

## General Plan Requirements

| Client Information         |   |                |                    |
|----------------------------|---|----------------|--------------------|
| Corporate name             | Company alias   | Federal Tax ID | Internal client ID |
| Street address (no PO box) | City  | State          | Zip                |
| Corporate phone number     | Business entity type<br><input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> C Corp <input type="checkbox"/> Government <input type="checkbox"/> Church <input type="checkbox"/> Non-Profit |                |                    |

| Client Contact  |       |       |
|---|-------|-------|
| Primary contact   | Email | Phone |
| If you use a broker/consultant, please provide: Name  | Email | Phone |
| Should the broker/consultant be set-up with access to your HealthEquity client portal? <input type="checkbox"/> Yes <input type="checkbox"/> No   |       |       |
| If yes, what access do you allow (select one): <input type="checkbox"/> Super access* <input type="checkbox"/> Reports only   |       |       |
| *Allows your broker/consultant to make<br><i>Granting a broker access to or the right to make plan changes in the employer portal ("Portal") means that the Employer's broker may have access to Protected Health Information ("PHI") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Employer hereby represents and warrants that Employer has entered into a valid business associate agreement ("BAA", as defined by HIPAA) with its broker. Broker and Employer will indemnify, defend, and hold HealthEquity, Inc. harmless for any action taken by broker in the Portal, or any use of PHI viewed or obtained in the Portal, that violates or is otherwise inconsistent with the terms of the BAA, the requirements of HIPAA, or obligations under applicable state privacy laws or regulations. Employer will notify HealthEquity in writing 30 days prior to any termination of its BAA with the broker, or any termination of its relationship with the broker, and will defend, indemnify, and hold HealthEquity harmless from any liabilities, damages, fines, penalties, fees, costs, or expenses incurred by HealthEquity related to Employer's failure to notify HealthEquity of such a termination.</i> |       |       |
| Funding invoice contact   | Email | Phone |
| Fee invoice contact   | Email | Phone |

| Payment Order  |
|--|
| If multiple accounts are offered, indicate the order in which the accounts should be considered for payment. If a zero balance is reached in the primary account, the secondary account will be used.  |
| <input type="checkbox"/> FSA pays before HRA (best practice/program default)<br><input type="checkbox"/> HRA pays before FSA<br><input type="checkbox"/> Custom payment order (must be approved by HealthEquity)<br><input type="checkbox"/> N/A |

| Offer Rules   |   |   |  |
|---|---|---|--|
| Open enrollment   |   |   |  |
| Open enrollment begin date  | Open enrollment end date  | Eligibility source<br><input type="checkbox"/> Enrollment file (best practice)<br><input type="checkbox"/> Paper enrollment (client portal)<br><input type="checkbox"/> HealthEquity member portal (FSA only) | Enrollment submission method<br><input type="checkbox"/> Company<br><input type="checkbox"/> Third-party portal<br><input type="checkbox"/> HealthEquity member portal |
| Will HealthEquity email enrollment confirmations to members? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |  |
| New hires and newly eligible  |   |   |  |
| New hire enrollment allowed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                              | Open enrollment / new hire waiting period rule?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | New hire enrollment period<br><i>Days</i>   |  |
| New hire waiting period<br><i>Days</i>  | New hire coverage effective date rule   | Coverage end date rule  |  |
| Qualified changes   |   |   |  |
| Qualified changes?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Qualified change period   | Qualified changes via the HealthEquity portal?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Qualified change coverage effective date   |
|   |   |   | Qualified coverage end date  |

## Payroll

Will auto-funding be used for FSA contribution reporting?  Yes (initial calendar year setup by HealthEquity)  No

| Pay cycle(s)                                  | Date of first deduction | Date of last deduction |
|---|-------------------------|------------------------|
| <input type="checkbox"/> Weekly (52)          |                         |                        |
| <input type="checkbox"/> Bi-Weekly (26)       |                         |                        |
| <input type="checkbox"/> Semi-Monthly (24)    |                         |                        |
| <input type="checkbox"/> Monthly (12)         |                         |                        |
| <input type="checkbox"/> Other (description): |                         |                        |

## Data Exchange

Expected date of initial enrollment file upload?

Expected date of initial contribution file upload?

