

# Premium Reporting Form

## Premium Reporting for Employers

In accordance with Consolidated Appropriations Act of 2021 (Section 204), health plans are required to submit information to the federal government regarding the average monthly premiums paid by employers on behalf of enrollees and paid by enrollees each year. Use this Sutter Health Plus Form to report this information.

**Mail or email the completed form to the address below:**

Email: [CAA204@sutterhealth.org](mailto:CAA204@sutterhealth.org)

Sutter Health Plus  
P.O. Box 160307  
Eagan, MN 55121

If you have any questions about how to complete this form, please call Sutter Health Plus Member Services at 1-855-315-5800.

### Section A – Group Information

Legal Company Name

DBA (Account Name)

Group Account ID

Submitting on Behalf of Group

Broker      Employer

First and Last Name

Title

Email

Phone

Date

*Please continue to section B on page 2*

**Contribution Type**

**Aggregate Dollar Totals**

Total annual dollar amount paid for coverage in 2022 for all employees, regardless of contribution type. The total of employee plus employer contribution should equal the total annual premium. This is the best reporting method for complex methodologies.

\_\_\_\_\_ **Employer Contribution**      \_\_\_\_\_ **Employee Contribution**      \_\_\_\_\_ **Total Premiums**

**Percentage**

Percentage of the monthly premium paid by the employer.

**Flat percentage**

*Percentage of the monthly premium paid by the employer. The percentage is the same across all plans.*

\_\_\_\_\_ **Employer Contribution Percentage**

**Percentage based on lowest cost plan**

*Percentage of the monthly premium paid by the employer. The percentage is the based on a percentage of a specific plan and is the same amount for all plans.*

\_\_\_\_\_ **Employer Contribution Percentage**      \_\_\_\_\_ **Plan Rate**

**Flat Dollar Per Employee**

Flat monthly premium paid by the employer. The dollar amount is the same across all plans and tiers.

\_\_\_\_\_ **Employer Contribution**

**Tier**

Flat monthly premium paid by the employer. The dollar amount may vary across the tiers but does not vary by plan. Please include rate amount.

**Super Composite**

\_\_\_\_\_ **Employer Contribution**

**Composite Rates**

\_\_\_\_\_ **Single**      \_\_\_\_\_ **Family**

**Three Tier**

\_\_\_\_\_ **Employee Only**      \_\_\_\_\_ **Employee + 1**      \_\_\_\_\_ **Family**

**Four Tier**

\_\_\_\_\_ **Employee Only**      \_\_\_\_\_ **Employee + Spouse**      \_\_\_\_\_ **Employee + Child(ren)**      \_\_\_\_\_ **Family**

**Five Tier**

\_\_\_\_\_ **Employee Only**      \_\_\_\_\_ **Employee + Spouse**      \_\_\_\_\_ **Employee + Child**      \_\_\_\_\_ **Employee + Child(ren)**      \_\_\_\_\_ **Family**

**Other**

Please list any other calculation method here.

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