Geisinger

Connect Your Care

HRA / FSA Configuration Form (HFCF)

(Setup, Modify or Renew HRA and/or FSA)

Renewals
Only need to complete Sections 1, 2, 3 and 5 Administrator Signature, bottom page 4, required

➔ **Email completed form to your GHP Account Executive**

☐ **PPO** ☐ **HMO** ☐ **TPA➔** **(Not Including GFA)**

☐ **New Business** ☐ **Renewal, are HRA amounts changing?** ☐ **Yes** ☐ **No**

1 Employer Information

Legal Name of Employer Sponsoring Plan			Federal Tax ID
Business Address			
City	State		ZIP Code
Mailing Address (if different than Business Address)			
Indicate ➔ Business Type	☐ C-Corporation ☐ LLC	☐ S-Corporation ☐ Non-Profit	☐ Partnership ☐ Gov't Entity	☐ Sole Proprietor ☐ Other:
GHP Group ID (Group#)	#of Eligible Employees	Plan Effective Date	Plan End Date

2 Contact Information

Account Administrator *(The main employer contact for the implementation process)*		
Name		Title
Phone number	Fax number	Email address
Broker *Please notify of initial phone call and copy on communications?* ☐ Yes ☐ No		
Contact Name		Firm Name
Phone number	Fax number	Email address
Partner *Please notify of initial phone call and copy on communications?* ☐ Yes ☐ No		
Contact Name		Firm Name
Phone number	Fax number	Email address

3 Express Plan Details *(Check the box next to each account offered)*

NOTE:

- Plans must run for 12 months, (short plan years cannot be administered)
- If multiple accounts are offered, plan years must run concurrently

☐ **Health Care Flexible Spending Account (FSA)**
FSA upfront funding is required at **4%** of total employee elections plus total employer contribution (If any).

Estimated number of FSA participants:

☐ **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. Run-out of claims processing upon termination is 90 days.

Estimated number of HRA participants:

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:

☐ HRA first, FSA second - ***Recommended***

☐ FSA first, HRA second

FSA Payment Card ☐ Yes ☐ No
Requires an additional 7-10 business days once enrollment is established with ConnectYourCare

4 Additional FSA Information *(Express Code: FSA)* **If No FSA, skip to section 5**

Run-out
☐ Run-out period of days will be offered (90 days is standard)

☐ No Run-out period will be offered

Rollover and Grace Period *(**choose one**, you **cannot** offer both Rollover and Grace Period):*

☐ Rollover of $ will be offered ($550 maximum)

☐ Rollover will be not be offered

☐ Grace Period of 2½ months will be offered

☐ Grace Period will not be offered

Additional FSA Plan Details:

5 Additional HRA Information

Eligible Expenses Covered (choose one):

☐ Medical Expenses Only

☐ Medical Expenses Only + FSA

☐ Medical and Prescription Only

☐ Medical and Prescription Only + FSA

Express Code: (ConnectYourCare Internal Use)
HHUNRONC
HHUNRONCFSA
HHUDONC
HHUDONCFSA

HRA for Medical Expenses:

Are claims paid from the HRA at 100% of the eligible amount?

☐ Yes ☐ No, percentage of amount to be paid: %

What types of medical plan expenses are reimbursable under the HRA *(check all that apply)*:

☐ Deductible ☐ Coinsurance ☐ Co-payments ☐ Prescription Drug Costs

What types of claims are reimbursable under the HRA *(choose one)*:

☐ In-network claims only ☐ Both In-network and Out-of-network claims

Election Details:

Classes: or ☐ **All** (Classes were previously called 'Divisions')

Tier	**Deductible Amount**	**HRA Amount**	**Upfront OOP[1]** *(if applicable)*
☐ Subscriber	$	$ per person	$ per person $ Back-end (if applicable) [2]

☐ Two Persons *(EE+1)* **Coding this row is not necessary if the same as Family row below.**	$	$ per person
		$ per family unit
			$ per person
			$ per family unit
			$ Back-end (if applicable) [2]

☐ Family	$	$ per person
		$ per family unit
			$ per person
			$ per family unit
			$ Back-end (if applicable) [2]

- [1] OOP: Out-of-Pocket: The amount a member is responsible to pay, upfront, before the HRA reimburses expenses.
- Once the maximum HRA amount per person is reached, the HRA will no longer reimburse expenses for that member, even if there is an existing HRA balance.
- Once the OOP per person is met, the HRA will begin reimbursement for that member, even if the Family OOP has not been met.
- [2] Back-end occurs when there are 3 iterations of payment of deductible. Eg; Employee pays first, HRA pays second and Employee pays last (third).

