



PLAN SELECTION INFORMATION

Please select the HRA Plan below:

- ☐ Traditional/Integrated HRA (Also can be called Standard HRA, Group Coverage HRA)
- ☐ Qualified Small Employer HRA/QSEHRA (Also can be called Small Business HRA)
- ☐ Individual Coverage HRA/ICHRA (Also can be called Uniform Coverage HRA or UCHRA)
- ☐ Excepted Benefit HRA/EBHRA (Also can be called Supplemental HRA or Limited Scope HRA)
- ☐ Retiree HRA (Also can be called Retiree Medical Account, Post-Employment HRA)

Not sure which HRA is right for you? Check out the comparison on the next page.

Still have questions? Email us at CDH@moneywisesolutions.com before you get started — we're happy to help.

HRA COMPARISON CHART

	Traditional/ Integrated HRA	QSEHRA Qualified Employees Small HRA	Individual Coverage HRA	EBHRA Excepted Benefit HRA	Retiree HRA
What Is It?	Extra help to pay costs under your main health plan (deductibles, copays, prescriptions, etc.)	For small employers (<50) that don't offer group insurance but want to give employees tax-free money for health costs	Let employers of any size give employees money to buy individual health insurance (instead of group plan)	A side account for limited "excepted" benefits (like dental, vision, COBRA, short-term coverage).	Employer funded accounts to help retirees with health costs..
Employer Group Health Plan Requirement	Must be paired with a group health plan.	Employer cannot offer a group health plan.	Replaces the group health plan for that employee class.	Employer must offer a group plan, but 871 employees don't have to enroll in it. Employer does not have to offer the same except benefit (e.g, dental) being reimbursed.	Not tied to an active employer group plan.
Employer Size	Any Size.	Less than 50 Employees	Any Size.	Any Size.	Any Size.
Annual Limited Apply	No IRS Limit	\$6,350 (self-only) / \$12,800 (family) Per Plan Year. <i>Must be prorated for partial-year eligibility.</i>	No IRS Limit	\$2,200 per year (2026)	No IRS Limit
Reimbursable Expenses	Out-of-pocket medical expenses §213 (d) like deductibles, copays, coinsurance, prescriptions, and dental/vision (if employer allows).	Individual health insurance premiums: <ul style="list-style-type: none"> Marketplace (on-exchange) Off-exchange private plans Medicare (Parts A, B, C, D) Other §213(d) medical expenses: <ul style="list-style-type: none"> Allowed if the employer includes them in the plan design. 	Individual health insurance premiums: <ul style="list-style-type: none"> Marketplace (on-exchange) Off-exchange private plans Medicare (Parts A, B, C, D) Other §213(d) medical expenses: <ul style="list-style-type: none"> Allowed if the employer includes them in the plan design. 	Premiums for: <ul style="list-style-type: none"> Stand-alone dental/vision (if not already paid pre-tax elsewhere) COBRA Short-term coverage, Accident-only or Indemnity coverage. Other Expenses: Out-of-pocket costs under dental/vision (glasses, contacts, fillings, etc.) or accident coverage.	Medicare premiums, supplemental insurance, out-of-pocket healthcare expenses
Eligibility/Participation Rules	Employer decides eligible groups (full time, part-time, etc.), but must be in the group health plan.	Must be offered to all eligible employees on the same terms (except permitted exclusions): <ul style="list-style-type: none"> Less 90 days service Under age 25 Part-time Seasonal 	Employer can define classes (full-time, part-time, geographic, etc). Within a class, all employees must be offered the same benefit (except adjustments allowed for age [3.1] and family size).	Can be offered to all employees, whether or not they enroll in the group health plan. Employer can apply standard eligibility rules (full-time, etc.).	Limited to retirees only (eligibility defined by employer, e.g, age or years of service).
Employee Coverage Requirement	Must be enrolled in employer's group health plan.	Must be offered to all employees, but employee must have Minimum Essential Coverage (MEC) to receive reimbursements tax-free. If they don't, they still are considered as a "participant" but receive \$0.	Must be enrolled in individual health insurance (on- or off-exchange or Medicare).	Do not have to enroll in the employer's group plan or employer's excepted benefit. Must be enrolled in the excepted benefit (dental, vision, COBRA, short-term, etc.) individually or through a spouse.	Must have retiree coverage or Medicare (depending on plan design).
COBRA Eligible Benefit	Yes	No	Yes	Yes	No

PLAN INFORMATION

Is this Plan New or a Restatement? ☐ New ☐ Restatement

If this is a brand new plan for your company, please select "New." If you are amending and restating a previous plan, please select "Restatement"

Plan Year Start: ____/____/____

The Plan Year Start should be consistent with the plan year for all other group benefits if possible. Do not back date a plan year start.

