

# 1–50 Funding Account Setup—For Small Groups

Effective 1/1/2016 – 12/31/2016

## 1 Employer information

**Check one:**

- We are setting up new funding account(s).
- We are renewing and we have **no** account changes.  
*If you offer an HSA or FSA, please complete Section 6.*
- We are renewing and we need to make changes.

**Our 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	
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	

You—the employer contact or representative		Title
Phone Number	Fax Number	Email address

## 2 Choose the accounts you will offer your employees

Discuss with your producer the type(s) of accounts that will best fit your company needs, 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 powered by ConnectYourCare. You only need to complete the checked sections.

Note, you must complete this form electronically.

- Yes,** we will offer an Health Savings Account (HSA) to our employees.  
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.
- Yes,** we will offer a Health Reimbursement Arrangement (HRA) to our employees.  
Only the employer may contribute to an HRA.
- Yes,** we will offer a Health Flexible Spending Account (FSA) to our employees.
  - Yes,** we will offer a Dependent Care FSA (DCAP) to our employees.  
(This choice can be selected only if you are offering a Health FSA)

### 3 HSA information

If the box above is **checked**, please complete this section. If not, continue to the next section.

#### We will offer the following HSA option (choose one):

HSA – Employer Contribution Plans (no setup or monthly admin fees)

Medical plan	Employer funded HSA – Aggregate/UMB Bank n.a.
<input type="checkbox"/> Balance Silver HSA 5000	\$1,000 Individual/\$2,000 Family

HSA – Employee Only Contribution Plans—no employer contribution and fully integrated with UMB Bank n.a. (additional setup and monthly admin fees apply)

Medical plan
<input type="checkbox"/> Balance Silver HSA 3000
<input type="checkbox"/> Balance Bronze HSA 6000

Advantages include:

- Fully integrated member portal single sign-on
- Member engagement tools for spending and saving
- Fully integrated employer dashboard
- Automatic account establishment for your employees

HSA Custodian is UMB Bank n.a.

### 4 HRA information

If the box above is **checked**, please complete this section. If not, continue to the next section.

#### HRA allocation

Annual timing of allocation funding:

One allocation is made at the start of plan or calendar year

*Total allocation = annual allocation*

#### We will offer the following HRA option:

HRA – Employee only allocation

Medical plan	Employee member pay first	HRA allocation	HRA design
<input type="checkbox"/> Balance Gold HRA 2000	\$1,000 individual/embedded	\$1,000 individual/\$2,000 family	Embedded 2 tiers

**Member pay first**—Out of pocket expenses member must satisfy first before accessing HRA funds.

**HRA eligible expenses**—We will allow the HRA to pay for health plan deductible.

When new participants are added or current participants have a qualifying event during the plan year, they will receive the full allocation. The allocation begins the same month as the new participants hire date, or the month the qualifying event occurs.

**HRA rollover**—There is no rollover provision included.

**Please note:** The run-out period automatically gives participants 90 days—after the end of the plan year—to submit receipts for expenses incurred during the plan year.

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## 5 FSA & DCAP information

If the box above is **checked**, please complete this section. If not, continue to the next section.

### We will offer the following FSA(s):

**Full Purpose** FSA (may be paired with HRA, but not HSA)

Covers eligible health plan expenses.

**Rollover and grace period (choose one):**

- Rollover will be offered up to \$500
- Rollover will be offered up to \$\_\_\_\_\_, but not over \$500
- We will offer 2½ month grace period
- We will not offer a rollover or grace period

**Limited Purpose** FSA (May be paired with HRA or HSA)

Covers eligible dental or vision expenses.

**Rollover and grace period (choose one):**

- Rollover will be offered up to \$500
- Rollover will be offered up to \$\_\_\_\_\_, but not over \$500
- We will offer 2½ month grace period
- We will not offer a rollover or grace period

**DFSA Information**

**Grace period (choose one):**

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

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## 6 Healthcare claims submission

If the box above is **checked**, please complete this section. If not, continue to the next section.

Most healthcare claims will streamline to your funding account based on funding account purchased.

Note: Sensitive claims will not streamline and may be manually submitted.

- HSA – Health Payment Card
- FSA – Health Payment Card
- HRA – Streamlined health plan deductible expenses that are billed by the provider of services.  
Payment will be auto-paid directly to provider

For stacked accounts, eligible expenses will be applied in the following order:

- HSA first, then FSA
- HRA first, then FSA

## 7 Contribution schedule

Contributions to Health HSA, FSA, and Dependent Care FSA accounts typically follow a company payroll schedule.

