

**Health Incentive Account (HIA)
Group Setup Document – Standard**

1. Corporate Group Name <i>Legal name of entity</i>	
2. Corp ID <i>Assigned by UPMC Health Plan (4-character alpha numeric code)</i>	
3. Group ID <i>Group number as assigned in MC400 (6-digit code)</i>	
4. Subgroup Number <i>Subgroup number as assigned in MC400 (3-digit code). When applicable, a second subgroup is necessary for owners (see # 10).</i>	
5. UPMC Health Plan Sales Representative and/or Account Manager	
6. Federal Tax ID Number <i>Tax ID that is used to file federal taxes</i>	<i>(xx-xxxxxxx format)</i>
7. Plan Effective Date <i>Contract start date</i>	
8. Business Entity <i>C Corp, S Corp, Partnership, or Limited Partnership (LP), Limited Liability Company (LLC), Non-Profit, Sole Proprietorship, Government Entity, or Church. Reminder: Owners of an S Corp, Partnership, LP, or LLC may not participate in an HRA.</i>	
9. Number of Employees – <i>Number of employees eligible to participate in HIA. (See #10 to determine whether owners should be included in “number of employees.”)</i>	
10. Owners –	
11. HIA Plan Information <i>Indicates the HealthyU deductible for the plan and the plan code.</i>	<p>Check one option only</p> <p><input type="checkbox"/> HIA PPO \$750 Individual / \$1,500 Family (60D)</p> <p><input type="checkbox"/> HIA PPO \$1,250 Individual / \$2,500 Family (60A)</p> <p><input type="checkbox"/> HIA PPO \$2,500 Individual / \$5,000 Family (60B)</p> <p><input type="checkbox"/> HIA PPO \$3,750 Individual / \$7,500 Family (60C)</p> <p><input type="checkbox"/> HIA EPO \$750 Individual / \$1,500 Family (70D)</p> <p><input type="checkbox"/> HIA EPO \$1,250 Individual / \$2,500 Family (70A)</p> <p><input type="checkbox"/> HIA EPO \$2,500 Individual / \$5,000 Family (70B)</p> <p><input type="checkbox"/> HIA EPO \$3,750 Individual / \$7,500 Family (70C)</p>
12. HIA Limits <i>Indicates the maximum amount of health incentive funds that can be earned in the account each year. “Family” includes any tier other than individual i.e. employee and spouse, employee and child, employee and children, and family.</i>	<p>Individual Coverage: \$500</p> <p>Family Coverage: \$1,000</p>

<p>13. HIA Funding Structure</p> <p><i>Example: Deductible \$1,250</i> <i>First: Plan exposure \$500 (if full incentive is earned in HIA)</i> <i>Second: Employee exposure \$750</i></p>	<p>HIA pays first if available (Plan exposure first)</p>
<p>14. Covered Services</p> <p><i>Defines whether HIA funding can be used for medical plan expenses in addition to deductible and coinsurance.</i></p> <p><i>Please note: options in this section do not imply integrated pharmacy.</i></p>	<p>Certain non-covered services</p> <p>Out-of-Network Claims</p> <p>Amounts above R&C (reasonable & customary) <i>(R&C charges are for out-of-network claims only)</i></p>
<p>15. Midyear Enrollment Proration</p> <p><i>Indicates how deductible and funds are allocated to employees who join midyear.</i></p> <p>Quarterly – Annual deductible and funds are divided by 4 and then multiplied by the number of quarters (full/partial) remaining in the plan year.</p>	<p>Quarterly proration</p> <p>The following will be prorated:</p> <ul style="list-style-type: none"> • HIA Maximum Limit • Deductible • Out of Pocket Limit
<p>16. Roll-In Max</p> <p><i>Describes the maximum amount of HIA funds that can rollover.</i></p>	<p>2 times the deductible</p>

Employer approval of HRA/HIA setup provisions:

Print name of authorized representative

Title

Signature of authorized representative

Date