

Your employees will enjoy  
the benefits of having an HRA.

*As an employer, you will too.*



# HRA Plan designs and Pricing

## Plan Designs

### Option 1: Bridge

#### Bridge Options:

- **First Dollar Reimbursement:**  
HRA + Employee responsibility = medical plan deductible maximum
- **Second Dollar Reimbursement:**  
Employee responsibility + HRA = medical plan deductible maximum
- **Percentage Reimbursement:**  
HRA reimburses a percentage of deductible up to a defined amount or up to the deductible maximum.

*Seamless HRA administration applies to plan designs under this option and is only compatible with the high deductible health plan or HD-HRA plans.*

### Option 2: Limited

#### Specific reimbursement options:

- Vision or Dental expenses
- Gaps in coverage
- Copays or copay differentials
- Reimbursements specific to coverage tiers
- “Doughnut hole” plan designs

### Option 3: HRA Debit Card

#### Debit card options:

- HRA funds loaded on the card used for all qualified medical expenses
- Funds can be specific to pharmacy or physician office expenses
- Funds can be made available at regular time intervals (monthly, quarterly or semiannual)

*The creation and maintenance of the debit card requires an additional \$1.50 per employee per month administration fee.*

## Pricing

#### TCC Fully Insured Administration

- Setup Fee: N/A
- HRA Administration: \$4.00 per employee per month
- Monthly Minimum: \$35.00

\*HRA Administration fees are built into HD-HRA medical plans

\*\*An additional \$3.00 per employee per month will be added to the fee above for plans that require manual processing (PPOs & complex HRAs)

#### Non-TCC Fully Insured Administration

- Setup Fee: \$200.00
- HRA Administration: \$7.00 per employee per month
- Monthly Minimum: \$75

# “One Stop Shop”

Agent Information

Fully insured accounts may transfer claims administration to TCC by submitting the following:

## **From your health plan**

1. A completed Group Request for Coverage with TCC selected as the plan administrator
2. A completed Master Application
3. A signed renewal rate sheet
4. A claims administration transfer permission letter from the group and/or agent

## **For your HRA implementation**

1. Complete the Enrollment Questionnaire.  
*Include a census of all employees participating in the HRA.*

## **HRA Rates**

Rates are contingent upon the medical plan and HRA plan design



## **Important Information...**

### **Can an owner participate in an HRA?**

*Regular corporations, partnerships, S corporations, limited liability companies (LLCs), sole proprietors, professional corporations and nonprofits can all benefit from tax savings by establishing an HRA plan. While regulations prohibit a sole proprietor, partner, members of an LLC (in most cases), or individual owning more than 2 percent of an S corporation from participating in the HRA plan, they may still sponsor a plan and benefit from the savings on payroll taxes. “Employee” shareholders or regular corporations may also participate.*

*It is the agent’s responsibility to notify TCC of owners or partners of the company who should NOT participate in the HRA.*

*Information pertaining to owner participation can be found in IRS Publication 15-B.*

# Reimbursement Options

## **Automatic HRA Adjudication (Available to Bridge Plans Only)**

- Automatic reimbursement for eligible expenses covered by the health plan from the member's HRA when a claim is processed, as long as funds are available in the HRA account.
- If members pay at the point of service, they use the HRA funds to reimburse themselves for their out-of-pocket expenses.
- If members owe a balance for services received, they use the HRA funds to pay their doctor or hospital bills.

*Advantages: Because reimbursement for qualified services covered under the health plan is automatic as long as funds are available, the processing time may be reduced*

## **EOB Submission (Hard Copy HRA Claims Filing)**

- After members receive services for eligible expenses, they submit their EOBs or drug receipts to TCC with the standard reimbursement claim form.
- The allowable expenses are reimbursed from their HRA as long as funds are available in the account.

*Advantages: Because reimbursement is not automatic, members have more control over how they use their HRA funds.*

### **Notes:**

- Reimbursements are subject to employer approval of the check register.
- Check registers are sent via secure email when claims are incurred.
- Reimbursements will not be sent prior to funding of the HRA claim/check register.
- Direct deposit available upon request.

## Claim Funding

### **Manual Monthly Account Draft:**

No less than 10 percent of the total HRA funds committed by the group will be deposited in a non-interest bearing TCC bank account on a monthly basis. The initial 10 percent will be accepted in the form of a check or bank draft. At the end of each month thereafter, TCC will draft the group's bank account to replenish the account up to the minimum 10 percent claim funding level. Claims are paid throughout each month with the funds provided.



### **Notes:**

- The group's bank account information will be needed for TCC to draft the account to fund claims.
- TCC will not absorb any bank fees that may apply.

# The Benefits

## Health Reimbursement Arrangements with TCC

- Choose from three HRA plan designs
- Reduce your cost of providing health insurance
- Provide an untaxed Reimbursement for employees
- Introduce consumer driven health care
- Access to the largest provider network and the biggest discounts in South Carolina
- 24-hour secure online access to your HRA account balance available through [www.checkmyhra.com](http://www.checkmyhra.com) or [www.myinsurancemanager.com](http://www.myinsurancemanager.com) once a member profile has been created
- “One stop shop” administration: TCC administers both the health plan & HRA
- Dedicated claims administrator assigned to each HRA account
- The flexibility to roll over unused HRA money from one year to the next



**TCC Benefits Administrator**  
800-815-3314 // [www.tccba.com](http://www.tccba.com)



# Enrollment Questionnaire

## Group Information

1. Legal Group Name \_\_\_\_\_ 2. Group Contact Person \_\_\_\_\_  
3. Contact Email \_\_\_\_\_ 4. Phone \_\_\_\_\_ 5. Fax \_\_\_\_\_  
6. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
7. No. of Employees \_\_\_\_\_ 8. Tax ID No. \_\_\_\_\_ 9. Group No. (if available) \_\_\_\_\_  
Type of Leagal Entity:  S Corporation  C Corporation  Proprietorship  Partnership  Other \_\_\_\_\_

NOTE: List of owners not eligible for HRA reimbursement section must be completed in order for the group to be loaded.

## Health Plan Information

10. Describe your health plan (carrier and plan design) \_\_\_\_\_  
11. What is your health plan effective date? \_\_\_\_\_  
12. Does your health plan deductible run  Calendar year or  Benefit year?  
13. HRA plan designs (choose one):  Bridge  Limited  Debit card  
If bridge plan design is chosen, which reimbursement option applies (choose one)?  
 First dollar reimbursement  Second dollar reimbursement  Percentage reimbursement  
14. HRA reimbursement model (does not apply if debit card option is chosen)

NOTE: Please refer to the previous page for claim funding process

- Pay to member (choose one)  
 Manual submissions of receipts and EOBs for reimbursement to member OR  
 Auto adjudication automatically files medical claims against member's HRA and reimburses member  
 Pay to Provider (in-network providers only)

15. Who is eligible for reimbursements?  Only employees  Employees and dependents  
16. HRA effective date \_\_\_\_\_ Initial plan year \_\_\_\_\_ (to) \_\_\_\_\_  
17. Benefits reimbursable under HRA (choose all that apply):  Health  Dental  Vision  Rx  
If health benefits are reimbursable under HRA choose all that apply:  
All Section 213d eligible expenses  Deductible  Coinsurance  Health plan copays  
 In network and out of network  In network only  Out of network only  
18. HRA Reimbursement Rates. Who pays first? \_\_\_\_\_ employee or \_\_\_\_\_ employer

	Employee Pays	Employer Pays	=	Total Deductible
Employee	_____	_____	=	_____
Employee+Sp	_____	_____	=	_____
Employee+Ch	_____	_____	=	_____
Family	_____	_____	=	_____

19. Can unused HRA funds be rolled over to the next year?  Yes  No If yes, amount \_\_\_\_\_  
20. All owners must be listed here: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
21. HRA Fees. Setup fee: \$ \_\_\_\_\_ PEPM Fee: \$ \_\_\_\_\_

Agent Name \_\_\_\_\_ Email \_\_\_\_\_ Phone # \_\_\_\_\_  
Representative Name \_\_\_\_\_

