

Employer Legal Name:

DBA:

Employer I.D. (example: CHOAFCEDEFG):

Plan Change Effective Date:

HEALTH PLAN INFORMATION

The employer group health plan changed to:
(Please send an updated schedule of benefits.)

HRA FUNDING

HRA Funding should be changed to: Single: \$ Two person: \$ Family: \$

Change my HRA Plan year to begin on and end on

HRA FUNDING STRUCTURE

How should the two-person and family HRA funding be structured?

Aggregate: the entire HRA funding amount is available to be used by any one family member or combination of members.

AGGREGATE HRA FUNDING STRUCTURE			
Single	Two-Person	Family	Other
\$	\$	\$	\$
Notes:			

Embedded: any one person inside of the family can only access up to the individual HRA funding amount. Please note—Debit cards are not available for embedded HRAs. Please consult your sales representative for details.

EMBEDDED HRA FUNDING STRUCTURE		
Individual Funding (per participant)	Will there be a cap on family funding?	If yes, family funding cap
\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Notes:		

HRA DEDUCTIBLE

Will employees/dependents be responsible to pay the first portion of eligible expenses (HRA Deductible) before HRA funds become available?

Yes (if yes, complete section below) No

HRA DEDUCTIBLE STRUCTURE:	
How should the two-person and family HRA deductibles be structured?	
<input type="checkbox"/> Aggregate	The entire family responsibility must be met before any HRA funds are available for any family members.
<input type="checkbox"/> Embedded*	Any one person inside of the family must only meet the single deductible responsibility before HRA funds are available for that person. Other family members must meet the remainder of the deductible before HRA funding is available for them. *Debit cards are not available for embedded HRAs.

EMPLOYEE PAYS THIS AMOUNT BEFORE ACCESSING HRA FUNDING:			
Single	Two-Person	Family	Other
\$	\$	\$	\$
Notes:			

HRA ELIGIBLE EXPENSES SHOULD BE CHANGED TO (check all that apply)

All IRS Eligible Expenses Selecting this option means all expenses below will be eligible (all Medical, Rx, Vision, Dental, etc.)

Medical

- Medical Deductible, Coinsurance, Copays
- Medical Deductible
 - Excluding Copays
 - Excluding Coinsurance
- Out-of-Network Providers (Balance Billing)
- Out-of-Network Deductible
- Inpatient Hospitalization
- Outpatient Hospitalization

Prescriptions

- Prescription Expenses, Deductible and/or Copays (if applicable)
- Prescription Deductible, excluding copays
(Only select this option if there are prescription copays on your health plan and you do not want these copays eligible on the HRA. If this option is selected, prescription-deductible expenses may only be purchased on the Card at limited pharmacies or via manual submission only.)

Vision:

- All Vision (exams, hardware, all IRS eligible vision expenses)
- Annual Vision Exams (reimbursable via manual submission only)

Dental:

- All Dental

FSA MAXIMUM / PLAN YEAR / CARRYOVER OPTION

Change my FSA maximum to: \$ _____
(Health Care Reform imposes a \$2,600 pre-tax contribution limit on all FSA plans. Post-tax contributions are unlimited.)

Change my FSA Plan year to begin on _____ and end on _____

Add a Carryover to my plan in the amount of \$ _____ beginning with the _____ plan year.
(Carryover option has a \$500 limit and cannot be combined with a Grace Period.)

Special Notes: