

Let's Navigate Change, Together!

Health Reimbursement Arrangement (HRA) Platform Transition Guide



Welcome!

This guide is designed to prepare for the transition of your HRAs to the HealthEquity proprietary platform.

We look forward to a successful transition.

LET'S GET STARTED.



Welcome to your new HRAs at HealthEquity!

We want to make sure you know what to expect as we begin transitioning the administration of your Health Reimbursement Arrangement (HRAs) to our proprietary platform. This guide contains a few touchpoints planned to help you navigate this process.

- 1** You'll receive an email providing instructions on the implementation process with details about your new HealthEquity account features, new employer portal, invoicing, reporting, enrollment, and more.
- 2** Throughout the transition process, we'll keep you informed as we establish your new account and provide clear instructions on how you will add members' accounts to the new platform.

For assistance during the transition process, please contact your Service Delivery Team or contact HealthEquity Client Services.

Transition Checklist



The following checklist outlines the key information needed by HealthEquity to support the transition of your plans for ongoing program management. Please ensure the tasks are completed by the designated due date provided below.

90 days in Advance of your plan Renewal Date

Agreements (If needed)

Review and Electronically sign the Order Form or Funding Profile (if needed)

- If there is a need to get a new Order Form or Funding Profile for your company such documents will be sent to the primary contact on file in two separate emails and must be signed electronically.
 - The Order Form outlines the terms and conditions associated with the new platform and includes the monthly administrative fees. If this is needed, you will get a separate notice as to the reason for the change.
 - The Funding Profile outlines the terms and payment method for all purchases, payments, and reimbursements. This would only be needed if you need to sign a new Order Form or your current funding arrangement can no longer be supported on the new platform.

75 days in Advance of your Plan Renewal Date

HRA Plan Requirements Document

Complete and Return your Plan Requirements Documents

With the transition to the new platform, we will be requiring a new Plan Requirements Document to be completed and returned to establish your HRA plan.

Download and complete an **HRA Plan Requirement Document** on the [Support page](#) of our client microsite.

60 days in Advance of your Plan Renewal Date

Communication Materials

Welcome Letters and Open Enrollment Materials

- Access Welcome Letter(s) and more information on the transition on our [transition microsite](#).
- Download the open enrollment materials from our [Media Gallery](#).

45 days in Advance of your Plan Renewal Date

Funding

Establish Banking Needs

- Update or establish your bank filters for your funding process.
- Provide the bank remittance instructions to your Accounts Payable Department.

30 days in Advance of your Plan Renewal Date

Election Information (All Plans)

HRA Plans

After employee demographic information has been transferred over to the new platform by HealthEquity, please provide us your new plan year election amounts via either your current enrollment file or online through the HealthEquity Employer Portal.

Transition FAQs

Will we need to sign a new Order Form for this transition?

Yes, you may need to if you have an outdated service agreement that needs to be updated with this transition. If an update is needed, we will notify you in writing and send you a new Order Form for electronic signature. The new Order Form is required at least 30 days before the effective date to avoid any risk of delayed start to your new plan year.

In many cases, you will not need to sign a new Order Form because your existing WageWorks service agreement will remain unchanged, with WageWorks continuing as the contracting party.

Will we need to sign a new Funding Profile for this transition?

If you have a funding arrangement that can still be supported, this will be carried over to the new platform and we will confirm with you some new Funding Profile terms and conditions that will apply as of your plan renewal date / first benefit month. You will not need to sign a new Funding Profile as a result of this.

If you are signing a new Order Form or currently have an older funding arrangement that can no longer be supported, you will receive a new Funding Profile that you will need to electronically sign and return at least 30 days before the effective date to avoid any risk of delayed start to your new plan year.

How will we know if HealthEquity received our signed Order Form and/or Funding Profile?

The individual who electronically signs the document will receive an email confirmation, along with a PDF copy of the signed Order Form and/or Funding Profile, stating that your agreement is 'Signed and Filed.' HealthEquity will then review your Order Form and/or Funding Profile and contact you with any questions.

