

Funding Account Setup – For Large Groups

Plan Year: _____ (Required)

1 Employer Information (filled in by employer’s contact representative)

Check one:

- We are setting up new funding account(s)
- We are renewing

If you are a renewing employer, please contact your sales representative for a summary document and a pre-populated form from the previous year.

Employer group number is: _____

Employer’s legal name (same name that is used on the health plan):		Tax ID number:	
Street address:			
City:		State:	ZIP code:
Mailing address (if different than street address):			
Employer type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Other:			
Number of eligible employees:		Plan effective date:	Plan end date:
Employer contact or representative name:		Title:	
Phone Number:	Fax Number:	Email address:	

2 Choose the accounts you will offer your employees

Discuss with your sales representative or producer the type(s) of accounts that will best fit your company’s needs, and then indicate your choices below. As you proceed to the next sections, you will be asked for detailed information about your integrated funding account options.

Note: You must complete this form electronically.

- Health Flexible Spending Account (FSA)
Estimated number of FSA participants: _____
- Dependent Care FSA (DCFSA)
This choice can only be selected if you are offering a Health FSA. Estimated number of DCFSA participants: _____

Health Savings Account (HSA)

The HSA must be paired with a qualified high-deductible health plan. Both employers and employees may contribute to an HSA, and the employee owns the account.

Estimated number of HSA participants: _____

HSA On Demand® – Only available for Self-funded groups

Please consult your Sales representative prior to selecting this option. Additional lead time is required.

Health Reimbursement Arrangement (HRA)

Only the employer may contribute to an HRA, and the employer determines how much, if any, of the balance carries over from year-to-year.

Estimated number of HRA participants: _____

Funding Account Combinations

	Full Purpose Health FSA	Limited Purpose Health FSA*	Dependent Care FSA
HRA	Yes	No	Yes
HSA	No	Yes	Yes

*The Limited Purpose Health FSA covers Vision and Dental only.

3 Contribution Method:

- We will upload contribution amounts online using the employer dashboard. (The employer dashboard is the web portal where the Group Admin can upload contributions.)
- We will submit contribution amounts in a flat file. (A flat file is a text file containing contribution amounts. Additional time is required for testing of flat file specs.) Your sales representative will provide the file layout and work with you to set this up.

4 FSA & DCFSA Information

The runout period automatically gives participants 90 days after the end of the plan year to submit receipts for expenses incurred during the plan year.

Full Purpose FSA (May be paired with an HRA, but not an HSA)

Full Purpose Health FSA Rollover and Grace Period (choose one)

- Rollover will be offered up to IRS maximum and amount will automatically update per IRS guideline
- Rollover will be offered up to \$_____, but not over IRS maximum
- We will offer 2½ month grace period
- We will not offer a rollover or grace period

Limited Purpose Health FSA (May be paired with an HRA or HSA) Covers eligible dental and vision expenses

Limited Purpose Health FSA Rollover and Grace Period (choose one)

- Rollover will be offered up to IRS maximum and amount will automatically update per IRS guideline
- Rollover will be offered up to \$_____, but not over IRS maximum
- We will offer 2½ month grace period
- We will not offer a rollover or grace period

Dependent Care FSA Grace period (choose one)

- We will offer 2½ month grace period
- We will not offer a grace period

Spend-down (Allows expenses incurred after termination date to be submitted through end of plan year against any funds remaining in the account).

- We will offer spend-down
- We will not offer spend-down

Special notes for FSA (including multiple paysites, custom product codes, etc.):

5 HSA Information

- HSA On Demand Details – (Complete only if HSA On Demand will be offered.) It is recommended to match the elections from which funds will be made available and the contributions from which they will be repaid.

HSA On Demand funds will be available in the amount of (choose one):

- The annual Employer election
- The annual Employee election
- The annual Employer + Employee election

Contributions that will repay any HSA On Demand funds used (choose one):

- Employer contributions
- Employee contributions
- Both Employer and Employee contributions

Will Employees be able to use HSA On Demand funds without liquidating their existing investments?