Health Plan Claims Integration Functionality:	
Description	**Reimbursement Options**
Click-to-Pay *(Claims must be clicked online for reimbursement)*	☐ Pay the Subscriber ☐ Pay the Provider ☐ Pay the Subscriber or Provider
Auto-Pay (DEFAULT) *(Claims are automatically queued for reimbursement)*	☐ Pay the Subscriber ☐ **Pay the Provider** (DEFAULT)
Click-to-Pay with Auto-Pay Option *(Subscriber default is to Click-to-Pay, can opt for Auto-Pay)*	☐ Pay the Subscriber ☐ Pay the Provider ☐ Pay the Subscriber or Provider

6 Notes on Sales Process

Please provide information the implementation team should know, i.e. expectations, unusual plan designs, special agreements, commissions, etc.

7 Review of Required Upfront Funding (Entry Required Below)

➔ **Employer group acknowledges there is upfront funding required for HRAs and FSAs.**

➔ **Will there be an HRA Payment Card? ☐ Yes ☐ No**

➔ If No,
HRA upfront funding is **4%** of total employer exposure (HRA amounts aggregate).
FSA upfront funding is **4%** of total employee elections and total employer contribution (If any).

➔ If Yes,
- HRA upfront funding is **10%** of total employer exposure (HRA amounts aggregate).
- FSA upfront funding is **10%** of total employee elections and total employer contribution (If any).

_____ _____ _____

Administrator Signature **Date**

8 Employer Authorization to ConnectYourCare (Online) Account Dashboard

System Authorization

Administrators with System Authorization Access can now manage employees' access to the Employer Dashboard. To grant or remove access for an employee, open the appropriate employee record, then select "Add/Edit System Authorization" from the left-hand menu. You may then grant or remove access, for this employee, to Human Resources, Finance, and/or System Authorization roles in the Employer Dashboard. Alternatively, you may complete the form continued below.

Human Resources Access: Authorization to view participant data and update information
Financial Access: Authorization to receive funding emails, view funding data and update client banking information
System Authorization: Authorization to grant Administrative or Financial Access to other Employer Administrators

As the administrator of my company's account, I authorize the following contacts to access our corporate account via the Employer Dashboard.

Company: **Administrator Name:** **Date:**

Administrator Signature: _____

Contact Information

Name	**Title**
Phone number	**Email address**

Pick One:
☐ Add Contact Access
☐ Change Contact Access
☐ Remove Contact Access

Pick Any:
☐ Human Resource Access
☐ Financial Access
☐ Ability to grant Access

Name	**Title**
Phone number	**Email address**

Pick One:
☐ Add Contact Access
☐ Change Contact Access
☐ Remove Contact Access

Pick Any:
☐ Human Resource Access
☐ Financial Access
☐ Ability to grant Access

Name	**Title**
Phone Number	**Email Address**

Pick One:
☐ Add Contact Access
☐ Change Contact Access
☐ Remove Contact Access

Pick Any:
☐ Human Resource Access
☐ Financial Access
☐ Ability to grant Access

9 ACH Authorization – All Fields and Check Boxes are Required

Bank Information		
Bank Name		Account Type ☐ Checking ☐ Savings
Street Address		
City	State	ZIP Code
Account Number		Routing Number (9 digits)

☐ I understand that ConnectYourCare may elect to run a test of the ACH process (ie. Pre-note) to be sure it is working properly. You may see a transaction on the account with a $0-$1.00 charge.

☐ I understand that on a monthly basis, ConnectYourCare will re-calculate the Required Minimum Funding (RMF) based on the expected annual elections for all Participants active at that time. If the re-calculated RMF is greater than the current RMF by 25% or more, the RMF will increase to the new calculation.

☐ Your bank may have a separate routing number for ACH transactions. Please check this box to confirm that you have verified the routing number entered above with your financial institution as a valid ACH transaction routing number.

As a duly authorized bank account signer, I authorize ConnectYourCare, LLC to initiate ACH, (Automated Clearing House), debit entries and, if necessary, to initiate any ACH credit entries and adjustments to correct any erroneous ACH debit entries to this bank account. This authorization covers ACH origination of payment for program fees and funding for employee spending account claims and required minimum balances. I certify the above-referenced bank account is a business account enabled for ACH transactions, and I agree, and understand in the case of an ACH transaction being rejected for NSF, (Non-Sufficient Funds), ConnectYourCare, LLC may, at its discretion and in accordance with NACHA Operating Guidelines, attempt to process the charge again and may charge the client bank account for penalties and fees incurred as a result of such rejection. I understand this authorization will remain in effect until ConnectYourCare, LLC has received written notification from an authorized representative of its termination or change. Client agrees to be bound by the NACHA Operating Guidelines.

Please see the reverse side of this form for an overview of the financial arrangements associated with your selected healthcare accounts.

NOTE: Your bank may require the following information to allow ConnectYourCare to pull funds. Funds are pulled for establishing the Required Minimum Funding, (RMF), and paying FSA and/or HRA claims through the Employer Weekly Funding Request, (EWFR).

☐ I confirm the following company IDs are set up as authorized to debit from the account listed above.

Bank: **Silicon Valley Bank /** Company ID: **L942875288**

Administrator Signature

Date