Can I forward the email if I'm not the correct person to sign contracts for my organization?

No. Please **do not** forward the email. If you're not the designated party to sign the Order Form and/or Funding Profile on behalf of the organization, use the **delegate** function to forward to your organization's authorized signer by clicking the link provided in the email.

If there are any plan design changes we want to make, can we make a change?

We will be moving over your same plan design you currently have to the new platform. However, we may have a small window in which we can make changes to your plan design in conjunction

with this platform transition effort. If there is a change that you would like, please contact your Service Delivery Team or contact HealthEquity Client Services immediately for assistance.

When does HealthEquity provide reports for program activity, etc.?

HealthEquity provides a self-service website for employers to access standard program reports, schedule reports or generated on-demand reports. Reports can be viewed online and downloaded into Excel format for additional data manipulation. Login information including username and password will be sent to you in a separate email.

How does HealthEquity invoice for participants?

HealthEquity billing includes any participant with an election and/or carryover balance greater than \$0 within the current plan year. Should a participant choose not to re-elect for a subsequent plan year, HealthEquity will only bill for the participant if the balance in the account is greater than \$1 and the employer's plan is in the grace period or run-out.

Are debit cards available for all active healthcare employees? How many cards will they receive?

Yes. HealthEquity automatically issues one debit card to all employees enrolled in a Healthcare account. Although, the initial card package will have only one card, employees can log in to their account online and order additional cards for spouses and dependents through the Card Center. There are no additional fees for additional cards.

When can employees expect to receive their Healthcare Card?

For Employees enrolled in the plan, HealthEquity will mail one new HealthEquity Healthcare Card. The new card will arrive approximately fifteen business (15) days after HealthEquity receives and processes your enrollment information.

Does the card need to be activated?

Yes. Cards need to be activated by employees before they can be used. Activation is quick and easy. Employees simply call the activation phone number listed on a sticker placed on the card. Once they've activated their card, the employee may simply remove the sticker.

Do you auto-substantiate certain medical expenses so that the employee doesn't have to keep providing substantiation?

We auto-substantiate by recurring transactions (same dollar, same store), copay, copay multiple, copay combination multiple and IAS.

How will our employees learn about HealthEquity?

Employee education about HealthEquity and the new benefits programs is a critical component of the success of this transition. We have created a sample employee Welcome Letter that specifically addresses how employees may access their account. You may add your Company's open enrollment information prior to use. Go to our [transition website](#) to view the Welcome Letter samples.

Where can we find general communication materials that we can provide to our employees?

Visit our [Media Gallery](#) for general communications that you provide to employees.

HRA Plan Options

HealthEquity's proprietary platform offers several plan options for your HRA account. These options may vary slightly from what you may have on the current Take Care by WageWorks platform. As a result, at the time of the transition, we will ask for you to complete and return a Plan Requirements Document (PRD) to help establish your HRA setup on the new platform. The options available to you are:

Standard HRA

With this plan option, your HRA plan will be setup with the following plan options:

- Members may be responsible for paying out-of-pocket for eligible expenses before HRA funds become available, then submit for reimbursement.
- 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.
- Payment features include Pay Me Back, Pay by Card, and Pay My Provider.
- 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. Social Security Numbers (SSN) and dates of birth (DOBs) must be included on the file.

Group Health Plan HRA

With this plan option, your HRA plan will be set up with the following plan options:

- Members may be responsible for paying out-of-pocket for eligible expenses before HRA funds become available, then submit for reimbursement.
- 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.
- 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.
- 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

Medical & Pharmacy HRA

With this plan option, your HRA plan will be set up with the following plan options:

- Members may be responsible for paying out-of-pocket for eligible expenses before HRA funds become available, then submit for reimbursement.
- Eligible expenses include medical, prescription, and over-the-counter (OTC) only. Expenses can be covered in full or at a percentage of each claim.
- Payment features include Pay Me Back, Pay by Card and Pay My Provider.
- 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.

Retiree-Only HRA

With this plan option, your HRA plan will be set up with the following plan options:

- Eligible expenses defined as 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.
- Payment features include Pay Me Back, Pay by Card, and Pay My Provider.

