

***** IF YOU HAVE MULTIPLE HRA PLANS TO AMEND, COMPLETE THIS FORM FOR EACH HRA PLAN *****

Employer Name	Plan Name	Amendment Effective Date
Group Contact Name	Email	Telephone
Broker Contact Name	Email	Telephone

Medical Carrier	Medical Plan Name
Individual Medical Deductible	Family Medical Deductible
Medical Insurance Deductible Year	Medical Insurance Renewal Date
ACA Minimum Value Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

HRA Reimburses

(unchecked boxes do not require corresponding tables below to be filled out)

Deductible
 Coinsurance
 Prescriptions
 Section 213*
all IRS eligible expenses

*Medical Plan must be ACA Minimum Value Standard

Does 4 th Quarter Deductible Carry Over Credit Apply to HRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HRA Reimburses Out of Network (OON) Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who is responsible for the first portion of the Deductible?	<input type="checkbox"/> Employee	<input type="checkbox"/> Employer

HRA Year

Note: We strongly recommend you run your HRA year same as your Medical Deductible year

Do you offer an HSA

If Yes, is your HRA offered to your HSA participants?

HRA Reimbursements

(unchecked boxes from page 1 do **not** require corresponding tables below to be filled out)

This is for the HRA Plan. All options may not be applicable.

Section 213 Expenses

Employee (EE) Section 213 <u>Reimbursement</u>		
Tier	Current	Amendment
Individual	\$	\$
EE + Spouse	\$	\$
EE + Child	\$	\$
EE + Children	\$	\$
Family	\$	\$

Deductible Expenses

Employee (EE) HRA Deductible Upfront <u>Responsibility</u>				
Tier	Current		Amendment	
Individual	%	\$	%	\$
EE + Spouse	%	\$	%	\$
EE + Child	%	\$	%	\$
EE + Children	%	\$	%	\$
Family	%	\$	%	\$

Employee (EE) Deductible Expense <u>Reimbursement</u> (HRA Coinsurance After Responsibility Met)				
Tier	Current		Amendment	
Individual	%	\$	%	\$
EE + Spouse	%	\$	%	\$
EE + Child	%	\$	%	\$
EE + Children	%	\$	%	\$
Family	%	\$	%	\$

If you are reimbursing deductible expenses only, complete the above, and then skip to page 4

Coinsurance / Out of Pocket Expenses

Copayments Included? Yes No

Employee (EE) HRA Deductible Upfront <u>Responsibility</u>					
Tier	Current			Amendment	
Individual	%	\$		%	\$
EE + Spouse	%	\$		%	\$
EE + Child	%	\$		%	\$
EE + Children	%	\$		%	\$
Family	%	\$		%	\$

Employee (EE) Coinsurance Expense <u>Reimbursement</u> (HRA Coinsurance After Responsibility Met)					
Tier	Current			Amendment	
Individual	%	\$		%	\$
EE + Spouse	%	\$		%	\$
EE + Child	%	\$		%	\$
EE + Children	%	\$		%	\$
Family	%	\$		%	\$

Prescription Expenses

Please note: we do not support plans based on formularies

Plan Layout:

Employee (EE) HRA Deductible Upfront <u>Responsibility</u>					
Tier	Current			Amendment	
Individual	%	\$		%	\$
EE + Spouse	%	\$		%	\$
EE + Child	%	\$		%	\$
EE + Children	%	\$		%	\$
Family	%	\$		%	\$

Employee (EE) HRA Rx <u>Reimbursement</u>					
Tier	Current			Amendment	
Individual	%	\$		%	\$
EE + Spouse	%	\$		%	\$
EE + Child	%	\$		%	\$
EE + Children	%	\$		%	\$
Family	%	\$		%	\$

Max Reimbursement per Year

(across all plans)

Employee (EE) Tier	Max Reimbursement per Year	
	Current	Amendment
Individual	\$	\$
Family	\$	\$

If the above do not apply, or additional information is needed, please state below or attach an HRA Summary when submitting this amendment request.

Current Provisions

Click here to enter text.

Other Changes

Requested Change to Provisions

Click here to enter text.

Prepared and Authorized By:

It is critical that the information in this Amendment Abstract is accurate to enable Admin America to provide timely and accurate reimbursements to plan participants. Inaccurate information may result in excess or delayed reimbursements. Corrections to the information contained in this Amendment Abstract which require review and/or reprocessing of previously processed claims will result in hourly Audit fees.

It is the responsibility of the employer to verify employee group health insurance coverage and eligibility under the HRA plan. Any HRA enrollments provided to Admin America will be accepted with the understanding that group health insurance and HRA eligibility was previously verified.

Admin America reserves the right to enter new or amended plans into a one year probationary period. Upon renewal, Admin America will review the plan and determine if any changes are needed administratively to ensure the best service for you and your participants.

Printed Name

Title

Date