

## 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 ext	Business entity type <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 <input type="checkbox"/> View only		
<small>* Granting a broker access to or the right to make plan changes in the employer portal ("Portal") means that the Employer's broker may grant or modify access for other portal users and 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.</small>		
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) <input type="checkbox"/> HRA pays before FSA <input type="checkbox"/> N/A

Offer Rules				
Open enrollment				
Open enrollment begin date	Open enrollment end date	Enrollment submission method <input type="checkbox"/> Enrollment file (best practice) <input type="checkbox"/> Paper enrollment (client portal) <input type="checkbox"/> HealthEquity member portal (FSA only)	Eligibility source <input type="checkbox"/> Company <input type="checkbox"/> Third-party 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Open enrollment / new hire waiting period rule? <input type="checkbox"/> Yes <input type="checkbox"/> No		New hire enrollment period Days	
New hire waiting period Days	New hire coverage effective date rule [Select One]		Coverage end date rule [Select One]	
Qualified changes				
Qualified changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Qualified change period	Qualified changes via the HealthEquity portal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Qualified change coverage effective date [Select One]	Qualified coverage end date [Select One]

## Payroll

Will auto-funding be used for HRA 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):		

## Copays

Medical	\$	\$	\$	\$	\$	\$	\$	\$	\$
Dental	\$	\$	\$	\$	\$	\$	\$	\$	\$
Vision	\$	\$	\$	\$	\$	\$	\$	\$	\$
Rx	\$	\$	\$	\$	\$	\$	\$	\$	\$

## Health Reimbursement Arrangement (HRA)

### Plan Options Summary

<input type="checkbox"/> Option 1 Standard HRA	<ul style="list-style-type: none"> <li>◇ Members may be responsible for paying the first portion of eligible expenses before HRA funds become available.</li> <li>◇ Eligible expenses defined as in IRS Code 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. SSN and DOB must be included on the file.</li> </ul>
<input type="checkbox"/> Option 3 Group Health Plan HRA	<ul style="list-style-type: none"> <li>◇ Members may be responsible for paying 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, and 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 explanation of benefits (EOB) is required when submitting claims. Important Note – Pay by Card is not an option for this HRA plan due to the EOB requirement.</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. SSN and DOB must be included on the file.</li> </ul>
<input type="checkbox"/> Option 4 Medical & Pharmacy HRA	<ul style="list-style-type: none"> <li>◇ Members may be responsible for paying the first portion of eligible expenses before HRA funds become available.</li> <li>◇ Eligible expenses include medical, prescription and over the counter (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. SSN and DOB must be included on the file.</li> </ul>
<input type="checkbox"/> Option 5 Retiree Only HRA	<ul style="list-style-type: none"> <li>◇ Eligible expenses defined as in IRS Code 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 6C 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 in IRS Code 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>

### Plan Setup

<b>Plan name:</b> HRA 20YY <small>If offering a plan year HRA, the Plan name and Plan code should include the year of the HRA Plan start date with HealthEquity.</small>	<b>Plan code:</b> HRA20YY	<b>Plan description:</b> The HRA plan offered by your employer covers eligible out-of-pocket expenses. Please refer to the eligible expense list on the Member Portal for details.
Do you offer an HSA-Compatible HRA? (not available with Options 3 or 4) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, do you allow the member to switch to a Full Purpose HRA by submitting an EOB to HealthEquity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>MSP Reporting:</b> On Off (select <i>Exception</i> reason: 100% Retiree Less than 20 EEs and no ERSD Vision and/or Dental Only Plan 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> days after [Select One]	<b>End-of-plan claims deadline</b> days after [Select One]	
<b>Available benefits</b> (remaining balances will forfeit to the client) <input type="checkbox"/> Election based <input type="checkbox"/> Actual balance	<b>Annual limit for new hires mid-plan</b> <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 any 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	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:	%
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)									
<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 3: Group Health Plan HRA

Eligible expenses	<input type="checkbox"/> Medical Deductibles		<input type="checkbox"/> Prescription Deductibles	
<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 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**

Medical (All IRS eligible medical expenses including deductibles, copays, coinsurance; best practice)  Prescription (Rx) + OTC  Prescription (Rx) Only

*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.*

Eligible expense coverage	Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete section below)			
<i>Card not available if custom percentage selected</i>	Medical:	%	Pharmacy:	%
Maximum benefit per expense category	Are eligible expenses paid at 100%? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete section below)			
<i>Card not available if maximum benefits are selected</i>	\$	<input type="checkbox"/> Medical	<input type="checkbox"/> Pharmacy	
	\$	<input type="checkbox"/> Medical	<input type="checkbox"/> Pharmacy	

## Plan Option 5: Retiree Only HRA

### Eligible expenses

Medical     Dental     Vision     Prescription (Rx) + OTC     Prescription (Rx), no OTC

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

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

**Individual:**     Medical/Pharmacy     Dental     Vision       **Other:**     Medicare     Long-term care

### Retiree eligibility requirement

Requirements:     Have reached the age of \_\_\_\_\_ or     Have a combination of years of service and age equal to \_\_\_\_\_

### Eligible expense coverage

*Card not available if custom percentage is used*

Are eligible expenses paid at 100%?     Yes     No (complete the section below)

Medical:	%	Pharmacy:	%	Dental:	%	Vision:	%	Premiums:	%

### Maximum benefit per expense category

*Card not available if maximum benefits are selected*

Are eligible expenses paid up to the available balance?     Yes     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?     Yes (select covered premiums below)     No

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

**Individual:**     Medical/Pharmacy     Dental     Vision       **Other:**     Medicare     Long-term care

### Client signoff (required to proceed)

*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.*

**Name**

**Date**