



Benefit Advantage Health Reimbursement Arrangement (HRA) Employer Application

Please complete this form and send it with fee payable to: **Benefit Advantage, Attn: Finance, P.O. Box 5490, De Pere, WI 54115-5490**

Information you'll need to complete this form:

- ✓ An Employer Federal Employee Identification Number (FEIN)
- ✓ An Employer Executive Contact
- ✓ An Employer Administrative Contact
- ✓ An organization type based on federal tax filing
- ✓ The Effective Start Date of the HRA Plan
- ✓ The number of covered Employees
- ✓ The start and end dates of the HRA Plan Year

It is the Employer's responsibility to be HIPAA compliant, so for your convenience we have included a HIPAA Business Associate Agreement. Feel free to review, and if you so choose, sign, date, and send back with this agreement.

Please note that Benefit Advantage, Inc. **MUST** receive a signed, dated and completed ACH Authorization Form (enclosed with this agreement) in order to administer your HRA Plan.

In order to validate the effective date (start date) of the HRA Plan, this service agreement must be completed in full, signed, dated and be received by Benefit Advantage, Inc. before the effective date.

As set forth below, the following Employer hereby adopts this Health Reimbursement Arrangement HRA, Section 105 Plan as defined by the Internal Revenue Code, and engages Benefit Advantage, Inc. PO Box 5490, De Pere, WI 54115, to provide services related to this plan.

Employer information:

Legal name of Company	Federal Employer ID Number (FEIN)
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Company address	City	State	Zip
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Check if business address is the same as company address.

Business address	City	State	Zip
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Street address	City	State	Zip
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Main contact	() Telephone/ Extension	() fax	e-mail
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Account's payable contact	() Telephone /Extension	() fax	e-mail
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Controlled groups or related companies:

Is the company above part of a controlled group or related to other companies that are part of this plan?

Check only one:

- Yes, attach addendum listing related employers No

Employer's corporate status: (Federal Classification)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Subchapter S ** | <input type="checkbox"/> Govt. Entity/School Dist. | <input type="checkbox"/> Sole Proprietor* |
| <input type="checkbox"/> Church Controlled | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Partnership/LLP/LLC* |

***SPECIAL OWNERSHIP RULES:**

Sole Proprietors and Partners of a partnership (including members of LLPs and LLCs taxed as a Partnership) may **not** participate in the HRA.
 More than 2% shareholders in a Subchapter S Corporation, their spouses, and lineal ascendants and descendants are **not eligible to participate in the HRA.

Effective Start Date: _____ / _____ / _____
mm dd yyyy

The Effective Start Date can be a date other than the start date of the normal, 12-month Plan Year (Short Plan Year).

Is this a mid-year takeover? Yes No

The Service Agreement and Plan Design are invalid if the Service Agreement is signed after the Effective Start Date; Plans may not be established retroactively and participant expenses incurred prior to the Effective Start Date are not eligible.

Plan Year

Your Plan Year defines the duration of your HRA. If your plan design reimburses annual health insurance deductible expenses, it's most convenient for participants when the Plan Year matches the deductible cycle, e.g. benefits may renew on 5/1 but deductible runs from 1/1 - 12/31.

Check only one option:

Option 1: Use calendar year starting January 1 (Your Plan Year is from January 1 to December 31)

Option 2: Custom Plan Year _____ / _____ to _____ / _____

Plan Number - The number assigned to this plan is _____ (i.e., 501, 502, etc. based on the filing Form 5500).

Eligibility Requirements - Each new employee shall be eligible to participate in the plan after they satisfy the following criteria:

Age Limitations: Y or N If yes, an employee must be at least _____ #years old in order to participate in this plan.

Hours of Service: Y or N If yes, an employee must work _____ #hours for the employer to participate in this plan.

Length of Service Limitations: Y or N If yes, please specify below:

An employee must work: (fill in one) _____ #days, or _____ # months, or _____ #years before participating in this plan.

Coverage Effective Date:

Immediate after service limitations are met.

Coverage begins on the first of the (check one) month year quarter after service limitations are met.

Employment Classification Limitations: Y or N If yes, please check all that apply:

Salaried Hourly Union

Is the employer part of a control group of entities or an affiliated service group? Y or N

If yes, please list: _____

Claim Submission Periods:

The Closing Period is the period of time that begins at the Plan Year end during which the employee can submit claims for payment of Qualified Expenses under that Plan Year. This period begins at the end of the Plan year and terminates (check one):

30 days 60 days 90 days Other (specify): _____ after the end of the current HRA plan year.

Note: The closing period for terminated employees would be the same as stated above.