## Additional Services

Will HealthEquity perform Non-Discrimination testing?  Yes  No

Will HealthEquity prepare Plan Documents?  Yes  No

### Address updates

*Shipping address updates can occur on either the Member Portal or the Client Portal. Best practice is to allow members to make any necessary updates. If the preference is to have address updates come through the Program Sponsor, discuss the option with your Implementation Manager.*

## Copays

|         |    |    |    |    |    |    |    |    |    |
|---------|----|----|----|----|----|----|----|----|----|
| Medical | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Dental  | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Vision  | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Rx      | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

## Flexible Spending Accounts (Healthcare FSA, Limited-Purpose FSA, Dependent Care FSA)

### Historical Program Information

Will the current FSA administrator process claims run-out?  Yes  No (template will be provided for balances)

### Plan Setup

#### Healthcare Flexible Spending Account

Will HealthEquity implement a Healthcare FSA?  Yes  No

|  |                                |   |
|--|--------------------------------|---|
| <b>Plan name:</b><br>Healthcare FSA 20YY | <b>Plan code:</b><br>HCFSA20YY | <b>Plan description:</b> Healthcare Flexible Spending Account that covers standard list of out-of-pocket medical, dental, vision and pharmacy expenses (including eligible over-the-counter medicines and medically necessary healthcare products). |
|--|--------------------------------|---|

Do you offer an HSA-Compatible FSA?  
 Yes: Client sets initial Limited HSA-Compatible FSA on enrollment file, switch to Full Purpose FSA initiated by member submitting EOB to HealthEquity  No

|  |  |
|--|--|
| <b>Healthcare FSA carryover</b><br><i>Members can carry over the statutory allowance of unused funds without an active election the following year. The member's FSA coverage will be updated to an HSA compatible-FSA if carryover is offered the previous year and the member is identified as being enrolled in an HSA.</i> | Do you offer carryover for your Healthcare FSA? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |   |
|---|---|
| <b>Healthcare FSA grace period</b><br><i>Members can submit claims for 2 ½ months following the end of the Plan year for expenses incurred during the prior Plan year and will be available for use on the Healthcare Debit Card. Grace period cannot be offered with carryover, only one option can be selected.</i> | Do you offer grace period for your Healthcare FSA? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

#### Dependent Care Flexible Spending Account

Will HealthEquity implement a Dependent Care FSA?  Yes  No

|  |                                |   |
|--|--------------------------------|---|
| <b>Plan name:</b><br>Dependent Care FSA 20YY | <b>Plan code:</b><br>DCFSA20YY | <b>Plan description:</b> Dependent Care Flexible Spending Account that covers standard list of childcare and elder care expenses. |
|--|--------------------------------|---|

|  |   |
|--|---|
| <b>Dependent Care FSA grace period</b><br><i>Members can submit claims for 2 ½ months following the end of the Plan year for expenses incurred during the prior Plan year.</i> | Do you offer grace period for your Dependent Care FSA? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

#### Plan design information

|   |  |                      |
|---|--|----------------------|
| <b>Plan period</b><br><input type="checkbox"/> Plan Year <input type="checkbox"/> Coverage Period                                       | <b>Plan start date</b>   | <b>Plan end date</b> |
| <b>Mid-year claims deadline</b><br>days after coverage end date   | <b>End-of-plan claims deadline</b><br>days after Plan end date |                      |
| <b>Eligible dependents include:</b><br><input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Child | <b>Additional plan design notes:</b>                           |                      |

### Account Funding

Member funding will be applied as pre-tax deductions toward the election amount.

|   |  |
|---|--|
| Healthcare FSA minimum election is \$     | Healthcare FSA maximum election is statutory limit     |
| Dependent Care FSA minimum election is \$ | Dependent Care FSA maximum election is statutory limit |

Will client funding be provided to the Plan in replacement of, or in addition to, member contributions?  Yes (complete section below)  No  
 Select one:  Client contributions will be applied toward the election amount  Pre-tax client contributions will be applied over the election amount

Additional plan design notes:

## Health Savings Account (HSA)

### Historical Program Information

Will HSA balances be transferred to HealthEquity via a bulk transfer?  Yes (from which custodian: \_\_\_\_\_ )  No

### Plan Setup

How will enrollment data be provided to HealthEquity?

- Health insurance carrier
- Custom enrollment
- Multiple product upload
- Manual entry

Will employer contributions be applied to the HSA?  Yes  No

How will contribution data be provided to HealthEquity?

- Contribution and deduction file
- Payroll deductions (PPD)
- Manual entry

Additional plan design notes:

*Please note that you can change your contribution method at any time. Our Client Services team will be happy to assist with any changes.*

### Contribution Configuration

**Member Funding Records**

*(Select one)*

Do Not Reject – If the account (as reported by the Custodian) is not yet open. Funding goes into a PENDING status and will be automatically processed when the account is OPENED by the Custodian. *(Best Practice)*

Reject – If the account (as reported by the Custodian) is not yet open. A REJECT message is returned, and the employer will need to resend this rejected record when the Member's account is opened by the Custodian.