- Yes
- No

Please use the box below for any additional information you would like to share regarding the HSA.

Special notes for HSA (including multiple paysites, custom product codes, etc.):

6 HRA Information

The runout period automatically gives participants 90 days after the end of the plan year to submit receipts for expenses incurred during the plan year.

HRA Allocation

Timing of Allocation Funding (choose one)

- Annual – one (1) allocation is available at the start of the Plan or Calendar year
- Semi-annual – two (2) allocations are available, one (1) at the start of the Plan or Calendar year, and one (1) six (6) months later (Group upload required)
- Quarterly – four (4) allocations are available, one (1) at the start of each quarter (Group upload required)
- Monthly – twelve allocations are available, one (1) at the start of each month (Group upload required)

HRA Eligible Expenses

We will allow the HRA to pay for the following types of qualified expenses (choose one):

- Medical plan expenses that apply to health plan medical deductible only
- Medical and pharmacy plan expenses that apply to health plan medical deductible only
- Medical plan expenses (deductible, copays, and coinsurance)

We will offer the following HRA option (choose one):

- Member Pays First** - Member to pay for a set amount of expenses before HRA funds are available
 - Aggregate –when expenses for any family member or combination of family members meet the Member Pays First amount for the family, HRA funds become available to all family members
Enter amounts for all three (3) Member Pays First levels below:

Employee Only: \$ _____
 Employee +1: \$ _____
 Employee + family: \$ _____

- Embedded –when expenses for a family member meet the Member Pays First amount, the HRA funds become available only to that family member
Enter amounts for all three (3) Member Pays First levels below:

Employee Only: \$ _____
 Employee +1: \$ _____
 Employee + family: \$ _____

Once the Member Pays First requirement is met, you can choose to split the next coverage between the HRA and member:

- We will offer Member Pays First, followed by no additional restrictions
- We will offer Member Pays First, followed by Split Coverage - ____% HRA, ____% Member

- HRA Pays First** – HRA funds are available for eligible costs immediately. The full balance can be used by any one or combination of family members
- Split First Dollar Coverage** – eligible costs are split between the member and HRA, and the full balance can be used by any one or combination of family members _____% HRA, ____% Member

HRA Allocation Tiers

- Aggregate Allocation – the total allotted HRA funds available to family members covered under the HRA
- Embedded Allocation – the maximum allotted HRA funds available to each family member covered under the HRA

Allocation Tier Amounts for each Allocation: Enter amounts for all three Allocation Tiers

Employee Only:	\$ _____	total allocation
Employee +1	\$ _____	total allocation
	\$ _____	per person maximum allocation (for embedded only)
Employee + family:	\$ _____	total allocation
	\$ _____	per person maximum allocation (for embedded only)

HRA Rollover

We will allow HRA funds to be carried forward to the next plan year as follows (choose one):

- No rollover
- Entire balance rolls over to the next plan year
- A maximum of \$_____ is allowed to rollover to the next plan year

Special notes for HRA (including multiple paysites, custom product codes, etc.):

7 Healthcare Claims Submission

Choose how your employees will access the funds:

HSA

Check one option:

- Payment Card with streamlined claims for payment
Claims will be click-to-pay only with payment made to the Employee or Provider
- Payment Card only

HRA

Streamlined claims for payment Check one option:

- Claims will be auto-pay, choose payee:
 - Payment for medical, dental, and vision made to the Provider only (Pharmacy pays to the Employee)
 - Payment made to the Employee only
- Claims will be click-to-pay with auto-pay option

FSA

Check one option:

- Payment Card with streamlined claims for payment
Claims will be click-to-pay only with payment made to the Employee or Provider
- Payment Card only – No streamlined claims
- Streamlined claims only - No payment card

Funding Account Stacking Order (for an HRA paired with an FSA)

Expenses that are eligible for reimbursement from both accounts will be processed in the following order: If HRA and FSA elected, select which account will be used first for paying eligible expenses

- HRA first, FSA second
- FSA first, HRA second

Special notes for Health Claims Submission:

Disclaimer

This document and information contained within is not intended to be tax or legal advice. Employers should consult with their own tax advisor to determine the tax implications of purchasing the products discussed herein. Advice, if any, included in this material was not intended or written by Premera to be used, and it cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer.