Review the term of this contract

This Service Contract shall be in effect for 1 year ("Term") and shall thereafter automatically renew indefinitely for like Terms, unless terminated as set forth in TERMINATION.

Calculate HRA eligibility and waiting period

Check only one option:

Option 1: To be eligible for the HRA deductible and/or coinsurance coverage, the Employee **MUST** elect the qualifying health plan(s).

Option 2: Please complete the following section for plan designs which reimburse expenses other than deductible and/or coinsurance:

Indicate the hourly requirement: _____ minimum hours/week

Indicate the waiting period (Check only one option):

Eligible Employees shall begin to participate as of the first Entry Date after they complete the waiting period defined in this section

First of month after: 30 days 60 days 90 days Other (describe) _____

From date of hire: 30 days 60 days 90 days Other (describe) _____

Date of hire

Other (describe) _____

How to design your HRA:

Enter the number of participants, carrier name and eligible expense types below. Then from the following pages, choose from the HRA Plan Design(s) that describe the coverage group(s) that make up your Plan and:

1. Select the insurance plan(s)

Checkmark the box next to the insurance plan(s) you'd like to include: Single, Limited Family and/or Family.

2. Choose a deductible type or reimbursement percentage

In the case of the Deductible Plan Design, where Limited Family and/or Family insurance plans are checked, you must also checkmark the box next to either a common family (aggregate) or individual deductible type. For Co-pays and Prescriptions, enter the percentage of each claim the HRA will reimburse.

About Deductible Types:

Common Family (aggregate) deductible - All the expenses for the family are combined to satisfy the deductible (e.g. one family member can meet the entire family deductible)

Individual Deductible with a Family Maximum - Individual family member satisfies individual deductible; expenses for other covered family members are combined to satisfy the remainder of the deductible

3. Choose a plan design

Checkmark the box next to only one Plan Design from the 4 choices offered below (1, 2, 3 or 4 tiers).

4-5. Enter the payment amount (From Amount - To Amount for Deductible, Coinsurance, Vision, Dental and Section 213) or Maximum Amounts (for Co-pay and Prescriptions)

6. Enter the % the HRA will pay (0-100%)

TO BUILD YOUR HRA PLAN, YOU MAY NEED TO INCORPORATE MORE THAN ONE PLAN DESIGN

About HRA Plan Designs:

1-Tier Plan Design: This HRA plan design reimburses a % of each eligible claim

2-Tier Plan Design: This design offers first and second payment options each having variable maximums and percentages

3 and 4-Tier Plan Design: Multi- tiers let you fine tune reimbursements with each tier having variable maximums and percentages

Design your Plan.

Participants are employees who meet the eligibility requirements of the HRA; the number of participants is used to calculate your monthly administrative fee.

Estimate the number of participants in the HRA: Participant #: _____

Enter the Health Plan carrier name: Carrier Name: _____

Eligible Expense Type:

- Deductible check only one: In-network In- and out-of-network (Cannot have separate accounts; amounts will be combined)
- Coinsurance
- Dental
- Vision
- Office Co-pay
- Prescriptions
- All Section 213 expenses

Pay after account:

Will you require employees to spend down their FSA before use of HRA funds? Y N

Expense reimbursement availability.

Check only one option:

- The annual limit is available for reimbursement at the start of the Plan Year
- The full annual limit is not available at the start of the Plan Year; the annual limit will accrue equally as follows:

(Check only one option): Semi-monthly Monthly Quarterly
 Annual (end of plan year)

Funds will be available at the start of the period.

Rollover criteria.

Check only one option:

- No dollars roll over
- All unused dollars roll over annually Maximum lifetime cap \$ _____
- Limited dollars roll over annually "Limited annual rollover amount" \$ _____ " " % _____ Maximum lifetime cap \$ _____

Unused HRA contributions may be carried forward from year to year.

Will you be implementing the Debit Card? Y N If yes, a Debit Card Application must be completed.

NOTE: All Debit Card transactions must be substantiated at the point of sale per IRS Reg 2006-31.