**Program Sponsor Contributions** *(Select one option from each of the sections below regarding how you would like to have the contributions managed)*

**Closed account settings**

Suspend Contributions – Pend contributions to a coverage intent until an enrollment record is received. Contribution will be invoiced. For accounts not opened in 60 days, funds will be credited back to the employer. *(Best Practice)*

Reject Contributions – Reject contributions. Contribution will not be invoiced.

**CIP not passed**

See Customer Identification Program (CIP) reference for additional information.

Suspend Contributions – Pend contributions to a coverage intent until the Member CIP at the Custodian bank. Contribution will be invoiced. Once Member passes CIP, contribution funds will automatically load. *(Best Practice)*

Reject Contributions – Reject contributions as the Member has not passed CIP.

**Over statutory maximum**

Suspend Contributions *(Best Practice)*

Reject Contributions

**Member not enrolled**

Member is not enrolled at HealthEquity

Suspend Contributions – Pend contributions to a coverage intent until an enrollment record is received and then posted once the Member is enrolled. Contribution will be invoiced. *(Best Practice)*

Reject Contributions – Reject contributions as there is no active enrollment for the contribution to post to. Contribution will not be invoiced.

**No active HSA coverage**

Member is no longer eligible for HSA contributions

Contributions may need to be sent after an employee has been terminated. HealthEquity will accept contributions for all Members as specified on the contribution file, even if the Member no longer has active coverage. The employer can specify the number of days after termination that contributions can be processed.

Days after termination that contributions are allowed *(HealthEquity recommends 45 days)*:

## Health Reimbursement Arrangement (HRA)

| Plan Options Summary  |  |
|---|--|
| <input type="checkbox"/> Option 1<br>Standard HRA                           | <ul style="list-style-type: none"> <li>◇ Members may be responsible to pay the first portion of eligible expenses before HRA funds become available.</li> <li>◇ Eligible expenses defined as 213(d). Premiums can be included. Expenses can be covered in full or at a percentage of each claim.</li> <li>◇ Payment features include Pay Me Back, Pay by Card, and Pay My Provider.</li> <li>◇ Must be integrated with a group health plan in order to comply with the Affordable Care Act (ACA) market reforms, which include minimum value and cost-sharing requirements for preventative services.</li> </ul>   |
| <input type="checkbox"/> Option 2<br>Medicare HRA                           | <ul style="list-style-type: none"> <li>◇ Members may be responsible to pay the first portion of eligible expenses before HRA funds become available.</li> <li>◇ Eligible expenses include Medicare Part B Premiums, Medicare Part D Premiums and premiums for excepted benefits, including, but not limited to, Medicare supplement policy coverage.</li> <li>◇ Payment features include Pay Me Back and Pay My Provider.</li> <li>◇ Available for active employees.</li> <li>◇ Must be integrated with a group health plan in order to comply with the Affordable Care Act (ACA) market reforms, which include minimum value and cost-sharing requirements for preventative services.</li> </ul>  |
| <input type="checkbox"/> Option 3<br>Group Health Plan HRA                  | <ul style="list-style-type: none"> <li>◇ Members may be responsible to pay the first portion of eligible expenses before HRA funds become available.</li> <li>◇ Eligible expenses may include medical deductibles, prescription deductibles, medical coinsurance, prescription coinsurance, medical copays, prescription copays. Expenses can be covered in full or at a percentage of each claim.</li> <li>◇ Payment features include Pay Me Back and Pay My Provider. An EOB is required when submitting.</li> <li>◇ Must be integrated with a group health plan in order to comply with the Affordable Care Act (ACA) market reforms, which include minimum value and cost-sharing requirements for preventative services.</li> </ul> |
| <input type="checkbox"/> Option 4<br>Medical & Pharmacy HRA                 | <ul style="list-style-type: none"> <li>◇ Members may be responsible to pay the first portion of eligible expenses before HRA funds become available.</li> <li>◇ Eligible expenses include medical, prescription OTC only. Expenses can be covered in full or at a percentage of each claim.</li> <li>◇ Payment features include Pay Me Back, Pay by Card and Pay My Provider.</li> <li>◇ Must be integrated with a group health plan in order to comply with the Affordable Care Act (ACA) market reforms, which include minimum value and cost-sharing requirements for preventative services.</li> </ul>   |
| <input type="checkbox"/> Option 5<br>Retiree Only HRA                       | <ul style="list-style-type: none"> <li>◇ Eligible expenses defined as 213(d), including medical, dental, vision, pharmacy, OTC and qualified premiums</li> <li>◇ Expenses can be covered in full or at a percentage of each claim.</li> <li>◇ Payment features include Pay Me Back, Pay by Card and Pay My Provider.</li> </ul>  |
| <input type="checkbox"/> Option 6A<br>Individual Coverage HRA (ICHRA)       | <ul style="list-style-type: none"> <li>◇ Eligible expenses defined as 213(d), including medical, dental, vision, pharmacy, OTC and qualified premiums.</li> <li>◇ Expenses can be covered in full or at a percentage of each claim.</li> <li>◇ Payment features include Pay Me Back and Pay My Provider.</li> <li>◇ Members must be enrolled in qualified individual health plan that provides Minimum Essential Coverage (MEC).</li> <li>◇ Client must collect annual substantiation of qualified, individual Minimum Essential Coverage from all members.</li> <li>◇ Substantiation attesting of enrollment in qualified individual health plan coverage is required by the member when filing claims.</li> </ul>                      |
| <input type="checkbox"/> Option 6B<br>Excepted Benefit HRA (EBHRA)          | <ul style="list-style-type: none"> <li>◇ Eligible expenses defined as 213(d), including medical, dental, vision, pharmacy, OTC and qualified premiums.</li> <li>◇ Expenses can be covered in full or at a percentage of each claim.</li> <li>◇ Payment features include Pay Me Back and Pay My Provider.</li> <li>◇ Must be integrated with a group health plan in order to comply with the Affordable Care Act (ACA) market reforms, which include minimum value and cost-sharing requirements for preventative services.</li> </ul>  |
| <input type="checkbox"/> Option 6C<br>Qualified Small Employer HRA (QSEHRA) | <ul style="list-style-type: none"> <li>◇ For clients with less than 50 eligible full-time members (or equivalent) during the prior year.</li> <li>◇ Eligible expenses defined as 213(d), including medical, dental, vision, pharmacy, OTC and qualified premiums. Expenses can be covered in full or at a percentage of each claim.</li> <li>◇ Payment features include Pay Me Back and Pay My Provider.</li> <li>◇ Members must be covered by a health plan that is considered Minimum Essential Coverage (MEC).</li> <li>◇ Client must collect annual substantiation of qualified minimum essential coverage from all members.</li> </ul>  |

