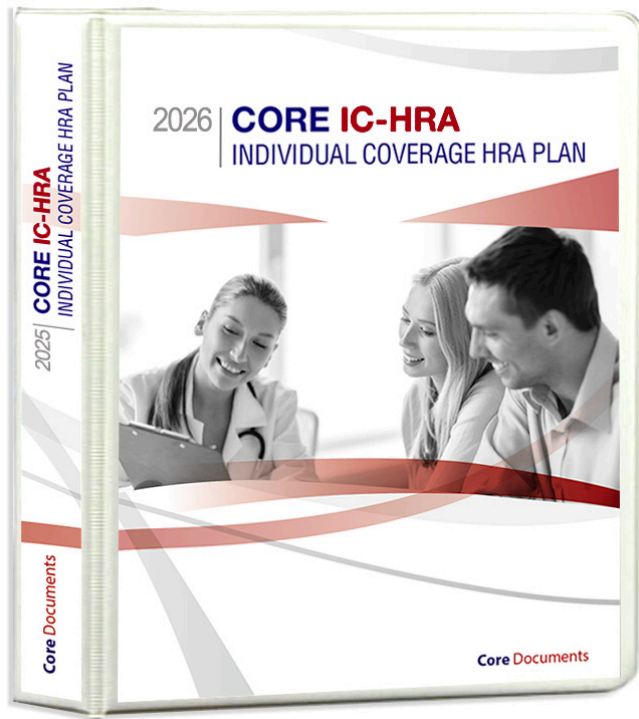


# Core IC-HRA | Individual Coverage HRA plan



## HEALTH INSURANCE YOUR WAY

No two people are exactly alike, and certainly no two have the same health coverage needs. That's why one-size-fits-all employer-sponsored group health plans have become a costly and less effective solution for most of us.

With the new Individual Coverage HRA, businesses can now return health coverage choice to employees. Instead of the company trying to find the best health insurance fit for everyone — which is pretty much impossible to do — the ICHRA will reimburse employees for their purchase of an individual health coverage insurance policy that best fits them, as well as all IRS 213(d) allowed medical expenses.

It's all about having health insurance your way – the way that works best for your employees and your business.

### Plan document required

A written plan document is required to establish a new Individual Coverage HRA for employees. The plan document details the benefit amount and terms for each employee class; information about the company, its agent, and plan administrator; plan obligations; employee responsibilities, and so forth, along with various legal disclosures.

### One simple solution

Core Documents simplifies this process for employers with the Core ICHRA Plan Document package.

For only \$199, employers receive everything they need to establish an IRS- and DOL-compliant Individual Coverage HRA.

We also provide free plan design consultations via phone or email to help you get it right.

### Advantages for employers

- No employer-sponsored traditional group health plan;
- Available to employee groups of any size;
- No minimum or maximum limit on how much an employer provides;
- Broad latitude for defining employee groups and benefit levels;
- Works with HSAs and health FSAs for additional tax savings.

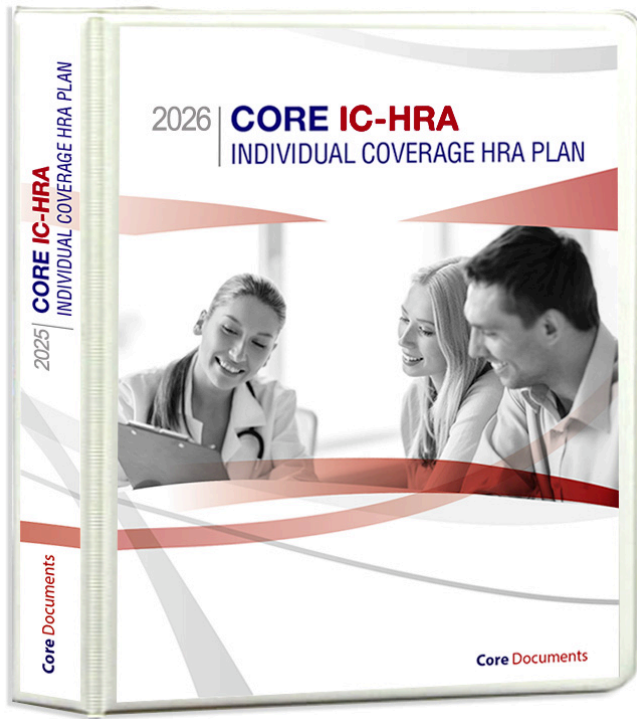
### Advantages for employees

- Choose individual health coverage based on need and budget;
- Tax-free reimbursement for qualifying health insurance premium up to benefit limit;
- Keep the same health insurance when you change jobs;
- Opportunity to opt-out of coverage at least once per year.

*The ICHRA is available to employers for plan years beginning January 1, 2020, with the required Written Notice to Employees distributed at least 90 days prior to the start of the plan year.*

# Core IC-HRA

Individual Coverage  
HRA plan



*The most flexible HRA plan*

## Health Insurance YOUR WAY

The versatility of the ICHRA owes to its many options.

