

MXSW1047

HRA PREFIX
HBCA

Coinsurance PPO Transmittal

				NEED DATE		TRANSMITTAL NUMBER	
				5/28/2021		QVJ4XA1NHC0X-2	
TRANSACTION				DATE/TIME CREATED		CREATED BY	
BC				5/17/2021 11:03 AM		Lori Mayes	
GROUP NUMBER		GROUP NAME		EFFECTIVE DATE		RENEWAL DATE	
137057		Bridge Capital Asset Funding, LLC		7/1/2021		7/1/2022	
ELIGIBLE EMPLOYEES		NO OF CONTRACTS		GIVE & TAKE		ENROLLMENT TYPE	
68		68		Adds Changes & Terms			
LIFE INFORMATION		LOAD %		BINDER CHECK		CHECK AMOUNT	
No		14.70%		No		ZES	
CONTRACT INFORMATION				ACCOUNT EXECUTIVE		ACCOUNT MANAGER	
NO MIK's, email letter to group & broker				Amy Fawcett		Amy Fawcett	
ACCOUNTING CATEGORY CODES							
CPY							
CPAQ							

Waivers:

- None

8R60/8R61
AP 5/1703NS
3NSP
2NRX
HRA7A2OE
AP 5/17

RATES				COBRA RATES			
INDIVIDUAL	2 PERSON	4 th TIER	FAMILY	INDIVIDUAL	2 PERSON	4 th TIER	FAMILY
\$423.35	\$884.63	\$771.42	\$1276.73	\$431.82	\$902.32	\$786.85	\$1302.26

Medical Benefits:

PLAN ID		PLAN DESCRIPTION		EXPERIENCE CATEGORY		NETWORK SET	
MXSW1047		C4-PPO-HRA-OPT1- BRIDGE CAPITAL ASSET FUNDING, LLC / AQ		CPAQ			
CARRYOVER MONTH		PLAN YEAR BEGINS		2ND CARRYOVER MONTH		BENEFIT PERIOD	
						Calendar Year	
CORE		OPTION NUMBER		NETWORK		GRANDFATHERED PLAN	
Core 4		1		S		No	
						MXSW1047	
DEDUCTIBLE		COINSURANCE		OUT OF POCKET		OFFICE VISIT	
\$3000 Deductible		50% Coinsurance		\$4000 Out Of Pocket		Ded-Coin	
						Ded-Coin	
OUTPATIENT SURGERY		EMERGENCY CARE		MENTAL HEALTH		SUPP ACCIDENT	
Ded/Coin		Ded-Coin		Unltd/Parity - IP only Prior Auth		Not Covered	
						100%	
PHARMACY BENEFIT		PREVENTIVE DRUGS		FORMULARY		MPD PRICING	
\$10/\$35/\$50 - 3A4F25DR		Not Applicable		Preferred		MPD D	
URGENT CARE CENTER		THERAPY VISIT LIMIT		VISION		COBRA ADMIN	
Ded-Coin		20 Visits		Not Covered		Std + INL with 1 OS VNDR	
						Excluded	
HRA PRORATION METHOD		DEBIT CARD		BILL HRA ALLOCATION TO COBRA SUBSCRIBERS			
None		No		[X] YES [] NO			
HRA CAN BE USED TO PAY THE FOLLOWING				HRA IS TO COVER PHARMACY			
[X] Deductible [] Coinsurance [] Copays				No			
HRA/FSA PROCESSING ORDER		HRA PAYMENT ORDER		HRA PAYMENT PERCENT		HRA REIMBURSEMENT METHOD	
Process HRA Claims First		HRA Pays First		100		Embedded	
MEMBER PAYS FIRST							
INDIVIDUAL		EMPLOYEE/SPOUSE		EMPLOYEE/CHILDREN		FAMILY	
\$0.00		\$0.00		\$0.00		\$0.00	
INITIAL HRA ALLOCATION AMOUNT (FOR GROUPS WITH NON 01/01 EFFECTIVE DATES)							
INDIVIDUAL		EMPLOYEE/SPOUSE		EMPLOYEE/CHILDREN		FAMILY	
N/A		N/A		N/A		N/A	

