

## Actual Subscriber



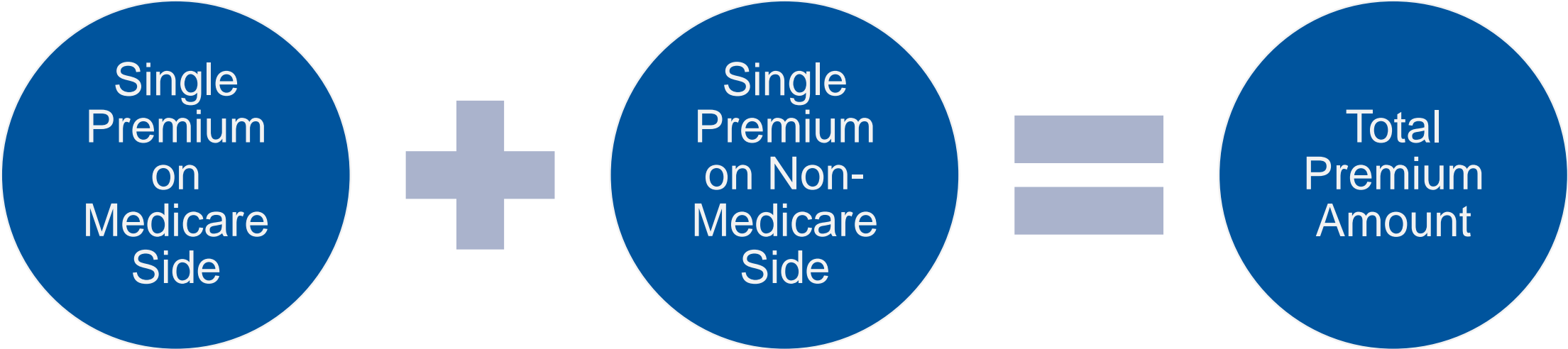
Side of Contract with Subscriber  
(could include dependents)