Deductible Plan Design: Not elected

1. Select your insurance plan(s) & enter the total deductible amount	3. Choose only one HRA Plan Design	4. Enter From Amount	*5. Enter To Amount	6. Enter % HRA Pays
Single \$	1-Tier Plan Design - FOR INDIVIDUAL PLAN DESIGNS COMPLETE SINGLE TIER ONLY			
	Single	Pays	\$ _____	\$ _____ %
	Limited Family	Pays	\$ _____	\$ _____ %
Limited Family \$	Family	Pays	\$ _____	\$ _____ %
	2-Tier Plan Design			
Family \$	Single	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
	Limited Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
2. You must choose ONE of the deductible types below:	Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
<input type="checkbox"/> Option 1: COMMON FAMILY (AGGREGATE) DEDUCTIBLE All expenses for the family are combined to satisfy the deductible (e.g. one family member can meet the entire family deductible)	3-Tier Plan Design - FOR INDIVIDUAL PLAN DESIGNS COMPLETE SINGLE TIER ONLY			
<input type="checkbox"/> Option 2: INDIVIDUAL DEDUCTIBLE with a Family Maximum Individual Family members satisfy individual deductible. What is the multiple of the deductible? <input type="checkbox"/> 2x <input type="checkbox"/> 3x Enter individual cap \$ _____ HRA to Pay Per Individual NOTE: You must use the individual cap amount as the *To Amount in the last tier of the Plan design as in the example below	Single	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
		Third Tier	\$ _____	\$ _____ %
	Limited Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
		Third Tier	\$ _____	\$ _____ %
	Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
		Third Tier	\$ _____	\$ _____ %
4-Tier Plan Design - FOR INDIVIDUAL PLAN DESIGNS COMPLETE SINGLE TIER ONLY				
	Single	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
		Third Tier	\$ _____	\$ _____ %
		Fourth Tier	\$ _____	\$ _____ %
	Limited Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
		Third Tier	\$ _____	\$ _____ %
		Fourth Tier	\$ _____	\$ _____ %
	Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
		Third Tier	\$ _____	\$ _____ %
		Fourth Tier	\$ _____	\$ _____ %
EXAMPLE:	EXAMPLE : 2-Tier Plan Design - FOR INDIVIDUAL PLAN DESIGNS COMPLETE SINGLE TIER ONLY			
The Plan uses a \$2000 single deductible & a \$4000 family deductible. The individual cap is \$2000. The HRA plan reimburses the last \$1250. You could enter this plan design into the 2-Tier Plan Design as shown to the right	Single	First Tier	\$ 0.00	\$ 750.00 0%
		Second Tier	\$ 751.00	\$ 2000.00 100%
	Limited Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
	Family	First Tier	\$ 0.00	\$ 1500.00 0%
		Second Tier	\$ 1500.01	\$ 4000.00 100%

Coinsurance Plan Design: Not elected

1. Select your insurance plan(s)	3. Choose only one HRA Plan Design	4. Enter From Amount	5. Enter To Amount	6. Enter % HRA Pays	
<input type="checkbox"/> Single <input type="checkbox"/> Limited Family <input type="checkbox"/> Family 2. Check the box below <input type="checkbox"/> Coinsurance NOTE: Coinsurance plans are AGGREGATE plans.	1-Tier Plan Design - FOR INDIVIDUAL PLAN DESIGNS COMPLETE SINGLE TIER ONLY				
	Single	Pays	\$ _____	\$ _____	_____ %
	Limited Family	Pays	\$ _____	\$ _____	_____ %
	Family	Pays	\$ _____	\$ _____	_____ %
	2-Tier Plan Design - FOR INDIVIDUAL PLAN DESIGNS COMPLETE SINGLE TIER ONLY				
	Single	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
	Limited Family	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
	Family	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
	3-Tier Plan Design - FOR INDIVIDUAL PLAN DESIGNS COMPLETE SINGLE TIER ONLY				
	Single	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
Limited Family	First Tier	\$ _____	\$ _____	_____ %	
	Second Tier	\$ _____	\$ _____	_____ %	
	Third Tier	\$ _____	\$ _____	_____ %	
Family	First Tier	\$ _____	\$ _____	_____ %	
	Second Tier	\$ _____	\$ _____	_____ %	
	Third Tier	\$ _____	\$ _____	_____ %	
4-Tier Plan Design - FOR INDIVIDUAL PLAN DESIGNS COMPLETE SINGLE TIER ONLY					
Single	First Tier	\$ _____	\$ _____	_____ %	
	Second Tier	\$ _____	\$ _____	_____ %	
	Third Tier	\$ _____	\$ _____	_____ %	
	Fourth Tier	\$ _____	\$ _____	_____ %	
Limited Family	First Tier	\$ _____	\$ _____	_____ %	
	Second Tier	\$ _____	\$ _____	_____ %	
	Third Tier	\$ _____	\$ _____	_____ %	
	Fourth Tier	\$ _____	\$ _____	_____ %	
Family	First Tier	\$ _____	\$ _____	_____ %	
	Second Tier	\$ _____	\$ _____	_____ %	
	Third Tier	\$ _____	\$ _____	_____ %	
	Fourth Tier	\$ _____	\$ _____	_____ %	
EXAMPLE: The Plan uses a \$1000 single & \$2000 coinsurance. The HRA plan reimburses the last \$500. You could enter this plan design into the 2-Tier Plan Design as shown to the right	EXAMPLE : 2-Tier Plan Design - FOR INDIVIDUAL PLAN DESIGNS COMPLETE SINGLE TIER ONLY				
	Single	First Tier	\$ <u>0.00</u>	\$ <u>500.00</u>	<u>50%</u>
		Second Tier	\$ <u>501.00</u>	\$ <u>1000.00</u>	<u>100%</u>
	Limited Family	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
	Family	First Tier	\$ <u>0.00</u>	\$ <u>1000.00</u>	<u>0%</u>
Second Tier		\$ <u>1001.00</u>	\$ <u>2000.00</u>	<u>100%</u>	