Plan Year End: ____/____/____

The date on which this Plan Year ends - typically the end of the calendar year or the end of the 12th month after the Plan Year Start - with the exception of short plan years.

Original Effective Date (Only if Restatement): ____/____/____

Amended and Restated Date (Only if Restatement): ____/____/____

Short Plan Year: ☐ Yes ☐ No

Renewal Year Start (only if Short Plan year): ____/____/____

Renewal Year End (only if Short Plan year): ____/____/____

Is entity subject to Section 1557 of the ACA?: ☐ Yes ☐ No

If "YES" to above

Civil Rights Coordinator Name: _____

Civil Rights Coordinator Email: _____

Civil Rights Coordinator Phone: _____

Civil Rights Coordinator TTY Phone: _____

Are claims administration/appeals procedures included in each of the underlying certificates or benefit policies?: ☐ Yes ☐ No

If "NO" to above complete the following with the time limit for each:

Notification timing regarding original claim

Urgent Care (0 - 72 hours): _____

Pre-Service (0 - 15 days): _____

Post-Service (0 - 30 days): _____

Notification timing regarding appeals

Urgent Care (0 - 72 hours): _____

Pre-Service (0 - 15 days): _____

Post-Service (0 - 30 days): _____

EMPLOYEE ELIGIBILITY

Include Employees that work _____ hours or more per week.

The PPACA generally states that, beginning in 2015 or 2016, as applicable, all employees working 30 hours or more per week are eligible for Plan benefits. However, the Plan may allow employees who work fewer than 30 hours per week to be eligible for the Plan. Exceptions may also exist for companies with less than 50 employees or for non-group health plan coverage

Number of Eligible Employees: Full Time: _____

Part Time: _____

Include Retirees: ☐ Yes ☐ No

Exclude the following:

This pertains to the eligibility of the Plan itself and not for the underlying benefits. Select the employee classes that will not be eligible for benefits under the Plan.

Union: ☐ Yes ☐ No

Non-Resident Aliens: ☐ Yes ☐ No

Hourly Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No Salaried Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No Leased Employees: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Employee Class Exclusions: _____
Would you like to include the full COBRA language in the document?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>You may elect to include the COBRA rules for your HRA plan even if not required by federal regulations.</i>
Would you like to include the full FMLA language in the document?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>You may elect to include the FMLA rules for your HRA plan even if not required by federal regulations.</i>
Entry Into Plan: <i>This requirement must be satisfied before an employee is eligible for Plan entry. Keep in mind that federal regulation generally prohibits an employee from waiting longer than 90 days before becoming eligible (i.e., after taking into consideration the date the policy of coverage becomes effective).</i> Please select one of the following: <input type="checkbox"/> 1st day of the month following date requirements were met <input type="checkbox"/> 1st Day of Pay period following waiting period <input type="checkbox"/> Date that conditions of eligibility are met <input type="checkbox"/> Other (provide a description): _____
Do you have variable hour employees?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be using the IRS Look-back measurement method to determine employee status?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to both Variable and Lookback, then please answer the following: <u>New Employees</u> Initial Measurement Period (3-12 Months): _____ Administrative Period (1 - 90 Days): _____ Stability Period (6-12 Months): _____ <u>Ongoing Employees</u> Standard Measurement Period Start Date: ____/____/____ Standard Measurement Period Duration (3 - 12 Months): _____ Administrative Period (1 - 90 Days): _____ Stability Period Start Date: ____/____/____ Stability Period Duration (6 - 12 Months): _____

HRA PLAN DETAILS

Please **only complete** the **BLUE** sections that apply, based on the **HRA Plan you selected** on the HRA Selection Page.

TRADITIONAL / INTEGRATED HRA

Please complete the table below for each group health plan this HRA will be integrated with.

- Employee Class – e.g., Full-time, Part-time, Seasonal, Geographic region, etc.
- Health Plan Name – Please list the full plan name (e.g., “Anthem PPO 5000”).
- Annual Allowance – Enter the reimbursement amount for each coverage tier that applies.

If your allowances vary by both Class and Plan, please complete a separate line for each combination. For EBHRA (EXCEPTED BENEFIT HRA), fill it out in its appropriate section below.

