



Health and Wellness Trust

## SuperMed HRA® COSE Health & Wellness Trust (COSE MEWA) Product Selection Form Checklist

Medical Mutual offers a seamless process to enroll in a health reimbursement account (HRA). To allow your client to take full advantage of their consumer-driven health plan, please complete the steps below.

### Group Information

Group Name:		
Group Address:		
Group Tax ID #:		
Broker Name Contact:	Phone:	Email:
Group Accounting Contact:	Phone:	Email:
Group HR Contact:	Phone:	Email:

### Select Your Product:

#### Step 1: Select your product and mandatory HRA design below

Please select the mandatory HRA funding amount. Non-network claims do not process through the HRA.

- |                            |                            |
|----------------------------|----------------------------|
| COSE MEWA HRA 25-1000 w/Rx | COSE MEWA HRA 3000 w/PD Rx |
| COSE MEWA HRA 25-2000 w/Rx | COSE MEWA HRA 5000 w/PD Rx |
| COSE MEWA HRA 25-3000 w/Rx | COSE MEWA HRA 6550 w/PD Rx |

#### Step 2: Complete the proper Agreement

To access required agreement documents, go to [Mybrokerlink.com](http://Mybrokerlink.com) > Producers Guide > HSA FSA HRA Products > and click on either the CDHP Standard or CDHP Government Agreement

#### Step 3: Complete your Deductible Credit Information (if Applicable)

If your group has an HRA with another carrier or TPA, your group can transfer HRA deductible credits within 30 days of your effective date. Please provide a deductible/HRA balance report.

#### Step 4: Wait for bank set-up instructions

You will receive an email from the Treasury department at Medical Mutual ([TreasuryDept@MedMutual.com](mailto:TreasuryDept@MedMutual.com)) to confirm the banking arrangements.

### HRA Plan Information/Design:

#### Section 1: Previous HRA

Is there an HRA in place today?  Yes  No

If yes, are there HRA balances being transferred?  Yes  No

If yes, expected delivery date \_\_\_\_\_ (must be within 45 days of benefit start date)

<input type="checkbox"/> Claims Integration ( <i>claims automatically process against the HRA</i> ) <ul style="list-style-type: none"> <li>HRA will fund claims: <input type="checkbox"/> In Network only</li> <li>HRA must follow medical deductible for processing on EE+1 and Family contract types <ul style="list-style-type: none"> <li>Medical deductible: Embedded <input type="checkbox"/></li> </ul> </li> <li>Claims Settlement Weekly:</li> </ul>	Network Deductible		
	Sub/Single	Employee + 1	Family
	\$	\$	\$

Who pays first? ( <i>Level One</i> )	Sub/Single	Employee + 1	Family	Split		
<input type="checkbox"/> HRA <input type="checkbox"/> Subscriber or <input type="checkbox"/> Split	\$	\$	\$	HRA	%	Sub %
Who pays second? ( <i>Level Two</i> )	Sub/Single	Employee + 1	Family	Split		
<input type="checkbox"/> HRA <input type="checkbox"/> Subscriber or <input type="checkbox"/> Split	\$	\$	\$	HRA	%	Sub %
Who pays third? ( <i>Level Three</i> ) (If applicable)	Sub/Single	Employee + 1	Family	Split		
<input type="checkbox"/> HRA <input type="checkbox"/> Subscriber or <input type="checkbox"/> Split	\$	\$	\$	HRA	%	Sub %
Totals should equal deductibles (Employees must have at least \$250.00 of deductible exposure)	Sub/Single	Employee + 1	Family			
	\$	\$	\$			

**Medical Mutual Information (Internal use only)**

Prepared By:	Cost Center:	Phone:	Date:
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Group Account Executive Name:	Effective Date:
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Base Group Number:	Section Numbers:
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Is this an existing Medical Mutual group?     yes     no

HRA Start Date: ____ / ____ / ____	HRA Reset Date: <u>12</u> / <u>31</u> / ____
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Benefit Period Start Date: <u>01</u> / <u>01</u> / ____	Benefit Period End Date: <u>12</u> / <u>31</u> / ____
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**Eligible Expenses (Select the eligible expense covered by the HRA Plan)**

Claims Integration Eligible Expenses	
Select	Eligible Expenses (Network Only)
<input type="checkbox"/>	MEDICAL DEDUCTIBLE
<input type="checkbox"/>	MEDICAL DEDUCTIBLE, INCLUDING MMRx

**Sales Notes and/or Comments:****Product Development Approval:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Operations Approval:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CDHP Code and Effective Date (to be completed by Operations):**

Group #:	Section(s):		
CDH Code:	Debit Card:	Custodian:	Effective Date: