

HRA RENEWAL CHANGE FORM

Complete only the information that is changing,
all other fields can be left blank.



Group Information

Group Name: _____ Group Number: _____

Funding

Choose one:

Option #1 – HRA Pays First

With this option, you, the employer, fund the HRA as expenses are reimbursed up to a predetermined amount. The HRA pays until the funds are exhausted. After that, the employee pays for medical services out of pocket until the health plan deductible is met. Once the deductible is met, the health plan starts to pay subject to any coinsurance amounts.

Indicate the annual funding amounts for the HRA Pays First Option:

1 - Participant/Single = \$ _____ (required)

2 - Participant + Child = \$ _____

3 - Participant + Spouse = \$ _____

4 - Participant + Children = \$ _____

5 - Family = \$ _____ (required)

Option #2 – Employee Pays First HRA

With this option, the employee pays out of pocket until a preset amount has been paid. When this “threshold” has been reached, the HRA pays until exhausted. You, the employer, fund the HRA as expenses are reimbursed up to a predetermined amount. After that the employee pays out of pocket until the health plan deductible is reached. Once the deductible is met, the health plan starts to pay subject to any coinsurance amounts.

Indicate your **health plan deductible amounts** by coverage tier:

1 - Participant/Single = \$ _____

2 - Participant + Child = \$ _____

3 - Participant + Spouse = \$ _____

4 - Participant + Children = \$ _____

5 - Family = \$ _____

Indicate the **Employee Responsibility Amount***: (This is the amount that the employee will pay out of pocket prior to reimbursement from the Employer Funding Amount.)

1 - Participant/Single = \$ _____

2 - Participant + Child = \$ _____

3 - Participant + Spouse = \$ _____

4 - Participant + Children = \$ _____

5 - Family = \$ _____

Indicate the **Employer Funding Amount***: (This is the amount that the employer will pay for each coverage tier after the employee has satisfied their Employee Responsibility Amount.)

1 - Participant/Single = \$ _____

2 - Participant + Child = \$ _____

3 - Participant + Spouse = \$ _____

4 - Participant + Children = \$ _____

5 - Family = \$ _____

*** The combination of both the employee responsibility amount and the employer funding amount must be less than or equal to the deductible amount for that coverage tier.**

Mid-Year Enrollees / Contract Changes

Indicate how mid-year enrollees and contract changes will be administered: *(select only one)*

- HRA funding is 100% regardless of date of enrollment/contract change.
- HRA funding is prorated in monthly increments back to the first of the month of the date of enrollment/contract change.
- HRA funding is a specified amount if the enrollment/contract change occurs in the last six months of the plan year.

If this option is selected, please enter the amounts below: (not recommended if your plan year is less than six months)

1 - Participant/Single = \$ _____ *(required)* 4 - Participant + Children = \$ _____
2 - Participant + Child = \$ _____ 5 - Family = \$ _____ *(required)*
3 - Participant + Spouse = \$ _____

Eligible Expenses

- Health Plan Deductible Only
- Health Plan Deductible + Coinsurance - By selecting this option, funding allocations will be combined for both deductible and coinsurance. Claims will pay in the order that the deductible and coinsurance expenses are finalized.
- Health Plan Eligible Drug Expenses
- Vision
- All IRS Section 213(d) Eligible Expenses

Rollover

Indicate what happens to unused balances at the end of the plan year. If funding Option 2 is selected, rollover dollars can only be used AFTER the annual employee pays first preset threshold amount has been paid. (Select only one)

- Entire balance rolls over to subsequent plan year
- No balance rolls over
- A percentage of the balance rolls over to subsequent plan year _____%
- A dollar limit on the amount that can roll over to the subsequent plan year. Rollover amount cannot be the same as funding amount. Indicate limits below:
1 - Participant/Single = \$ _____ 4 - Participant + Children = \$ _____
2 - Participant + Child = \$ _____ 5 - Family = \$ _____
3 - Participant + Spouse = \$ _____

Cap on Health Reimbursement Arrangement Balance

Is there a cap on the overall balance (including Rollover) that can accumulate in the account? Yes No

If yes, the recommended cap is the annual deductible amount or total annual out-of-pocket amount.

Please indicate amounts below:

1 - Participant/Single = \$ _____ *(required)* 4 - Participant + Children = \$ _____
2 - Participant + Child = \$ _____ 5 - Family = \$ _____ *(required)*
3 - Participant + Spouse = \$ _____

Run-Out

The run-out period is the deadline for participants to submit claims for the previous plan year. All eligible claims must be received by the end of the run-out period.

- 60 90 180 Other (specify) _____

Signature

Effective Date of Change(s): _____

Group Contact Signature

Signature Date