		Annual Allowance				
Employee Class	Health Plan Name	Employee Only	EE+Child	EE+Children	EE+Spouse	Family

REIMBURSEMENT OPTIONS

Please check all that should be included:

- ☐ Reimburse **§213(d) medical expenses** (deductibles, copays, coinsurance, prescriptions, etc.)
- ☐ Reimburse **dental and vision expenses** (if employer chooses to include them)
- ☐ Reimburse **insurance premiums** (such as dental, vision, or other coverage), if allowed by employer
- ☐ Limit reimbursement to **specific categories only** (please specify): _____

Optional Advanced Design (complete only if desired):

Minimum before HRA pays?: ☐ Yes ☐ No

- ☐ No minimum (HRA pays first dollar)
- ☐ Yes → \$_____ minimum before HRA kicks in

Cost-sharing after minimum:

- ☐ HRA pays 100%
- ☐ Split (Employee _____% / HRA _____%)
- ☐ Other: _____

Wellness Incentives (outside HRA, taxable if non-§213(d)):

- Max Contribution: \$ _____
- Qualifying Activities: _____

QSEHRA (QUALIFIED SMALL EMPLOYER HRA)

Please complete the Allowance Table above.

Allowance may vary only by self-only vs. family coverage — no other class-based variation is allowed.
(Reminder: 2026 max = \$6,350 self-only / \$12,800 family. Must prorate for mid-year new hires.)

Will you exclude any of the following groups? (check all that apply):

- ☐ Employees with <90 days of service
- ☐ Employees under age 25
- ☐ Part-time employees
- ☐ Seasonal employees
- ☐ Employees covered by a collective bargaining agreement
- ☐ Nonresident aliens with no U.S. income
- ☐ None (all employees included)

REIMBURSEMENT OPTIONS

- ☐ Reimburse **individual health insurance premiums** (Marketplace, off-exchange, Medicare)
- ☐ Reimburse **other §213(d) medical expenses** (if employer chooses)
- ☐ Limit reimbursement to premiums only

ICHRA (INDIVIDUAL COVERAGE HRA)

Please complete the Allowance Table above.

Allowance can vary by class, by tier, and by age (max 3:1). All employees in the same class must be offered ICHRA on the same terms.

Employee Class – e.g., Full-time, Part-time, Seasonal, Geographic region, etc.

Coverage Tier – Please list tier name e.g., single, family, ee+child, etc.

Annual Allowance – Enter the reimbursement amount for each coverage tier that applies.

Which employee classes will be eligible for ICHRA? (check all that apply):

- ☐ Full-time
- ☐ Part-time
- ☐ Seasonal
- ☐ Salaried
- ☐ Hourly
- ☐ Geographic region
- ☐ Employees covered by a collective bargaining agreement
- ☐ Other: _____

Additional Setup:

Vary by Age?: ☐ No ☐ Yes → Provide scale (max 3:1 ratio): _____

Vary by Family Size?: ☐ No ☐ Yes → Provide amounts: _____

Classes included (FT, PT, seasonal, geographic, etc.): _____

REIMBURSEMENT OPTIONS

- ☐ Reimburse **individual health insurance premiums** (Marketplace, off-exchange, Medicare)
- ☐ Reimburse **other §213(d) medical expenses** (if employer chooses)
- ☐ Limit reimbursement to premiums only

HRA SBC Coverage Details (ICHRA Only)		
Acupuncture	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Bariatric Surgery	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Chiropractic Care	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Cosmetic Surgery	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Dental Care (Adult)	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Hearing Aids	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Infertility Treatment	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Long-Term Care	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Non-Emergency Care (Traveling Outside the US)	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Private Duty Nursing (Adult)	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Routine Eye Care	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Routine Foot Care	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered
Weight Loss Programs	<input type="checkbox"/> Covered	<input type="checkbox"/> Not Covered

EBHRA (EXCEPTED BENEFIT HRA)

Allowance Setup

Allowance must be the same flat amount for all eligible employees; no class or tier variation allowed.

Annual Allowance (Max \$2,200 in 2026): \$ _____

Eligibility

Which employees are eligible to participate in the EBHRA?

- ☐ All employees
☐ Full-time employees only
☐ Other (please specify): _____

REIMBURSEMENT OPTIONS

- ☐ Dental (premiums and/or out-of-pocket)
☐ Vision (premiums and/or out-of-pocket)
☐ COBRA continuation coverage (medical, dental, vision)
☐ Short-term limited-duration insurance
☐ Accident-only, hospital indemnity, or specified disease coverage
☐ Limit reimbursement to selected categories only: _____

RETIREE HRA

Please complete the Allowance Table.