Qualified Small Employer HRA (QSEHRA)

With this plan option, your HRA plan will be set up with the following plan options:

- For clients with fewer than 50 eligible full-time members (or equivalent) during the prior year.
- Eligible expenses defined as 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.
- Payment features include Pay Me Back and Pay My Provider. Important Note – Pay by Card is not an option for this HRA plan.
- Members must be covered by a health plan that is considered minimum essential coverage (MEC).
- Client must collect annual substantiation of qualified minimum essential coverage from all members

Security Protocols

HealthEquity uses cutting-edge technology to enforce strict security protocols on all operating systems, data exchanges, website, and emails. We will never share information with unauthorized parties, and you can trust that your organization's and participant's information is secure.

Email Whitelisting

Receiving HealthEquity Communications

Although HealthEquity sends emails in accordance with Spam laws, your Spam filter may occasionally consider an email to be Spam. Please follow the steps below so these important communications can reach you and your employees.

Action Items

Send a message to your IT group requesting them to allow emails from the below IP addresses to pass through the company's mail server. If you do not whitelist at the IP level, please add @HealthEquity.com to your safe senders.

- 168.245.38.109
- 168.245.36.114
- 69.89.51.1
- 69.89.50.42
- 69.89.50.43
- 69.89.57.22
- 69.89.57.23
- 69.89.57.183
- 69.89.48.183

Additional Information

- Communications are sent to email addresses provided by the employer or extracted from the HealthEquity systems of record.
- HealthEquity email communications are processed through "do not reply" email boxes. It is noted in the communications that responses sent to these email addresses will not be received, reviewed or otherwise processed. If you have questions about an email communication or need additional assistance, please contact your Service Delivery Team or contact HealthEquity Employer Services.

Billing for Administrative Fees

Receiving Invoices from HealthEquity

Monthly Administrative Service Fee Invoices

The administrative fee invoice you receive from HealthEquity via email will contain detailed remittance instructions, based on the payment method outlined in your contract.

- Invoices for monthly administrative fees are sent out on the 23rd of the month for the number of participants as of the 20th of the month. For example, the invoice for the September benefit month will be sent on September 23 and is due 30 days from the invoiced date.
- Invoice reports will be available on the HealthEquity Employer website.

Funding

- HealthEquity issues payments on the WageWorks bank account.
- HealthEquity issues participant payments daily.
- Employer funding contact receives an email with funding invoice attached on a frequency determined by your signed Funding Profile.
- Funding for all products is on the single Funds Request.
- Client accounts are reconciled annually, within 180 days after the plan year ends.
- Funding reports are available daily on the HealthEquity Employer Portal.

Reimbursement Features

- Participants and dependents can use debit cards, if applicable.
- Check payments are secured by a Positive Pay feature for fraud protection.
- Checks are valid for 180 days from the issue date.
- Checks over 180 days are stale-dated quarterly, and funds are returned to the client.
- Payments issued by check, cards and/or direct deposit are consolidated into a single amount due, based upon the frequency outlined in your Funding Profile.

Invoice Remittance Instructions

Tax ID No: 94-3351864

Pay by ACH Debit

- WageWorks should be added to your bank account filter immediately after signing your Order Form and Funding Profile.
- WageWorks will pre-note your bank account to ensure that we're able to debit fees.
- Administrative fees will be debited from your designated bank account under WageWorks ACH Company Identification Number – be sure to communicate the following to your financial institution:
 - **1943351864**
 - **N943351864**

Pay by ACH Credit or Wire Transfer

- Please include the invoice number and your Employer ID in your payment addenda. If your Employer ID is unknown, please contact your Service Delivery Team or contact HealthEquity Employer Services.
- Please include the account number in the Remitter Identifier 2 field.
- Send WageWorks your ACH credit or wire transfer payments to:
 - MUFG Union Bank, N.A., 350 California St., 10th Floor, San Francisco, CA 94104
 - Routing #122000496
 - Account #3120004386