| Historical Program Information   |
|--|
| Will current HRA administrator process claims run-out? <input type="checkbox"/> Yes (template will be provided to load balances) <input type="checkbox"/> No |

| Plan Setup   |                        |   |  |
|--|------------------------|---|--|
| <b>Plan name:</b>  | <b>Plan code:</b>      | <b>Plan description:</b>  |  |
| Do you offer an HSA-Compatible HRA? (not available with Options 3, 4 & 5)  |                        |   |  |
| <input type="checkbox"/> Yes: Client sets initial Limited HSA-Compatible HRA on enrollment file, switch to Full Purpose HRA initiated by member submitting EOB to HealthEquity <input type="checkbox"/> No                   |                        |   |  |
| <b>HRA Plan type</b>   |                        | <b>MSP reporting:</b> <input type="checkbox"/> On <input type="checkbox"/> Off (select exception reason below)  |  |
| <input type="checkbox"/> Standalone HRA<br><input type="checkbox"/> Individual Coverage HRA (ICHRA)<br><input type="checkbox"/> Integrated HRA: SSN & DOB required<br><input type="checkbox"/> Excepted Benefits HRA (EBHRA) |                        | <b>Exception reason:</b><br><input type="checkbox"/> 100% Retiree <input type="checkbox"/> Less than 20 employees and no ERSD <input type="checkbox"/> Vision and/or Dental only plan <input type="checkbox"/> Premium only |  |
| <b>Plan period</b> <input type="checkbox"/> Plan year <input type="checkbox"/> Coverage period <input type="checkbox"/> Perpetual  | <b>Plan start date</b> | <b>Plan end date</b>  |  |
| <b>Mid-year claims deadline</b>  |                        | <b>End-of-plan claims deadline</b>  |  |
| _____ days after coverage end date   |                        | _____ days after Plan end date  |  |
| <b>Available benefits</b> (remaining balances will forfeit to the client)  |                        | <b>Annual limit for new hires mid-plan</b>  |  |
| <input type="checkbox"/> Election based <input type="checkbox"/> Actual balance  |                        | <input type="checkbox"/> Full amount <input type="checkbox"/> Pro-rated   |  |

## Funding Structure

- Client Pays First: HRA funds are available for use without a member out-of-pocket requirement
- Member Pays First: HRA funds are available after member/dependents have met and out-of-pocket requirement

| Funding tiers                        | Coverage tier | Member pay first requirement | Client funding amount |
|--------------------------------------|---------------|------------------------------|-----------------------|
| <i>Leave blank if not applicable</i> | Tier 1:       | \$                           | \$                    |
|                                      | Tier 2:       | \$                           | \$                    |
|                                      | Tier 3:       | \$                           | \$                    |
|                                      | Tier 4:       | \$                           | \$                    |

**Eligible dependents include:**  
 Spouse    Relative    Child

**Additional plan design notes:**

## Plan Option 1: Standard Group HRA

Does your Plan cover premiums?    Yes (select covered premiums below)    No

**COBRA:**    Medical/Pharmacy    Dental    Vision   **Group (spouse plan)\*:**    Medical/Pharmacy    Dental    Vision

*\*Plan sponsor is responsible for verifying integrated coverage under spouse plan; only after-tax premiums are eligible for reimbursement.*

| Eligible expense coverage<br><i>Card not available if custom percentage is used</i>                | Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the section below)                       |                                  |                                   |                                 |                                 |                                   |         |   |           |   |
|--|---|----------------------------------|-----------------------------------|---------------------------------|---------------------------------|-----------------------------------|---------|---|-----------|---|
|  | Medical:  | %                                | Pharmacy:                         | %                               | Dental:                         | %                                 | Vision: | % | Premiums: | % |
| Maximum benefit per expense category<br><i>Card not available if maximum benefits are selected</i> | Are eligible expenses paid up to the available balance? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the selection below) |                                  |                                   |                                 |                                 |                                   |         |   |           |   |
|  | \$  | <input type="checkbox"/> Medical | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision | <input type="checkbox"/> Premiums |         |   |           |   |
|  | \$  | <input type="checkbox"/> Medical | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision | <input type="checkbox"/> Premiums |         |   |           |   |
|  | \$  | <input type="checkbox"/> Medical | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision | <input type="checkbox"/> Premiums |         |   |           |   |
|  | \$  | <input type="checkbox"/> Medical | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision | <input type="checkbox"/> Premiums |         |   |           |   |

## Plan Option 2: Medicare HRA

| Eligible expense coverage            | Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete section below)                           |                                 |                                 |                                   |
|--------------------------------------|---|---------------------------------|---------------------------------|-----------------------------------|
|                                      | Dental:   | %                               | Premiums:                       | %                                 |
| Maximum benefit per expense category | Are eligible expenses paid up to the available balance? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the selection below) |                                 |                                 |                                   |
|                                      | \$  | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision | <input type="checkbox"/> Premiums |
|                                      | \$  | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision | <input type="checkbox"/> Premiums |

## Plan Option 3: Group Health Plan HRA

| Eligible expenses<br><i>Only expenses that apply towards the group health plan; generally, both in-network and out-of-network expenses are included.</i> | <input type="checkbox"/> Medical Deductibles  | <input type="checkbox"/> Prescription Deductibles                  |
|--|---|--|
|  | <input type="checkbox"/> Medical Coinsurance  | <input type="checkbox"/> Prescription Coinsurance                  |
| <input type="checkbox"/> Medical Copays  | <input type="checkbox"/> Prescription Copays  |  |
| Eligible expense coverage  | Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete section below) |  |
|  | Medical:  | Pharmacy:  |
| Maximum benefit per expense category   | Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete section below) |  |
|  | \$  | <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy |
|  | \$  | <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy |

## Plan Option 4: Medical and Pharmacy (Rx) HRA

| Eligible expenses  | <input type="checkbox"/> Medical (All IRS eligible medical expenses including deductibles, copays, coinsurance; best practice)   | <input type="checkbox"/> Prescription (Rx) + OTC                   | <input type="checkbox"/> Prescription (Rx) Only |
|--|--|--|---|
|  | <i>The flag required for Rx cards is limited at the merchant and may result in 90% rule merchants paying or declining at point of sale. HealthEquity will not be responsible for adjusting card transactions related to OTC purchases where the vendor could not distinguish between OTC and Rx expense.</i> |  |   |
| Eligible expense coverage<br><i>Card not available if custom percentage selected</i>               | Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete section below)  |  |   |
|  | Medical:   | Pharmacy:  |   |
| Maximum benefit per expense category<br><i>Card not available if maximum benefits are selected</i> | Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete section below)  |  |   |
|  | \$   | <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy |   |
|  | \$   | <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy |   |