Dental Plan Design: Not elected

1. Select your insurance plan(s)	3. Choose only one HRA Plan Design	4. Enter From Amount	5. Enter To Amount	6. Enter % HRA Pays	
<input type="checkbox"/> Single	1-Tier Plan Design				
	Single	Pays \$ _____	\$ _____	_____ %	
	Limited Family	Pays \$ _____	\$ _____	_____ %	
<input type="checkbox"/> Limited Family	Family	Pays \$ _____	\$ _____	_____ %	
	2-Tier Plan Design				
<input type="checkbox"/> Family	Single	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
	Limited Family	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
<input type="checkbox"/> Dental	Family	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
3-Tier Plan Design					
Single		First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
Limited Family		First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
Family		First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
4-Tier Plan Design					
Single		First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
		Fourth Tier	\$ _____	\$ _____	_____ %
Limited Family		First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
		Fourth Tier	\$ _____	\$ _____	_____ %
Family		First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
		Fourth Tier	\$ _____	\$ _____	_____ %
EXAMPLE: The Plan provides \$500 single & \$1000 family. The HRA Plan reimburses 100% of submitted Dental expenses.	EXAMPLE : 1-Tier Plan Design				
	Single	Pays \$ <u>0.00</u>	\$ <u>500.00</u>	<u>100%</u>	
	Limited Family	Pays \$ _____	\$ _____	_____ %	
	Family	Pays \$ <u>0.00</u>	\$ <u>1000.00</u>	<u>100%</u>	

Vision Plan Design: Not elected

1. Select your insurance plan(s)	3. Choose only one HRA Plan Design	4. Enter From Amount	5. Enter To Amount	6. Enter % HRA Pays
<input type="checkbox"/> Single	1-Tier Plan Design			
	Single	Pays	\$ _____	\$ _____ %
	Limited Family	Pays	\$ _____	\$ _____ %
<input type="checkbox"/> Limited Family	Family	Pays	\$ _____	\$ _____ %
	2-Tier Plan Design			
	Single	First Tier	\$ _____	\$ _____ %
<input type="checkbox"/> Family		Second Tier	\$ _____	\$ _____ %
	Limited Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
2. Check the box below				
<input type="checkbox"/> Vision	Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
	3-Tier Plan Design			
	Single	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
		Third Tier	\$ _____	\$ _____ %
	Limited Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
		Third Tier	\$ _____	\$ _____ %
	Family	First Tier	\$ _____	\$ _____ %
		Second Tier	\$ _____	\$ _____ %
		Third Tier	\$ _____	\$ _____ %
4-Tier Plan Design				
Single	First Tier	\$ _____	\$ _____ %	
	Second Tier	\$ _____	\$ _____ %	
	Third Tier	\$ _____	\$ _____ %	
	Fourth Tier	\$ _____	\$ _____ %	
Limited Family	First Tier	\$ _____	\$ _____ %	
	Second Tier	\$ _____	\$ _____ %	
	Third Tier	\$ _____	\$ _____ %	
	Fourth Tier	\$ _____	\$ _____ %	
Family	First Tier	\$ _____	\$ _____ %	
	Second Tier	\$ _____	\$ _____ %	
	Third Tier	\$ _____	\$ _____ %	
	Fourth Tier	\$ _____	\$ _____ %	
EXAMPLE:				
The Plan establishes \$250 single & a \$500 family vision coverage. The HRA Plan reimburses 50% of submitted claims.	EXAMPLE : 1-Tier Plan Design			
	Single	Pays	\$ <u>0.00</u>	\$ <u>500.00</u> <u>50%</u>
	Limited Family	Pays	\$ _____	\$ _____ %
	Family	Pays	\$ <u>0.00</u>	\$ <u>1000.00</u> <u>50%</u>

