

# Health Reimbursement Arrangement (HRA) Group Setup Document

Directions: Complete only if UPMC Health Plan is providing third party administration services for the HRA plan.

<b>1. Corporate Group Name</b> <i>Legal name of entity</i>	
<b>2. Corp ID</b> <i>Assigned by UPMC Health Plan to new groups.                  (4-character alpha numeric code)</i>	
<b>3. Group ID</b> <i>Group number as assigned in MC400 (6-digit code)</i>	
<b>4. Subgroup Number</b> <i>Subgroup number as assigned in MC400 (3-digit code). When applicable,                  a second subgroup is necessary for owners (see # 11).</i>	
<b>5. UPMC Health Plan Sales Representative</b> <i>Person who sold product</i>	
<b>6. UPMC Health Plan Account Manager</b> <i>Person responsible for implementation of the account</i>	
<b>7. Federal Tax ID Number</b> <i>Tax ID that is used to file federal taxes</i>	(xx-xxxxxxx format)
<b>8. Plan Effective Date</b> <i>Contract start date</i>	
<b>9. Business Entity</b> <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>	
<b>10. Number of Employees – HRA Plan</b> <i>Number of employees participating in HRA. (See #11 to determine whether owners should be included in “number of employees.”)</i>	
<b>11. Owners – Non-funded HRA Plan</b> <b>List the name of the owners who will be on the non-funded HRA plan, when only one plan option is offered. (Note: The plan design will mirror the HRA minus the HRA funding.)</b> <i>Owners of an S Corp, Partnership, LP, or LLC may not participate in an HRA.</i>	
<b>12. Finance Department Contact Information</b> <i>Group contact responsible for funding the HRA.</i> <b>If an e-mail address is not provided, the HRA Claims Utilization Invoice will be faxed.</b>	Name: _____ Title: _____ Phone: _____ Fax: _____ Street: _____ City: _____ State ____ Zip _____ E-mail: _____
<b>13. Subgroup Contact Information</b> <i>Group contact for each of the subgroups. If there is more than one subgroup, please attach a separate sheet outlining the organization of the subgroups and the associated contacts.</i>	Name: _____ Title: _____ Phone: _____ Fax: _____ Street: _____ City: _____ State ____ Zip _____ E-mail: _____

<p><b>14. HRA Plan Information</b>  <i>Indicate which standard plan is being offered and the deductible for the plan. If a non-standard plan is being offered, please attach a copy of that grid.</i></p>	<p>HRA Standard Plan Name: _____                  Individual Deductible: \$ _____                  Family Deductible: \$ _____</p> <p>HRA Non-Standard Plan Name: _____  <i>(Attach benefit grid.)</i>                  Individual Deductible: \$ _____                  Family Deductible: \$ _____</p>
<p><b>15. HRA Contributions</b>  <i>Indicates the amount the employer will be funding on an individual basis. "Family" includes any tier other than individual.</i></p>	<p><b>Please indicate whole dollar amount (no cents):</b></p> <p>Individual Only: \$ _____</p> <p>Family: \$ _____</p> <p><i>(Family includes employee and spouse, employee and child, employee and children, and family.)</i></p>
<p><b>16. HRA Funding Structure</b>  <i>Describes whether the employee must first meet a portion of the deductible, then have access to HRA funds (example 1); whether HRA dollars are available on day one, also known as the bridge (example 2); whether the deductible will be divided (example 3); or whether claims will be split 50/50 between the employer and employee (example 4).</i></p> <p><u>Example 1: Employee pays first</u>  <b>Deductible \$1,000</b>                  First Employee exposure \$500                  Second Employer (HRA) exposure \$500</p> <p><u>Example 2: Employer pays first</u>  <b>Deductible \$1,000</b>                  First Employer (HRA) exposure \$500                  Second Employee exposure \$500</p> <p><u>Example 3: Divided Deductible</u>  <b>Deductible \$1,000</b>                  \$250 First <u>Employee</u> Employer (HRA) exposure                  \$500 Second <u>Employee</u> Employer (HRA) exposure                  \$250 Third <u>Employee</u> Employer (HRA) exposure</p> <p><u>Example 4: 50/50 cost sharing</u>  <b>Deductible \$1,000 HRA funding 50%</b>                  Employer (HRA) exposure \$500                  Employee exposure \$500                  Claim example: \$200 deductible                                            \$100 employee and \$100 HRA funds</p>	<p><b>Check one option only and enter whole dollar amounts only (no cents):</b></p> <p>_____ <b>Employee pays first (Employee exposure first)</b></p> <p>(Single) Employee \$ _____                  HRA Funds \$ _____</p> <p>(Family) Employee \$ _____                  HRA Funds \$ _____</p> <p>_____ <b>HRA bridge pays first (Employer exposure first)</b></p> <p>(Single) HRA Funds \$ _____                  Employee \$ _____</p> <p>(Family) HRA Funds \$ _____                  Employee \$ _____</p> <p>_____ <b>Divided Deductible</b></p> <p><i>Circle who pays first, second, and third for both single and family HRA exposures:</i></p> <p>Single</p> <p>\$ _____ First Employee/Employer (HRA) exposure                  \$ _____ Second Employee/Employer (HRA) exposure                  \$ _____ Third Employee/Employer (HRA) exposure</p> <p>Family</p> <p>\$ _____ First Employee/Employer (HRA) exposure                  \$ _____ Second Employee/Employer (HRA) exposure                  \$ _____ Third Employee/Employer (HRA) exposure</p> <p>_____ <b>HRA funds 50% of deductible expenses</b></p>