CURRENT YEAR HRA ADDITIONAL AMOUNT 1/1/2021 - 12/31/2021			
INDIVIDUAL	EMPLOYEE/SPOUSE	EMPLOYEE/CHILDREN	FAMILY
\$0.00	\$0.00	\$0.00	\$0.00
ANNUAL HRA ALLOCATION AMOUNT 1/1/2022 - 12/31/2022			
INDIVIDUAL	EMPLOYEE/SPOUSE	EMPLOYEE/CHILDREN	FAMILY
\$1000.00	\$2000.00	\$2000.00	\$2000.00
ROLLOVER CALCULATION		HRA ROLLOVER PERCENT	
No Rollover			
HRA ROLLOVER MAXIMUM			
INDIVIDUAL	EMPLOYEE/SPOUSE	EMPLOYEE/CHILDREN	FAMILY
\$0.00	\$0.00	\$0.00	\$0.00
HRA VENDOR INTEGRATION		MONTHLY HRA ADMIN FEE	
BCBST		\$4.00	
BILLING INFORMATION			
ADDITIONAL INFORMATION			
HRA OPT 1 of 1			

Health Reimbursement Arrangement (HRA) Group Plan Application

- Confidential

A-2. Employer Information			Option Number: 1	
Employer's Name Bridge Capital Asset Funding, LLC			Employer's Group Number 137057	
Employer's Street Address				
City		State	Zip Code	
Employer's EIN			Employer's Form 5500 Plan Number 501	
Type of Corporation: <input type="checkbox"/> S Corp* <input type="checkbox"/> C Corp <input type="checkbox"/> Partnership* <input type="checkbox"/> Sole Proprietor* <input checked="" type="checkbox"/> LLC* <input type="checkbox"/> Other <i>*The legal entity under which the organization operates will affect who is eligible to participate in an HRA. 2% or more shareholders of an S Corporation, along with partners in a partnership, sole proprietors and members of an LLC or PLLP generally are not eligible to participate in an HRA.</i>				
1. Does this corporation have individuals that are 2% or more shareholders? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If "Yes", below indicates the individual(s): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> 1. <u>Scott Gruber</u> </div> <div style="width: 48%;"> 2. <u>Jeff Cantor</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> 3. <u>Chris Gaddy</u> </div> <div style="width: 48%;"> 4. <u>Lee Bachman and Greg Ziskind</u> </div> </div>				
2. Does this Employer currently have an HRA with another administrator that allows rollover? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable				

A-2. HRA Administration Information

—Flexible Spending Account

Does this plan interact with a BlueCross BlueShield of Tennessee Flexible Spending Account (FSA)?

- ☐ Yes
☒ No

If "Yes", below indicates the order between the HRA and FSA:

- ☐ HRA pays first, FSA pays second
☐ FSA pays first, HRA pays second

—Mid-Year Enrollees/Status Changes

- ☐ HRA funding is prorated in monthly increments back to the first of the month of the date of the enrollment/status change
☒ No proration – HRA funding is 100% regardless of date of enrollment/status change

A-2. HRA Administrative Information (continued)

—Reimbursement Type

Automatic Reimbursement allows for the HRA health care reimbursement to be sent to the **provider** along with any applicable health plan coverage payment when funds are available. For prescription reimbursements, the member will have to pay up front at the pharmacy and receive an automated reimbursement check on a weekly basis.

Reimbursement Type:	<u>Automatic Reimbursement</u>
Reimbursement Method:	<u>Embedded</u>

**With automatic reimbursement, the standard reimbursement method is for the HRA to match the medical plan methodology. The HRA is embedded (per-person) if the medical deductible is embedded (per-person); the HRA is shared if the medical deductible is shared. If the medical plan is embedded, the HRA can be changed to shared. The embedded HRA amounts are based on the Individual HRA allocation amount.*

—Eligible Expenses

HRA dollars may be used to reimburse*:

- ☒ Health Plan deductible expenses
- ☐ Health Plan coinsurance expenses
- ☐ Health Plan copay expenses

HRA to cover Pharmacy:

- ☐ Yes
- ☒ No

**For the HSA-qualified HDHP plans, it is suggested that prescription drug expenses apply to the HRA. Deductible, coinsurance, copays, and pharmacy must apply to the debit card.*

—Reimbursement Order

- ☒ HRA Pays First Dollar
- ☐ Member Pays First Dollar**

Below indicates the dollar amounts to be met before the HRA applies (if embedded, the per member limit will be based off of the individual tier):

Individual	\$ _____	
Employee + Spouse	\$ _____	(aggregate family amount)
Employee + Child(ren)	\$ _____	(aggregate family amount)
Employee + Family	\$ _____	(aggregate family amount)