Will employer make payroll contributions?

Yes  No **Employer contributions**—If yes, complete below: (fund the HSA fully within first 30 days of setup)  
(only applicable to Balance Silver HSA 5000 and Balance Gold HRA 2000)

### Employer Contributions

<b>Payroll type</b> (hourly, salaried, etc.)	<b>Contribution frequency</b> (weekly, biweekly, etc.)	<b>First or only contribution date</b>	<b>Next or final contribution date</b>
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If you will fund the HSA employer contributions differently than described, please indicate frequency here:

Will employer submit employee only contributions?

Yes  No **Employee payroll contributions**—If yes, complete table below:  
If No, do your employees plan to open HSA accounts?  Yes  No  
(only applicable to Balance Silver HSA 1700 and Balance Bronze HSA 5250)

### Employee payroll contributions

<b>Payroll type</b> (hourly, salaried, etc.)	<b>Contribution frequency</b> (weekly, biweekly, etc.)	<b>First contribution date</b>	<b>Second contribution date</b>
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If you will not follow a payroll schedule, describe your contribution plan and frequency here:

**We will submit our contribution file in the following format (choose one):**

- We will upload contribution amounts online using the employer dashboard.
- We will submit contribution amounts in a flat file  
(Your sales representative will provide the file layout and instructions.)

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## 8 Termination rule

When an employee leaves our organization, their account will be terminated on the last day of the month when termination occurs.

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## 9 Plan sponsor approval

This document and information contained within is not intended to be tax or legal advice. Employers should consult with their own tax advisors 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 has reviewed this document carefully and warrants that it accurately reflects the accounts and services that the group has requested Premera to administer on behalf of the group(s). Further, Group Representative understands that any changes to these accounts or services requested after the plan year effective date above may result in additional charges.

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## 10 Electronic funding

Go to this [link](#) and fill out the 015886 Electronic Funding Authorization so we can bill you for services. Please submit the funding authorization document with the funding account setup form.

# Premera use only

## Copay Information

This information will help us to substantiate expenses for your employees.

**Medical Plan Copay Amounts**

Product/Plan Name:	_____		
Office visit copay: \$	_____	Plan Effective Date:	_____
Hospital copay: \$	_____		
Prescription copay: \$	_____		
Other: \$	_____	Describe:	_____

**Dental Plan Copay Amounts**

Product/Plan Name:	_____		
Dental office copay: \$	_____		
Other: \$	_____	Describe:	_____

**Vision Plan Copay Amounts**

Product/Plan Name:	_____		
Vision office copay: \$	_____		
Glasses/contact lenses copay: \$	_____		
Prescription copay: \$	_____		
Other: \$	_____	Describe:	_____

**We will offer Pharmacy Benefit Management**

Product/Plan Name:	_____		
Retail copay: \$	_____		
Mail order copay: \$	_____		

## Premera Contact Information

Name		Title	Group ID
Phone Number	Fax Number	Email address	

## Product Codes

Product	Fully Insured
Full Purpose Health FSA	<input type="checkbox"/> WCFP0001
Limited Purpose Health FSA	<input type="checkbox"/> WCLP0001
Dependent Care FSA	<input type="checkbox"/> WDCD0001
HSA Account w/mandated ER Contribution	<input type="checkbox"/> WCHS0014
HSA Account w/o mandated ER Contribution	<input type="checkbox"/> WCHS0015
HRA for Health Plan Deductible	<input type="checkbox"/> WCHR0071

## 2016 Metallic Small Group HRA Product Grid

Product	Fully Insured
HRA Contract	Will be either calendar year/plan year. See section 1 for Plan Effective/End Date
HRA Allocation	Annual at the start of the plan or calendar year
HRA Design	Member pay first (Embedded, up to 2 tiers) – HRA funds are available for eligible expenses after embedded member pay first amount is satisfied. Member pay first amount is 50% of medical deductible. Refer to HRA chosen to see medical plan deductible amount.
Allocation	Embedded
Allocation Tiers	2 Tier. HRA funds are embedded and become available to the family member as Members pays first amount is reached.
HRA Eligible Expenses	Medical deductible only
New Participants	New participants will receive full allocation when added or at qualifying event Allocation start: Same month as hire/notice of qualifying event
HRA Rollover	none