<p><b>17. HRA Funding Application</b>  <i>Defines whether HRA funding for employees with a family coverage (employee + 1 or more) is embedded or aggregate. <u>Embedded</u> HRA funding limits the amount of HRA funds or out-of-pocket liability for members in a family to the single coverage (employee-only) amount. <u>Aggregate</u> HRA funding applies HRA funds or out-of-pocket liability across the entire family regardless of whom or how many individuals in the family incur claims. HRA funding or employee liability will be applied as indicated in the family coverage field in #16.</i></p>	<p><b>Please indicate how the HRA funds should be applied.</b></p> <p>_____ Embedded HRA Funding</p> <p>_____ Aggregate HRA Funding</p>
<p><b>18. Covered Services</b>  <i>Defines whether HRA funding can be used for plan deductible expenses only or expanded to 213(d) expenses such as dental, vision, and prescription drugs (similar to expenses an FSA covers).</i></p> <p><sup>1</sup>UPMC Health Plan HRA members who are enrolled in an HRA plan that permits reimbursement of 213(d) medical expenses will take advantage of our dynamic combo card (member ID card + HRA payment MasterCard).</p>	<p>_____ Plan deductible expenses only</p> <p>_____ All of 213(d) expenses<sup>1</sup></p>
<p><b>19. Deductible Credits</b>  <i>Will the plan offer a \$100 deductible credit* for subscribers who complete a Health Risk Assessment?</i></p> <p><i>*Only available with HRA Plans \$1,000/80, \$1,000/90, \$1,500/80, and \$1,500/90.</i></p> <p><i>The \$100 credit reduces the member's liability at the back end of the deductible. Whether individual or family coverage, the deductible credit is \$100.</i></p>	<p>_____ No</p> <p>_____ Yes</p>
<p><b>20. Midyear Enrollment Proration</b>  <i>Indicates how funds are allocated to employees who join midyear. Options are:</i></p> <ol style="list-style-type: none"> <li><i>1. No Proration – Employee receives entire annual amount.</i></li> <li><i>2. Monthly – Annual funds are divided by 12 and then multiplied by the number of months remaining in the plan year.</i></li> </ol>	<p>_____ No proration – employee receives 100%</p> <p>_____ Monthly proration</p>
<p><b>Questions 21-24 relate to HRA rollover. Skip to Question 25 if HRA rollover does not apply.</b></p>	
<p><b>21. Rollover Percentage</b>  <i>Indicate the percentage of HRA funds that can be rolled over at the end of the plan year. Value can be 0% to 100%.</i></p>	<p><b>Please indicate a percentage amount from 0% to 100%.</b></p> <p>_____ %</p>
<p><b>22. Rollover Cap Provision</b>  <i>Describes the maximum amount that may be accumulated in the HRA.</i></p> <p><i>Example: Some employers may want to cap the rollover at the level of the deductible. On a \$1,000 plan, the rollover cap would be \$1,000.</i></p>	<p><b>Please specify a dollar amount.</b></p> <p>\$ _____</p>
<p><b>23. Rollover Minimum</b>  <i>Defines the minimum amount of the remaining funds to be rolled over at the end of the plan year. Rollover minimum works in conjunction with the rollover percentage and must be defined for both individual and family plans.</i></p> <p><i>Example: Using a \$25 rollover minimum means that the accounts with less than a \$25 balance will not be rolled over into the next plan year.</i></p>	<p><b>Please specify amount below:</b></p> <p>Employee only: \$ _____</p> <p>Family: \$ _____</p> <p><i>(Family includes employee and spouse, employee and child, employee and children, and family.)</i></p>

<p><b>24. Rollover Maximum</b>  <i>Defines the maximum amount of the remaining funds to be rolled over at the end of the plan year. Rollover maximum works in conjunction with the rollover percentage and must be defined for both individual and family plans.</i></p> <p><i>Example: Using a \$250 rollover maximum means that for accounts that have more than a \$250 balance, only \$250 will be rolled over into the next plan year.</i></p>	<p><b>Please specify amount below:</b></p> <p>Employee only: \$ _____</p> <p>Family: \$ _____</p> <p><i>(Family includes employee and spouse, employee and child, employee and children, and family.)</i></p>
<p><b>25. Reimbursement Period</b>  <i>Describes number of days after the end of the plan year in which claims will be paid from the HRA.</i></p>	<p>___ 60 days                  ___ 90 days                  ___ 120 days                  ___ Other (please specify number of days) _____</p>
<p><b>26. COBRA HRA Balance Calculation Rule</b>  <i>Describes how remaining HRA funds will be split in a COBRA situation in the case of a divorce.</i></p>	<p>___ Balance split equally                  ___ 100% of balance to employee</p>
<p><b>27. Terminated Employees</b>  <i>Indicates number of days after termination date in which claims will be paid from the HRA.</i></p>	<p>___ None                  ___ 30 days                  ___ 60 days                  ___ 90 days                  ___ Other (please specify number of days) _____</p>

**Employer approval of HRA setup provisions:**

\_\_\_\_\_  
**Print name of authorized representative**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature of authorized representative**

\_\_\_\_\_  
**Date**

## AUTHORIZATION AGREEMENT FOR ACH DEBITS

Corporate  
Group Name \_\_\_\_\_ Federal Tax  
ID Number \_\_\_\_\_  
*(XX-XXXXXXX)*

I (we) hereby authorize UPMC Health Plan, herein called COMPANY, to initiate debit entries to my (our) \_\_\_\_\_ Checking Account or \_\_\_\_\_ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository  
Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing  
Number: \_\_\_\_\_ Account  
Number: \_\_\_\_\_  
*Routing number has nine digits*

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_ Group ID: \_\_\_\_\_  
*Please print* *Group ID has six digits*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_