## Elevated Subscriber (Spouse or Oldest Dependent)



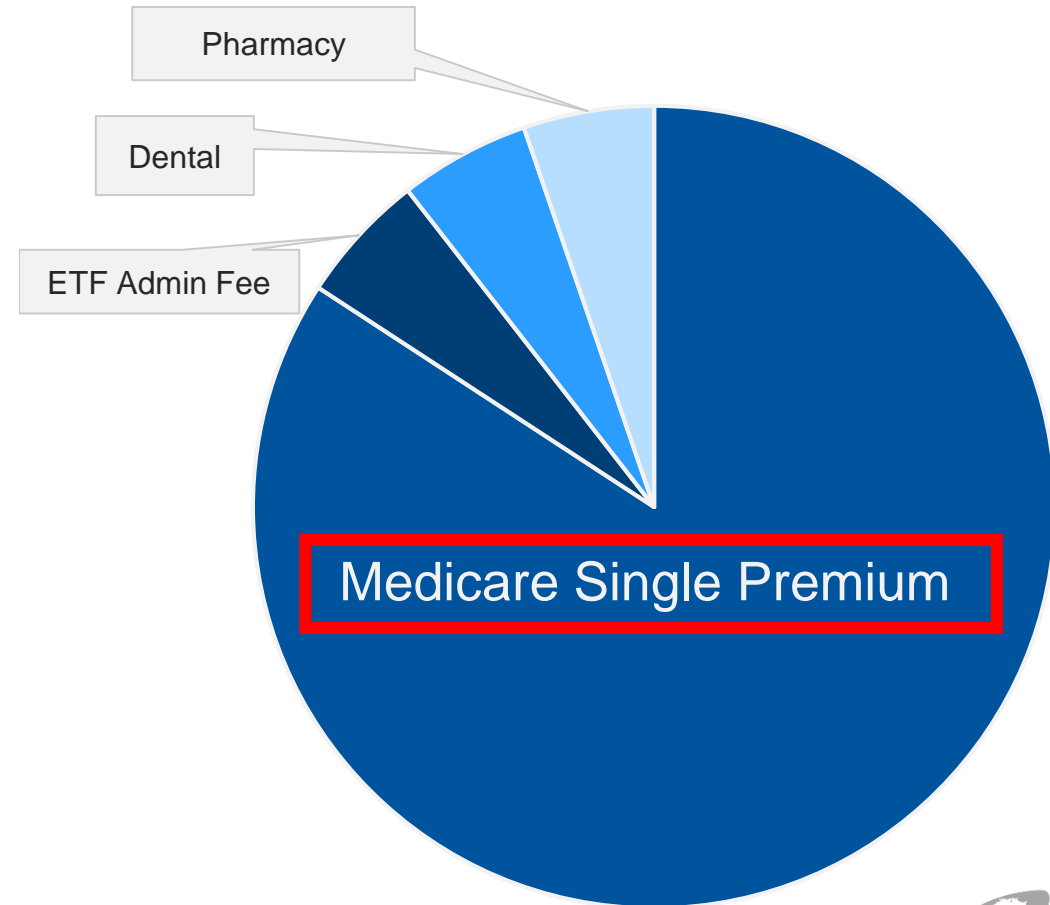
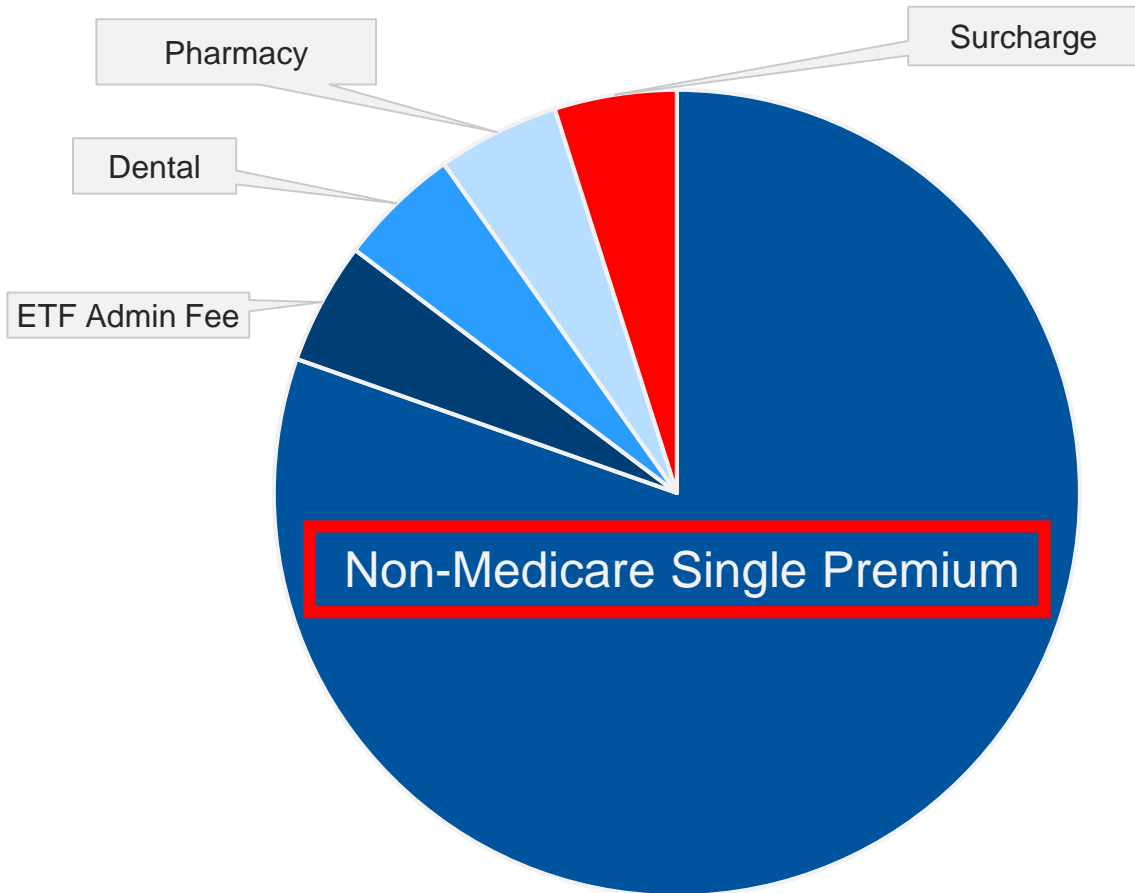
Side of Contract with the  
Subscriber's dependent(s)

# How Will The Premium Amount Be Assessed for a Medicare Family Some – Med Advantage and a Medicare Family Some – Med Plus Contract?



# Single Premium Rate On Each Side Includes:

Half of the ETF Administration Fee and Dental premium (if applicable)  
Pharmacy amounts will vary based on Medicare/Non-Medicare plan  
Surcharges (if applicable) are applied to the Non-Medicare Side Only



# MEBS Updates

Medicare Family Some Contracts

# How Does a Medicare Family Some – Health Plan Medicare (formerly Medicare Family 1) Look in myETF Benefits?



myETF Benefits Admin

Health Insurance Enrollment Summary

- myEmployerInfo
- myMembers
- Health
- Life
- Disability
- WRS
- Other Benefits
- Reports
- Test Support
- Help
- Log Off

Member Search


Member ID:  OR Social Security Number:

Member ID:  SSN:  Subscriber:

	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
<input type="button" value="View"/> <input type="button" value="Edit"/>	NETWORK HP NO DENTAL	MED FAM SOME - HEALTH PLAN MED	04/01/2019		ACTIVE	LITTLE CHUTE, VILLAGE OF - P14/S01 \$1234.40
<input type="button" value="View"/>	NETWORK HP NO DENTAL	FAMILY	01/01/2018	03/31/2019	ENDED	LITTLE CHUTE, VILLAGE OF - P14/S01 \$1830.16
<input type="button" value="View"/>	ANTHEM BLUE PREFERRED NE NO DENTAL	FAMILY	01/01/2016	12/31/2017	ENDED	LITTLE CHUTE, VILLAGE OF - P14/S01 \$1689.76



# How Does a Medicare Family Some Contract (With Two Health Plans) Look in myETF Benefits?



myETF Benefits Admin  
Health Insurance Enrollment Summary

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Reports | Test Support | Help | Log Off

Member Search


Member ID:  OR Social Security Number:

[Search](#) [Name Search](#) [Clear](#)

Member ID: **1001-1001** SSN: XXX-XX- Subscriber:

	Actual Subscriber	Elevated Subscriber	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
<a href="#">View</a>	10011001	10011001	IYC LOCAL ACCESS NO DENTAL - WEA	MED FAM SOME - MED PLUS	08/01/2019		ACTIVE	DARLINGTON COMM SCHOOL DIST - P12/S01 \$354.18
<a href="#">View</a>	10011001	20022002	DEAN HP NO DENTAL	MED FAM SOME - MED PLUS	08/01/2019		ACTIVE	DARLINGTON COMM SCHOOL DIST - P12/S01 \$659.52
<a href="#">View</a>			QUARTZ-COMMUNITY NO DENTAL	MED FAM SOME - HEALTH PLAN MED	01/01/2018	07/31/2019	ENDED	DARLINGTON COMM SCHOOL DIST - P12/S01 \$1214.10
<a href="#">View</a>			UNITY COMMUNITY NO DENTAL	MED FAM SOME - HEALTH PLAN MED	12/01/2016	12/31/2017	ENDED	DARLINGTON COMM SCHOOL DIST - P12/S01 \$1152.78
<a href="#">View</a>			UNITY COMMUNITY NO DENTAL	FAMILY	03/01/2016	11/30/2016	ENDED	DARLINGTON COMM SCHOOL DIST - P12/S01 \$1687.70

# Here is the Actual Subscriber in the Enrollment Covered Individuals Screen



**myETF Benefits Admin**  
Health Insurance Enrollment Covered Individuals

[myEmployerInfo](#) | [myMembers](#) | [Health](#) | [Life](#) | [Disability](#) | [WRS](#) | [Other Benefits](#) | [Reports](#) | [Test Support](#) | [Help](#) | [Log Off](#)

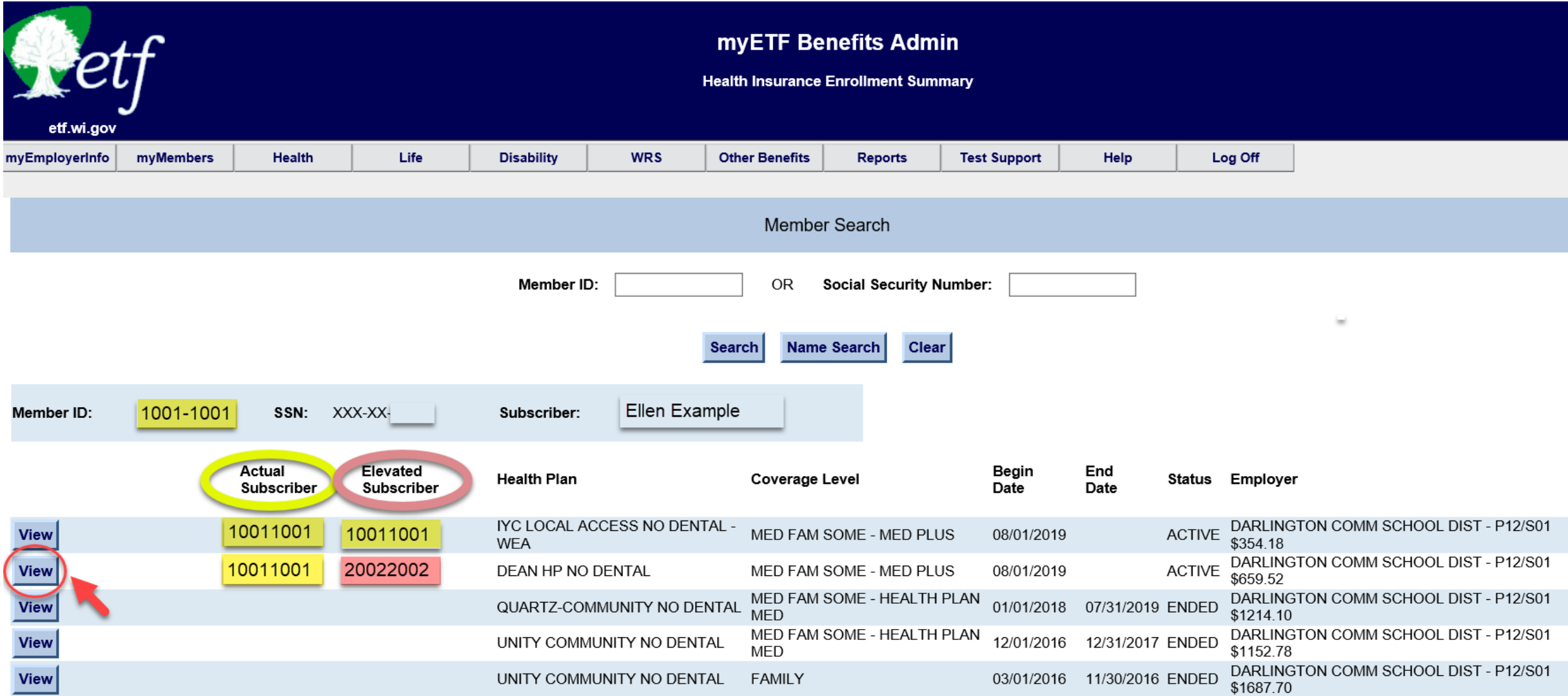
<b>Actual ETF Member ID:</b> 10011001	<b>SSN:</b> XXX-XX-XXXX	<b>Subscriber:</b> Ellen Example
<b>Elevated ETF Member ID:</b> 20022002	<b>SSN:</b> XXX-XX-XXXX	<b>Subscriber:</b> Eric Example
<b>Employer Group Name:</b> DARLINGTON COMM SCHOOL DIST - P12/S01 \$354.18	<b>Employer Number:</b> 0596-000	<b>Employer Group Number:</b> 70596
		<b>Previous Employer Number:</b>
<b>Actual Health Plan:</b> IYC LOCAL ACCESS NO DENTAL - WEA (N8)	<b>Coverage Level:</b> MED FAM SOME - MED PLUS (22)	<b>Begin Date:</b> 08/01/2019
		<b>End Date:</b>
<b>Elevated Health Plan:</b> DEAN HP NO DENTAL (NC)		

	Member ID	Name	Age	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	End Date
<a href="#">View</a>   <a href="#">History</a>	1081-1665	Ellen Example	67			SELF	NO	NO	12/01/2016	12/01/2016	08/01/2019	

[Return to Summary](#)



# Now Let's Look At The Elevated Subscriber in the Enrollment Covered Individuals Screen



**myETF Benefits Admin**  
Health Insurance Enrollment Summary

etf.wi.gov

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Reports | Test Support | Help | Log Off

Member Search

Member ID:  OR Social Security Number:

