

Employer HRA Wellness Setup Form

Please Send Completed Form To:

40 Commercial Way, East Providence, RI 02914

Email: dedicated@londonhealthusa.com

Phone: 401-435-4700 Fax: 401-435-3937

CDH Administration

Part 1: About Your Company

Name of Business		Company's Tax ID #	Effective Date
Business Mailing Address (Street, City, Zip Code)			BCBSRI Group #
Name of Executive Contact	Title	Telephone	Fax
Email Address of Executive Contact		Type of Business Entity	State of Incorporation

<u>Part 2: About Your Health Plan(s) -</u> please provide more in-depth HRA description(s) on the following page if necessary

	Name of Health Insurance Plan	Benefits to be Reimbursed by Employer	Describe HRA Plan Design Without Wellness (Example: Employee pays first \$1,500/\$3,000; Employer pays second \$1,500/\$3,000)	Describe HRA Plan Design With Wellness (Example: Employee pays first \$500/\$1,000; Employer pays second \$2,500/\$5,000)
Health Plan #1 Offered to Employees				
Health Plan #2 Offered to Employees				

Part 3: Assigning Wellness Amounts: ** Under federal guidelines, wellness amounts cannot exceed 30% of the total cost for self-only coverage of the lowest-cost plan offered.

	LEV	EL 1	LEV	EL 2	LEV	EL 3	LEV	EL 4
	POINTS EARNED		POINTS EARNED					
	(Ex: 500 points)	(Ex: \$250)	(Ex: 5,000 points)	(Ex: \$500)	(Ex: 10,000 points)	(Ex: \$750)	(Ex: 15,000 points)	(Ex: \$1,000)
Individual								
Plans								
Family								
Plans								
	·	-	-	·	-	·	·	·

	Beginning of Following Plan Year		Will Unused Wellness Balances Rollover To Next Plan Yea
	Periodically Throughout The Year State Frequency (Ex: Monthly, Quarterly, Semi-Annually, etc.):		Yes No
Part 5: I	Debit Cards	Part 6: Deductible I	nformation_
Would y	ou like to offer Debit Cards: Yes No	What is your deducti	ble cycle: Calendar Year Plan Year
Who wo	uld you like to offer Debit Cards to: Employee Spouse Children	Does your family ded	luctible accumulate on an aggregate basis:
Part 7: I	Previous Plan Information		
Do you v	want HRA Administrator to pay runout claims from your previous plan year:	Yes No	
Do you v	vant HRA Administrator to apply any deductible credits to current plan year:	Yes No	
Part 8:	Claim Funding Bank Account		
Name of	Financial Institution Bank Account #		Routing #
Part 9: I	HRA Agreement		
Part 9: I 1) I und 2) I und 3) I auth		and that funding of the for paying the deduc	ne HRA is provided by the employer. tible and/or copay amounts stated.
Part 9: I 1) I und 2) I und 3) I autl 4) I cert	HRA Agreement erstand that London Health Administrators is the administrator of the HRA erstand that the company named in Part 1 of this agreement is responsible norize London Health Administrators to withdraw funds from the bank acco	and that funding of the for paying the deduc	ne HRA is provided by the employer. tible and/or copay amounts stated.

Part 4: Wellness Incentive Frequency - (Please check one)

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