Office Co-pay: Not elected

1. Select your insurance plan(s)	3. Choose only one HRA Plan Design	4. Enter Maximum Amount	
<input type="checkbox"/> Single	1-Tier Plan Design		
<input type="checkbox"/> Limited Family	Single	Pays	\$ _____
<input type="checkbox"/> Family	Limited Family	Pays	\$ _____
<input type="checkbox"/> Family	Family	Pays	\$ _____
2. Check the box below			
<input type="checkbox"/> Office Co-pay List percentage amount of each medical co-pay claim below (must be the same percentage for all claims and not determined by office visits, emergency or specialist categories): _____ %			
EXAMPLE:			
The Plan provides \$500 single & \$1000 family maximum amounts. The HRA Plan reimburses 33% of each office co-pay. Enter 33% in Step 2. You could enter this plan design using the 1-Tier Design as shown to the right:			
EXAMPLE : 1-Tier Plan Design			
	Single	First Tier	\$ 500.00
	Limited Family	First Tier	\$ _____
	Family	First Tier	\$ 1000.00

Prescriptions template: Not elected

1. Select your insurance plan(s)	3. Choose only one HRA Plan Design	4. Enter Maximum Amount	
<input type="checkbox"/> Single	1-Tier Plan Design		
<input type="checkbox"/> Limited Family	Single	Pays	\$ _____
<input type="checkbox"/> Family	Limited Family	Pays	\$ _____
<input type="checkbox"/> Family	Family	Pays	\$ _____
2. Check the box below			
<input type="checkbox"/> Prescriptions List percentage amount of each prescription claim (must be the same percentage for all claims and not determined by generic, name brand, etc.): _____ %			
EXAMPLE:			
The Plan provides \$500 single & \$1000 family maximum amounts. The HRA Plan reimburses 50% of each Rx co-pay. Enter 50% in Step 2. You could enter this plan design using the 1-Tier Design as shown to the right:			
EXAMPLE : 1-Tier Plan Design			
	Single	First Tier	\$ 500.00
	Limited Family	First Tier	\$ _____
	Family	First Tier	\$ 1000.00

IRS Section 213 Expenses Plan Design: Not elected

1. Select your insurance plan(s)	3. Choose only one HRA Plan Design	4. Enter From Amount	5. Enter To Amount	6. Enter % HRA Pays	
<input type="checkbox"/> Single	1-Tier Plan Design				
	Single	Pays \$ _____	\$ _____	_____ %	
	Limited Family	Pays \$ _____	\$ _____	_____ %	
<input type="checkbox"/> Limited Family	Family	Pays \$ _____	\$ _____	_____ %	
	2-Tier Plan Design				
	Single	First Tier \$ _____	\$ _____	_____ %	
<input type="checkbox"/> Family		Second Tier \$ _____	\$ _____	_____ %	
	Limited Family	First Tier \$ _____	\$ _____	_____ %	
		Second Tier \$ _____	\$ _____	_____ %	
2. Check the box below					
<input type="checkbox"/> All Section 213 Expenses	Family	First Tier \$ _____	\$ _____	_____ %	
		Second Tier \$ _____	\$ _____	_____ %	
	3-Tier Plan Design				
	Single	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
	Limited Family	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
	Family	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
		Third Tier	\$ _____	\$ _____	_____ %
	4-Tier Plan Design				
	Single	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
Third Tier		\$ _____	\$ _____	_____ %	
Fourth Tier		\$ _____	\$ _____	_____ %	
Limited Family	First Tier	\$ _____	\$ _____	_____ %	
	Second Tier	\$ _____	\$ _____	_____ %	
	Third Tier	\$ _____	\$ _____	_____ %	
	Fourth Tier	\$ _____	\$ _____	_____ %	
Family	First Tier	\$ _____	\$ _____	_____ %	
	Second Tier	\$ _____	\$ _____	_____ %	
	Third Tier	\$ _____	\$ _____	_____ %	
	Fourth Tier	\$ _____	\$ _____	_____ %	
EXAMPLE: The Plan provides \$2000 single & \$4000 family amounts. The HRA Plan reimburses 100% of all claims up to the specified amounts.	EXAMPLE : 2-Tier Plan Design				
	Single	First Tier	\$ <u>0.00</u>	\$ <u>2000.00</u>	<u>100%</u>
		Second Tier	\$ _____	\$ _____	_____ %
	Limited Family	First Tier	\$ _____	\$ _____	_____ %
		Second Tier	\$ _____	\$ _____	_____ %
	Family	First Tier	\$ <u>0.00</u>	\$ <u>4000.00</u>	<u>100%</u>
		Second Tier	\$ _____	\$ _____	_____ %