**For a Sandwich HRA, once the member meets the amount specified in the Member Pays First Dollar fields, the HRA will reimburse until the allocation amount is exhausted. Then the member will be responsible for the remainder of the deductible.*

***Please note the Member Pays First Dollar amount is an HRA deductible and will only accumulate for HRA eligible expenses.*

****Rollover balances do not reduce Member Pays First amounts.*

A-2. HRA Administrative Information (continued)

—OPTIONAL

The Initial Allocation is an optional beginning allocation provided for the short calendar year leading up to January 1 and is only for new HRAs for calendar year groups with non-January 1 effective/renewal dates (ex 9/1 - 12/31).

An Additional Allocation is optional for renewing calendar year groups with non-January 1 renewal dates so that the HRA can lessen the impact of increased member liability coinciding with a new plan design.

- ☐ **Initial Allocation** (new HRA only)
- ☐ **Additional Allocation** (renewing HRA only)
 - Individual \$ _____
 - Employee + Spouse \$ _____
 - Employee + Child(ren) \$ _____
 - Employee + Family \$ _____

**All HRA allocation amounts will apply to all covered (employees and dependents) under the health plan. HRA allocation amounts will apply to both in-network and out-of-network claims.*

—HRA Allocations

Annual allocations coincide with the 12-month calendar year deductible (1/1 – 12/31) or 12-month plan year deductible.

Individual	\$ <u>1,000.00</u>
Employee + Spouse	\$ <u>2,000.00</u>
Employee + Child(ren)	\$ <u>2,000.00</u>
Employee + Family	\$ <u>2,000.00</u>

**All HRA allocation amounts will apply to all covered (employees and dependents) under the health plan. HRA allocation amounts will apply to both in-network and out-of-network claims.*

—Reimbursement Rate

Below indicates the reimbursement percentage rate that the HRA will reimburse on each claim until the HRA allocation is exhausted:*

- ☒ 100% of eligible expenses
- ☐ 80% of eligible expenses
- ☐ 50% of eligible expenses
- ☐ Other: _____ % of eligible expenses

**100% is the standard. Percentages can be paired with HRA Pays First Dollar or Member Pays First Dollar.*

—Rollover

Below indicates what happens to unused balances at the end of the HRA plan year:

- ☒ No balance rollover
- ☐ Roll over all remaining balances to subsequent plan year
- ☐ A percentage of the balance rolls over to subsequent plan year: _____ %
- ☐ A maximum dollar limit on the amount that can roll over to the subsequent plan year

Dollar limits:	Individual	\$ _____
	Employee + Spouse	\$ _____
	Employee + Child(ren)	\$ _____
	Employee + Family	\$ _____

A-2. HRA Administrative Information (continued)

—Rollover (continued)

- ☐ A maximum dollar limit on the amount that can roll over to the subsequent plan year + the prior year's rollover

Dollar limits:	Individual	\$ _____
	Employee + Spouse	\$ _____
	Employee + Child(ren)	\$ _____
	Employee + Family	\$ _____

**Rollover balances do not reduce future Member Pays First amounts.*

—COBRA

If an employer is subject to COBRA, it **must offer** qualified beneficiaries who lose their coverage due to a COBRA qualifying event (e.g., termination of employment or divorce) the opportunity to continue their HRA coverage, along with the health coverage, for the COBRA-prescribed time period (e.g., 18 months for termination of employment).

Below indicates how to bill the COBRA participant for the HRA allocation, if the COBRA participant elects to continue the HRA (Only applicable to BlueCross BlueShield of Tennessee administered COBRA):

- ☒ Bill the HRA allocation to the COBRA participant on a monthly prorated basis along with their COBRA health plan premium
- ☐ Do not bill the COBRA participant for the HRA allocation, the employer is fully funding the HRA amount.
- ☐ COBRA not administered by BlueCross BlueShield of Tennessee

A-3. Signatures

I certify that I have read and understand the information provided by BlueCross BlueShield of Tennessee in this application. I further certify that the information provided to BlueCross BlueShield of Tennessee in this application is true and accurate to the best of my knowledge.

Employer Group: Bridge Capital Asset Funding, LLC

Signature: Broker Signed on Behalf of Group

Printed Name: Jonathan Frisch

Title: Broker/Consultant

Date: 5/13/2021 2:40:58 PM