## Plan Option 5: Retiree Only HRA

|  |  |   |                |              |              |                |
|--|--|---|----------------|--------------|--------------|----------------|
| <b>Eligible expenses</b>   |  |   |                |              |              |                |
| <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Prescription (Rx) + OTC <input type="checkbox"/> Prescription (Rx), no OTC |  |   |                |              |              |                |
| Does your Plan cover premiums? <input type="checkbox"/> Yes (select covered premiums below) <input type="checkbox"/> No  |  |   |                |              |              |                |
| <b>COBRA:</b> <input type="checkbox"/> Medical/Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision  |  | <b>Group (spouse plan):</b> <input type="checkbox"/> Medical/Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision                                   |                |              |              |                |
| <b>Individual:</b> <input type="checkbox"/> Medical/Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision   |  | <b>Other:</b> <input type="checkbox"/> Medicare <input type="checkbox"/> Long-term care   |                |              |              |                |
| Retiree eligibility requirement  |  |   |                |              |              |                |
| Requirements: <input type="checkbox"/> Have reached the age of _____ or <input type="checkbox"/> Have a combination of years of service and age equal to _____                                       |  |   |                |              |              |                |
| <b>Eligible expense coverage</b>   |  | Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the section below)   |                |              |              |                |
| <i>Card not available if custom percentage is used</i>   |  | Medical:    %   | Pharmacy:    % | Dental:    % | Vision:    % | Premiums:    % |
| <b>Maximum benefit per expense category</b>  |  | Are eligible expenses paid up to the available balance? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the selection below)                         |                |              |              |                |
| <i>Card not available if maximum benefits are selected</i>   |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |              |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |              |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |              |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |              |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |              |              |                |

## Plan Option 6A: ICHRA

|  |  |  |                |  |              |                |
|--|--|--|----------------|--|--------------|----------------|
| <b>Eligible expenses</b>   |  |  |                |  |              |                |
| <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Prescription (Rx) + OTC <input type="checkbox"/> Prescription (Rx), no OTC |  |  |                |  |              |                |
| Does your Plan cover premiums? <input type="checkbox"/> Yes (select covered premiums below) <input type="checkbox"/> No  |  |  |                |  |              |                |
| <b>Individual:</b> <input type="checkbox"/> Medical/Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Medicare                                       |  |  |                |  |              |                |
| <b>Class distinctions</b>  |  | <input type="checkbox"/> Full-time<br><input type="checkbox"/> Part-time<br><input type="checkbox"/> Seasonal employees<br><input type="checkbox"/> Temporary employees of staffing firms<br><input type="checkbox"/> Employees covered by Collective Bargaining Agreement (union)<br><input type="checkbox"/> Employees who have not satisfied a waiting period |                | <input type="checkbox"/> Salaried<br><input type="checkbox"/> Non-salaried (hourly)<br><input type="checkbox"/> Non-resident aliens<br><input type="checkbox"/> Employees working the same geographic location (generally the same insurance rating area, state or multi-state region) |              |                |
| <i>Must select one</i>   |  |  |                |  |              |                |
| <b>Eligible expense coverage</b>   |  | Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the section below)  |                |  |              |                |
|  |  | Medical:    %  | Pharmacy:    % | Dental:    %   | Vision:    % | Premiums:    % |
| <b>Maximum benefit per expense category</b>  |  | Are eligible expenses paid up to the available balance? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the selection below)  |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums  |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums  |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums  |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums  |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums  |                |  |              |                |

## Plan Option 6B: EBHRA

|  |  |   |                |  |              |                |
|--|--|---|----------------|--|--------------|----------------|
| <b>Eligible expenses</b>   |  |   |                |  |              |                |
| <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Prescription (Rx) + OTC <input type="checkbox"/> Prescription (Rx), no OTC |  |   |                |  |              |                |
| Does your Plan cover premiums? <input type="checkbox"/> Yes (select covered premiums below) <input type="checkbox"/> No  |  |   |                |  |              |                |
| <b>COBRA:</b> <input type="checkbox"/> Medical/Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision  |  | <b>Group:</b> <input type="checkbox"/> Dental <input type="checkbox"/> Vision   |                | <b>Individual:</b> <input type="checkbox"/> Dental <input type="checkbox"/> Vision <b>Other:</b> <input type="checkbox"/> Long-term care |              |                |
| <b>Eligible expense coverage</b>   |  | Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the section below)   |                |  |              |                |
|  |  | Medical:    %   | Pharmacy:    % | Dental:    %   | Vision:    % | Premiums:    % |
| <b>Maximum benefit per expense category</b>  |  | Are eligible expenses paid up to the available balance? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete the selection below)                         |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |  |              |                |
|  |  | \$ <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Premiums |                |  |              |                |

## Plan Option 6C: QSEHRA

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Does your Plan cover premiums? <input type="checkbox"/> Yes (select covered premiums below) <input type="checkbox"/> No |  |   |  |  |  |
| <b>COBRA:</b> <input type="checkbox"/> Medical/Pharmacy <input type="checkbox"/> Dental <input type="checkbox"/> Vision |  | <b>Group (spouse plan):</b> <input type="checkbox"/> Dental <input type="checkbox"/> Vision |  |  |  |
| <b>Individual:</b> <input type="checkbox"/> Dental <input type="checkbox"/> Vision                                      |  | <b>Other:</b> <input type="checkbox"/> Medicare <input type="checkbox"/> Long-term care     |  |  |  |