[Search](#) [Name Search](#) [Clear](#)

Member ID: 1001-1001 SSN: XXX-XX- Subscriber: Ellen Example

	Actual Subscriber	Elevated Subscriber	Health Plan	Coverage Level	Begin Date	End Date	Status	Employer
<a href="#">View</a>	10011001	10011001	IYC LOCAL ACCESS NO DENTAL - WEA	MED FAM SOME - MED PLUS	08/01/2019		ACTIVE	DARLINGTON COMM SCHOOL DIST - P12/S01 \$354.18
<a href="#">View</a>	10011001	20022002	DEAN HP NO DENTAL	MED FAM SOME - MED PLUS	08/01/2019		ACTIVE	DARLINGTON COMM SCHOOL DIST - P12/S01 \$659.52
<a href="#">View</a>			QUARTZ-COMMUNITY NO DENTAL	MED FAM SOME - HEALTH PLAN MED	01/01/2018	07/31/2019	ENDED	DARLINGTON COMM SCHOOL DIST - P12/S01 \$1214.10
<a href="#">View</a>			UNITY COMMUNITY NO DENTAL	MED FAM SOME - HEALTH PLAN MED	12/01/2016	12/31/2017	ENDED	DARLINGTON COMM SCHOOL DIST - P12/S01 \$1152.78
<a href="#">View</a>			UNITY COMMUNITY NO DENTAL	FAMILY	03/01/2016	11/30/2016	ENDED	DARLINGTON COMM SCHOOL DIST - P12/S01 \$1687.70

# Here is the Elevated Subscriber in the Enrollment Covered Individuals Screen



## myETF Benefits Admin

Health Insurance Enrollment Covered Individuals

- myEmployerInfo
- myMembers
- Health
- Life
- Disability
- WRS
- Other Benefits
- Reports
- Test Support
- Help
- Log Off

Actual ETF Member ID:	10011001	SSN:	XXX-XX-XXXX	Subscriber:	Ellen Example				
Elevated ETF Member ID:	20022002	SSN:	XXX-XX-XXXX	Subscriber:	Eric Example				
Employer Group Name:	DARLINGTON COMM SCHOOL DIST - P12/S01 \$354.18		Employer Number:	0596-000	Employer Group Number:	70596	Previous Employer Number:		
Actual Health Plan:	IYC LOCAL ACCESS NO DENTAL - WEA (N8)		Coverage Level:	MED FAM SOME - MED PLUS (22)		Begin Date:	08/01/2019	End Date:	
Elevated Health Plan:	DEAN HP NO DENTAL (NC)								

	Member ID	Name	Age	Birthdate	Gender	Relationship	Tax Dependent	Disabled	Medicare A	Medicare B	Begin Date	End Date
<a href="#">View</a> <a href="#">History</a>	20022002	Eric Example			FEMALE	SPOUSE	NO	NO	NO	NO	08/01/2019	

[Return to Summary](#)



# Terminating A Health Contract

Only Employers May Terminate a Health Insurance Contract

# What Are The Steps To Terminate a Health Contract?

etf.wi.gov

myEmployerInfo myMembers **1** Health Life Disability WRS Other Benefits Reports Test Support Help Log Off

Inquiry


Member Enrollment

Premium

**2** Termination of Coverage

Member Search

Member ID:  OR Social Security Number:

 etf.wi.gov

myETF Benefits Admin


Health Insurance - Termination of Coverage

myEmployerInfo myMembers Health Life Disability WRS Other Benefits Reports Test Support Help Log Off

Employer Number: 0596000 Employer Name: DARLINGTON COMM SCHOOL DIST [New EIN](#)

Note: Termination of Employment requires that the employer provide the subscriber and all eligible dependents with a *Continuation-Conversion Notice* (ET-2311) within 5 days of the qualifying event. In addition, if a subscriber is voluntarily canceling coverage and the employee share of their premium has been deducted pre tax they must have comparable coverage to be eligible to voluntarily cancel outside of the *It's Your Choice* period.