Group Representative must review this document to ensure that it accurately reflects the accounts and services that the group has requested Premera to administer on behalf of the group(s), as expressly agreed to in the signed contract with Premera. Any changes to these accounts or services requested after the plan year effective date above may result in additional charges.

Electronic Funding Authorization

The [Electronic Funding Authorization form](#) is mandatory for new group setups or changes to banking information. Without the form, group setup will be delayed until the required information has been provided.

TO BE COMPLETED BY PREMERA

Please update this section for any Full Purpose Health FSA, Limited Purpose Health FSA, or HRA where a Payment Card option has been selected. (This is NOT applicable for products without a Payment Card.) This information affects auto-substantiation and must be completed for each new group and/or at plan year renewal.

Medical Plan Copay Amounts

Office visit copay: _____

Hospital copay: _____

Prescription copay: _____

Dental Plan Copay Amounts

Dental office copay: _____

Vision Plan Copay Amounts

Vision office copay: _____

Glasses/contact lens copay: _____

Prescription copay: _____

Pharmacy Plan Copay Amounts

Retail copay: _____

Mail order copay: _____

Product Codes –Sales, please ensure the Product Code marked on the form and the Code selected in Edge match.

Product	Fully Insured	ASC	ASO/TP	Min. Premium	Re-funding
<input type="checkbox"/> FSA					
<input type="checkbox"/> Full Purpose Health FSA	<input type="checkbox"/> ACFP0001	<input type="checkbox"/> ACFP0002	<input type="checkbox"/> ACFP0003	<input type="checkbox"/> ACFP0004	<input type="checkbox"/> ACFP0005
<input type="checkbox"/> Limited Purpose Health FSA	<input type="checkbox"/> ACLP0001	<input type="checkbox"/> ACLP0002	<input type="checkbox"/> ACLP0003	<input type="checkbox"/> ACLP0004	<input type="checkbox"/> ACLP0005
<input type="checkbox"/> Dependent Care FSA	<input type="checkbox"/> ACDC0001	<input type="checkbox"/> ACDC0002	<input type="checkbox"/> ACDC0003	<input type="checkbox"/> ACDC0004	<input type="checkbox"/> ACDC0005
<input type="checkbox"/> HRA					
<input type="checkbox"/> Medical Deductible Only	<input type="checkbox"/> ACHR0003	<input type="checkbox"/> ACHR0013	<input type="checkbox"/> ACHR0014	<input type="checkbox"/> ACHR0015	<input type="checkbox"/> ACHR0016
<input type="checkbox"/> Medical/Rx on Medical Deductible Only	<input type="checkbox"/> ACHR0004	<input type="checkbox"/> ACHR0017	<input type="checkbox"/> ACHR0018	<input type="checkbox"/> ACHR0019	<input type="checkbox"/> ACHR0020
<input type="checkbox"/> Medical Plan Expenses (deductible, copay, coinsurance)	<input type="checkbox"/> ACHR0001	<input type="checkbox"/> ACHR0005	<input type="checkbox"/> ACHR0006	<input type="checkbox"/> ACHR0007	<input type="checkbox"/> ACHR0008
<input type="checkbox"/> HSA Account	<input type="checkbox"/> ACHS0001	<input type="checkbox"/> ACHS0002	<input type="checkbox"/> ACHS0003	<input type="checkbox"/> ACHS0004	<input type="checkbox"/> ACHS0005
<input type="checkbox"/> Retirement Reimbursement Account	<input type="checkbox"/> ACRR0001	<input type="checkbox"/> ACRR0002	<input type="checkbox"/> ACRR0003	<input type="checkbox"/> ACRR0004	<input type="checkbox"/> ACRR0005