## Commuter Order Model (COM)

### Historical Program Information

Will HealthEquity manage a balance migration?  Yes (template will be provided to load balances)  No

### Plan Setup

Does your Plan support family eligibility?  Yes  No | First benefit month with HealthEquity: | Program launch date:

Do you want to enable ordinance tracking reports and light-box messages?  Yes (complete section below)  No

Do you want to default all Commuter eligible members as qualified members? Select "Yes" unless eligibility ('Y' flag) will be managed on the PRO field 55.  Yes  No

Will HealthEquity send an email to qualified members?  Yes  No

### Payroll Settings

Payroll Contact: | Payroll System:

Commuter Monthly Order Cut-off Day (Must be between the 1<sup>st</sup> and 10<sup>th</sup>):

*If the cut-off is the 1<sup>st</sup> through the 8<sup>th</sup>, the payroll data will be delivered the next day. If the cut-off date is the 10<sup>th</sup>, the payroll data will be delivered on the 13<sup>th</sup>.*

Describe the expected timing of payroll deductions:

The Undelivered Transit Pass Policy is defined by the HealthEquity Commuter Agreement; the Address Control feature can be selected in the General Plan Requirements Document.

*Reimbursements for timely filed member claims for undelivered transit media will be made as follows: (a) if delivery addresses are provided by your members and HealthEquity mailed the transit media to the designated address with sufficient postage, you shall be responsible for reimbursement costs of such undelivered transit media up to the first 1% of the value of all transit media elections made under your plan during the applicable month (and HealthEquity shall be responsible for any excess amounts); (b) if delivery addresses are provided by you and HealthEquity mailed the transit media to the designated address with sufficient postage, you shall be responsible for 100% of the reimbursement costs of such undelivered transit media; or (c) if HealthEquity either failed to mail the transit media to the delivery address provided by you or your member, as applicable, or affixed insufficient postage, then HealthEquity will be responsible for 100% of the reimbursement costs.*

Lost pass threshold: Pass(es) every month(s)  No threshold

### Plan Design

Which services will be offered? Select all that apply.  Mass Transit / Vanpool  Parking / Park-n-Ride

Pre-tax monthly maximums for Transit and Parking will be set to statutory allowance

Total monthly order value is \$800

Commuter Card maximum balance is \$1,500

**Transit subsidy** | Is subsidy offered for your transit plan?  Yes (complete section below)  No

Flat amount: up to \$ | % up to \$

Will all members receive the same amount?  Yes  No (describe: )

**Parking subsidy** | Is subsidy offered for your parking plan?  Yes (complete section below)  No

Flat amount: up to \$ | % up to \$

Will all members receive the same amount?  Yes  No (describe: )

**Cross-cap subsidy** | Does a cross-cap apply to subsidies?  Yes (complete section below)  No

Total cap across Transit & Parking plans: \$ | Which benefit will the subsidy apply to first?  Transit  Parking

Additional plan design notes:

## Commuter Account Model (CAM)

### Historical Program Information

Will HealthEquity manage a balance migration?  Yes (template will be provided to load balances)  No

### Plan Setup

Does your Plan support family eligibility?  Yes  No First benefit month with HealthEquity: \_\_\_\_\_ Program launch date: \_\_\_\_\_

Do you want to enable ordinance tracking reports and light-box messages?  Yes (complete section below)  No

Do you want to default all Commuter eligible members as qualified members? Select "Yes" unless eligibility ('Y' flag) will be managed on the PRO field 55.  Yes  No

Will HealthEquity send an email to qualified members?  Yes  No

### Plan Design

Which services will be offered? Select all that apply.  Mass Transit / Vanpool  Parking / Park-n-Ride

Pre-tax monthly maximums for Transit and Parking will be set to statutory allowance  Total monthly order value is \$800  Commuter Card maximum balance is \$1,500

**Transit subsidy** Is subsidy offered for your transit plan?  Yes (complete section below)  No

Flat amount: up to \$ \_\_\_\_\_ % up to \$ \_\_\_\_\_

Will all members receive the same amount?  Yes  No (describe: \_\_\_\_\_)

**Parking subsidy** Is subsidy offered for your parking plan?  Yes (complete section below)  No

Flat amount: up to \$ \_\_\_\_\_ % up to \$ \_\_\_\_\_

Will all members receive the same amount?  Yes  No (describe: \_\_\_\_\_)

Additional plan design notes:

### Funding Settings

Maximum funding amount: \$ \_\_\_\_\_

Will your plan allow funding recovery?  Yes (complete section below)  No

Funding recovery occurs when a funding (FND) record is submitted to remove funds from a member's card or account.

Allow partial funding recovery (Recommended)  Do not allow partial funding

### Payroll & Enrollment Settings

Payroll system: \_\_\_\_\_ Payroll contact: \_\_\_\_\_

Describe expected timing of payroll deductions:

Who will host enrollment?  HealthEquity (complete section below)  Client

What is your payroll frequency?  Weekly  Bi-weekly  Semi-monthly  Monthly

Describe payroll change instructions for members:

### Plan Options Summary

Option 1  
Full Commuter Account  
Plan

- ◇ Members may enroll in one of each of the two transit and parking plans at a time.
- ◇ Payment features include Payroll Funded Debit Cards, Buy My Pass (BMP), Pay My Provider (PMP) and Pay Me Back (PMB).
- ◇ Enrollment method may be either HealthEquity-hosted (best practice) or client-hosted.
- ◇ Recommended for plan sponsors with commuter populations using various modes of transportation and parking.

Option 2  
Payroll Funded Card  
and / or Parking  
Reimbursement Plan

- ◇ Payment features include Payroll Funded Debit Cards and / or Pay Me Back (PMB). Select the services offered:  
 Payroll Funded Transit Card  Payroll Funded Parking Card OR  Parking Reimbursement Plan
- ◇ Enrollment method may be either HealthEquity-hosted (best practice) or client-hosted.
- ◇ Recommended for plan sponsors complying with government mandates and for those populations only using transit agencies and parking locations that accept debit cards at point of sale.

## Employer Sponsored Program (ESP)

| Employer Sponsored Program   |  |                        |
|--|--|------------------------|
| <b>Program name</b>  | <b>Program code</b>  |                        |
| <b>Program description</b>   | <b>Program start date</b>  |                        |
| <b>Program period</b>  | <b>Maximum benefit per period</b>  | <b>Claims deadline</b> |
| <b>Participant eligibility coverage</b>  | <b>Coverage end date</b>   |                        |
| <b>Reimbursement feature</b><br><input type="checkbox"/> Direct deposit / check by HealthEquity<br><input type="checkbox"/> Reimbursed in paycheck prepared by Program Sponsor<br>Describe payroll reimbursement message timing: | <b>Reimbursement rule</b><br><input type="checkbox"/> The participant must be employed at the time the reimbursement is issued<br><input type="checkbox"/> The participant need not be employed at the time the reimbursement is issued; post-employment reimbursements will be provided |                        |

| Receipt Instructions & Requirements  |   |
|--|---|
| <b>Claims filing instructions</b>  | <b>Custom online claims instructions</b>  |
| <b>Receipt requirements</b><br>Receipt or other proof required<br>Receipt or other proof <u>not</u> required   | <b>Service provider name</b><br><input type="checkbox"/> Must be pre-printed <input type="checkbox"/> Can be handwritten <input type="checkbox"/> Not required                                  |
|  | <b>Services description</b><br><input type="checkbox"/> Must be pre-printed <input type="checkbox"/> Can be handwritten <input type="checkbox"/> Not required                                   |
|  | <b>Service amount</b><br><input type="checkbox"/> Must be pre-printed <input type="checkbox"/> Can be handwritten <input type="checkbox"/> Not required   |
|  | <b>Service recipient's name</b><br><input type="checkbox"/> Must be pre-printed <input type="checkbox"/> Can be handwritten <input type="checkbox"/> Not required                               |
|  | <b>Payment date acceptable in lieu of service period</b><br><input type="checkbox"/> Yes ( <i>pro-rated claims not available if service period is not evident</i> ) <input type="checkbox"/> No |
| <b>Pro-rate claims?</b><br><input type="checkbox"/> Yes ( <i>full claim amount divided by the # of months in each program period</i> ) <input type="checkbox"/> No | <b>Eligible dependents</b><br><input type="checkbox"/> Accountholder <input type="checkbox"/> Spouse <input type="checkbox"/> Child   |

| Eligible Expenses                  |  |  |                               |  |  |
|------------------------------------|--|--|-------------------------------|--|--|
| Service Product / Description      | Covered  | Display on member portal                                 | Service Product / Description | Covered  | Display on member portal                                 |
| Any expense not explicitly listed? | No   | Yes  |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| ESP Benefit Codes      |                        |                               |                              |
|------------------------|------------------------|-------------------------------|------------------------------|
| ESP Benefit Group Name | ESP Benefit Group Code | ESP Benefit Group Description | Offer Start Date for Program |
|                        |                        |                               |                              |

| Client signoff (required to proceed)   |             |
|--|-------------|
| <i>Client approval of the Plan Requirements Document is required before benefit programs can be configured and plans Go Live. Once submitted, changes to plan designs generally will need to be deferred until the next plan renewal period.</i> |             |
| <b>Name</b>  | <b>Date</b> |