**4** Enter and verify dates

Row	Member	SSN	Member ID	Begin Date	Event Date	Received Date	End Date	Reason	Coverage Level	Add/Remove Row
1	Ellen Example	<input type="text"/> OR	10011001	<input type="text"/> 08/01/2019	<input type="text"/> 08/26/2019	<input type="text"/> 08/26/2019	<input type="text"/> 08/31/2019	<b>5</b> CANCEL COVERAGE	MED FAM SOME - MED PLUS	

**6** Premiums are deducted Post-tax. Coverage may be cancelled at any time.

**7**

# Both Plans Will Be Terminated

 **myETF Benefits Admin**  
Health Insurance - Termination of Coverage

etf.wi.gov

myEmployerInfo | myMembers | Health | Life | Disability | WRS | Other Benefits | Reports | Test Support | Help | Log Off

Suscriber Type	SSN	Member ID	Member	Health Plan	Coverage Level	Begin Date	Event Date	Received Date	End Date	Reason
Actual		10011001	Example, Ellen	IYC LOCAL ACCESS NO DENTAL - WEA	MED FAM SOME - MED PLUS	08/01/2019	08/26/2019	08/26/2019	08/31/2019	CANCEL COVERAGE
Elevated		20022002	Example, Eric	DEAN HP NO DENTAL	MED FAM SOME - MED PLUS	08/01/2019	08/26/2019	08/26/2019	08/31/2019	CANCEL COVERAGE

Please review the termination of coverage for each subscriber above to ensure accurate reporting and press confirm to process changes.

**8** [Confirm](#) [Edit](#)



# Local Employer Verification of Health Insurance Coverage

Wisconsin Department of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

**REMINDER:**  
When a Local Paid Annuitant's Health Contract is terminated, the ET-4814 must be submitted to ETF with Part C completed

See Instructions on Page 2 for assistance. Please print.

**Part A: Employer Verification of Health Insurance Coverage**

Health plan: \_\_\_\_\_

Monthly premium: \$ \_\_\_\_\_ Coverage type:  Single  Family

Coverage as an *active employee* ends on? (mm/dd/ccyy) \_\_\_\_\_

Will premiums be paid by the *employer* after termination/retirement?:  Yes  No

If **Yes**, employer must complete and submit Section C of this form at least two months prior to the date when the employer contribution for premiums will end.

**Part C: Transfer Report** (Local paid annuitant no longer receiving employer contributions.)

Employee name: \_\_\_\_\_ SSN/Member ID: \_\_\_\_\_

DOB: \_\_\_\_\_ (mm/dd/ccyy) Gender: \_\_\_\_ Health plan: \_\_\_\_\_

Date coverage ends (employer contributions to premiums cease): \_\_\_\_\_ (mm/dd/ccyy)



# Premium Inquiry Report

How will contracts with two health plans display on the Health Insurance Premium Inquiry Report?

# New Coverage Levels For Medicare Family Some Contracts With Two Health Plans

The screenshot shows the myETF Benefits Admin interface. At the top left is the logo for etf (Employer Trust Fund) with the website address etf.wi.gov. The main title is "myETF Benefits Admin" and the subtitle is "Employer Health Insurance Premium Inquiry". Below this is a navigation bar with tabs for myEmployerInfo, myMembers, Health, Life, Disability, WRS, Other Benefits, Reports, Test Support, Help, and Log Off.

The main content area displays search filters for an employer with number 0596-000. The filters include:  
- Employer Group: 70596 - DARLINGTON COMM SCHOOL DIST  
- Coverage Month: September, Year: 2019  
- Health Plan: ALL  
- Coverage Type: A dropdown menu is open, showing options: ALL, 01 - SINGLE, 02 - FAMILY, 03 - GRAD ASSISTANTS - SINGLE, 04 - GRAD ASSISTANTS - FAMILY, 05 - MEDICARE - SINGLE, 06 - MED FAM SOME - HEALTH PLAN MED, 07 - MEDICARE - FAMILY - ALL, 12 - MED FAM SOME - MED ADVANTAGE, and 22 - MED FAM SOME - MED PLUS. The "ALL" option is highlighted in blue.

A red arrow points from the text "New Coverage Levels (12 & 22) for MED FAM SOME" to the dropdown menu options 12 and 22.