Allowance can vary based on service or age brackets, but must apply consistently within each retiree group, so please complete only the applicable fields below.

Eligibility Group – Name of the group of retirees in this group

			Annual Allowance	
Eligibility Group	Age Range (if applicable)	Years of Service (if applicable)	Self Only	Family
	_____ to _____	_____ years	\$ _____	\$ _____
	_____ to _____	_____ years	\$ _____	\$ _____
	_____ to _____	_____ years	\$ _____	\$ _____

Which retirees are eligible?

- ☐ All retirees
☐ Retirees with minimum service requirement: _____ years
☐ Retirees who meet minimum age requirement: _____
☐ Other: _____

REIMBURSEMENT OPTIONS

- ☐ Medicare premiums (Parts A, B, C, D)
☐ Medicare supplement ("Medigap") premiums
☐ Other §213(d) retiree medical expenses (prescriptions, copays, dental, vision, etc.)
☐ Limit reimbursement to specific categories only: _____

HRA CLAIMS & OPTIONS - COMPLETE THIS SECTION FOR ALL HRA PLANS

If offering FSA and HRA plans, which plan pays out first to participants? Which plan should be exhausted first?	<input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> Not Applicable
Can participants be reimbursed for expenses incurred between now and the original effective date of the HRA as long as they were a participant? <i>(Example: If this is the first time offering the HRA, would the plan design X years from now pay back claims with dates of service back to the original date listed to the right)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the date HRA was first offered to employees ____/____/____
Claims are to be submitted by: Select "Participant" if this HRA allows for the direct submission of claims to the administrator by the participant. With this option, reimbursement will go directly to the participant as well. Select "Health Plan Carrier" if this HRA has claims integration with the group health plan, and the carrier will send claim files directly to the Claims Adjuster.	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>
Reimbursements will be made directly to: Even though the claims are being submitted directly from the group health plan to the administrator, you must select who will receive the reimbursement. Directly to the "Participant" or to the "Provider".	<div style="border-bottom: 1px solid black; height: 20px;"></div>

Runout period – Allows employees to file claims after the plan year ends. Date of service for claims must be incurred during the plan year.

Runout Period: Does the plan allow participants who have unused benefits to submit expenses after the plan year end that were incurred prior to the plan year-end?	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ days following the Plan Year End Date
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Loss of Eligibility – When an employee has been terminated from employment they may become ineligible for benefits depending on how you want to handle terminated employees. *

Loss of Eligibility (please complete both sections): (Ex. John left the company on 10/1; he goes to the Dr. on 10/2. Can he file a claim for his 10/2 Dr. Appt.)?	Can an employee who is no longer eligible file claims with a date of service after ineligible? <input type="checkbox"/> Yes <input type="checkbox"/> No
When an employee resigns, retires, or is terminated, how many days do they have to finish filing claims for services incurred while they were an active employee?	Allow participants to file claims for: (please select one and indicate the number of days) <input type="checkbox"/> ____ days following the days after the plan year end date OR <input type="checkbox"/> ____ days after the last date they were 'Active'

Rollover – Allows participants to roll over up to 100% of unused funds at the end of the plan year.

HRA Rollover: If funds are rolling over to a subsequent plan year, the rollover will take place on Day 1 of the new plan year.	Can unused dollars be carried over and used in subsequent plan years? <input type="checkbox"/> Yes <input type="checkbox"/> No
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	If yes, <input type="checkbox"/> Up to \$_____ <input type="checkbox"/> _____ % of Balance
When an employee has been terminated from employment; will their funds rollover to the next plan year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spenddown – Allows employees the ability spend remaining balance of their HRA in subsequent plan years, even if they are no longer eligible for the HRA.	
When an employee is no longer eligible for the HRA, will their funds rollover to the next plan year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FUNDING & INVOICING ACKNOWLEDGEMENT

MoneyWise requires the company to set up a dedicated bank account through their chosen bank. ACH should be established directly from this preferred bank account for all spending accounts, as well as for the Monthly Administrative Invoice.

[ACH Form](#)

[BanCorp Form](#)

- ☐ I hereby authorize MoneyWise Solutions to initiate debit/credit entries to the Account for Reimbursement of Claims Including but not limited to manual, online, or debit card transactions for Transactions for HRAs.
- ☐ I hereby authorize MoneyWise Solutions to initiate debit/credit entries to the Account for Contributions payroll deductions and employer contributions.
- ☐ Administrative Fee Funding for all employer paid fees, including but not limited to setup fees and monthly fees.

Electronic Signature:	
Print Name:	
Title:	
Date:	