# What is the Employee Type Code for Health Contracts With Two Plans?



Employee Type Codes:

09 - Local Employer Paid Annuitant contract (with one plan)

25 - Local Employer Paid Annuitant contract (with two plans)

Disability    WRS    Other Benefits    Reports    Test Support    Help    Log Off

Employer Number: 0596-000

Employer Group: 70596 - DARLINGTON COMM SCHOOL DIST

Coverage Month: September    Year: 2019

Health Plan: ALL

Coverage Type: ALL

Split Contract View:  Summary     Detail

Clear    Display    New EIN    Save As

< records 1 to 89 of 89 >

Show 10 entries    Search:

	Prog Opt	Surchg	Carrier Code	Cov Type	Empe Type	SSN	Member ID	Last Name	First Name	Cov Eff Date	Cov Exp Date	Prev Cov Exp Date	Prev Yr Adj Months	Prev Yr Adj Premium	Cur Yr Adj Months	Cur Yr Adj Premium	Gross Premium	Gross Surg	Total
30	P12	S01	NC	22	25					2019-08-01			0	\$0.00	0	\$0.00	\$659.52	\$0.00	\$659.52
31	P12	S01	NC	22	25					2019-08-01			0	\$0.00	1	\$659.52	\$0.00	\$0.00	\$659.52
71	P12	S01	N8	22	25					2019-08-01			0	\$0.00	0	\$0.00	\$354.18	\$0.00	\$354.18
72	P12	S01	N8	22	25					2019-08-01			0	\$0.00	1	\$354.18	\$0.00	\$0.00	\$354.18
7	P12	S01	NC	22	09					2019-01-01			0	\$0.00	0	\$0.00	\$669.80	\$0.00	\$669.80
28	P12	S01	NC	02	09					2019-02-01			0	\$0.00	0	\$0.00	\$1,643.66	\$0.00	\$1,643.66



Coverage type: ALL

Split Contract View:  Summary  Detail

Clear | Display | New EIN | Save As

< records 1 to 89 of 89 >

The summary view displays the Actual Subscriber's information and both premiums for the two plans

Show 10 entries Search:

	Prog Opt	Surchg	Carrier Code	Cov Type	Empe Type	SSN	Member ID	Last Name	First Name	Cov Eff Date	Cov Exp Date	Prev Cov Exp Date	Prev Yr Adj Months	Prev Yr Adj Premium	Cur Yr Adj Months	Cur Yr Adj Premium	Gross Premium	Gross Surg	Total
30	P12	S01	NC	22	25		10011001	Example	Ellen	2019-08-01			0	\$0.00	0	\$0.00	\$659.52	\$0.00	\$659.52
31	P12	S01	NC	22	25		10011001	Example	Ellen	2019-08-01			0	\$0.00	1	\$659.52	\$0.00	\$0.00	\$659.52
71	P12	S01	N8	22	25		10011001	Example	Ellen	2019-08-01			0	\$0.00	0	\$0.00	\$354.18	\$0.00	\$354.18
72	P12	S01	N8	22	25		10011001	Example	Ellen	2019-08-01			0	\$0.00	1	\$354.18	\$0.00	\$0.00	\$354.18

Coverage Type: ALL

Split Contract View:  Summary  Detail

Clear | Display | New EIN | Save As

< records 1 to 89 of 89 >

The detail view displays the Actual Subscriber and the Elevated Subscriber's information and both premiums for the two plans

Show 10 entries Search:

	Prog Opt	Surchg	Carrier Code	Cov Type	Empe Type	SSN	Member ID	Last Name	First Name	Actual Subs Member ID	Cov Eff Date	Cov Exp Date	Prev Cov Exp Date	Prev Yr Adj Months	Prev Yr Adj Premium	Cur Yr Adj Months	Cur Yr Adj Premium	Gross Premium	Gross Surg	Total
30	P12	S01	NC	22	25		20022002	EXAMPLE	ERIC	10011001	2019-08-01			0	\$0.00	0	\$0.00	\$659.52	\$0.00	\$659.52
31	P12	S01	NC	22	25		20022002	EXAMPLE	ERIC	10011001	2019-08-01			0	\$0.00	1	\$659.52	\$0.00	\$0.00	\$659.52
71	P12	S01	N8	22	25		10011001	EXAMPLE	ELLEN	10011001	2019-08-01			0	\$0.00	0	\$0.00	\$354.18	\$0.00	\$354.18
72	P12	S01	N8	22	25		10011001	EXAMPLE	ELLEN	10011001	2019-08-01			0	\$0.00	1	\$354.18	\$0.00	\$0.00	\$354.18

# Questions?



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**Option 2 For Employer Services**

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# Thank you

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