### Reimburse premiums & more

Employers may opt to reimburse employees for all IRS 213(d) allowed medical expenses (outlined or summarized in IRS Publication 502 ) in addition to the individual health insurance premium.

### Works with HDHP policies

Offer an option for employees buying a lower-premium high-deductible health plans (compatible with Health Savings Accounts) while those purchasing a standard individual health coverage retain full ICHRA reimbursements.

### Grandfather GHP for current employees

Provide the ICHRA to new hires while current employees continue under the existing employer-sponsored group health plan.

### Allows varying benefit amounts

Set a higher funding level for participants with more dependents or for older employees with higher premiums.

### Tax-free reimbursement

Reimbursements for individual coverage premiums and other eligible medical expenses are tax-free to the employee.

### More tax savings

Employers can improve tax savings with an existing or new Section 125 cafeteria plan for employees' making contributions to a Health FSA, HSA, or balance of premium payments.

## Visit us online today

To learn more about the ICHRA, please visit us at [www.coredocuments.com](http://www.coredocuments.com).

## Here's how it works

1. A company sets up a new Individual Coverage HRA with a written plan document.
2. Copies of required notices and forms are given to every employee eligible to participate in the plan no later than 90 days prior to the first day of the plan year.
3. Employee participants purchase their choice of individual health insurance coverage on the open market or a health care exchange.
4. The employer reimburses employees for the monthly individual health insurance premium upon receipt of a claim form with proof of premium payment and the Initial Substantiation of Coverage form.
5. This reimbursement process repeats every month the employee pays the premium for the individual health coverage policy of their choice.

### Individual Coverage HRA Plan Document: Ordering Information

This form is provided for your convenience while gathering information for the Core IC-HRA document package. It is a fillable PDF form. Click on the line next to "First Name" to begin and then tab from field to field.

#### Purchaser Information

(Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.; "N/A" in "First Name" if not applicable.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web site \_\_\_\_\_

Ship Plan Document package to: Purchaser Employer

#### Employer Information for Plan Documents

(Owner/controller, document signer; exactly as it should appear in the plan document.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web site \_\_\_\_\_

**Form of Business:**            S Corporation            C Corporation            LLC            Partnership  
                                         Sole Proprietorship            Government            Non-Profit 501(c)(3)

**Employer Fed. ID #** \_\_\_\_\_ **State of Incorporation** \_\_\_\_\_ **No. of Employees** \_\_\_\_\_

Legal Name(s) of **Affiliated Company(ies)** that will be covered by the Plan (if any):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

#### Plan Administrator

Employer (use 'employer' information, above)    Other (provide information below)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Protected Health Information Designee

(The person who will be responsible for the proper handling of medical information protected under HIPAA law.)

Name \_\_\_\_\_

#### ICHRA Effective Date

A new plan with an effective date of \_\_\_\_\_.

Amend and restate an existing ICHRA plan as of \_\_\_\_\_.

If this is an amended and restated plan, state the (old) original effective date: \_\_\_\_\_.

**Plan Year** The first plan year will be:

- A 12-month consecutive period beginning date \_\_\_\_\_ and ending date \_\_\_\_\_.
- A short plan year beginning date \_\_\_\_\_ and ending date \_\_\_\_\_.

**Please tell us how you found Core Documents:**    Search Engine    Agent    Google Ad    Other \_\_\_\_\_

Employer: \_\_\_\_\_

### ICHRA PLAN DESIGN

Please answer all of the following basic design questions that apply to the HRA benefit that you would like to provide. A Core Benefit Consultant will contact you regarding your custom plan design requests, issues, and design criteria.

#### Employee Eligibility

**Waiting Period** Employees are eligible to participate in the plan on:

the 1<sup>st</sup> day of employment, or the 1<sup>st</sup> day following, or the 1<sup>st</sup> day of the month following \_\_\_\_\_ days of employment.

**Eligibility Requirements:** All employees who work \_\_\_\_\_ or more hours per week.

#### ICHRA Options

Check all that apply:

- Coverage will be available to Employee Only
- Coverage is available to Employee & Employee + Dependents
- ICHRA reimburses IC premiums only
- ICHRA reimburses IC premiums plus all allowed IRS 213(d) medical, dental, vision expenses
- Reimburses Medicare Premium Parts B, C, and D and supplemental coverage
- Reimburses Medicare out-of-pocket expenses including all allowed IRS 213(d) medical, dental, vision expenses
- ICHRA will coordinate with a Health FSA
- ICHRA will coordinate with an HSA

#### Annual ICHRA benefit amounts

\$ \_\_\_\_\_ (annually) for employees with self-only health insurance coverage

\$ \_\_\_\_\_ (annually) for employees with eligible dependents (with family coverage)

#### Benefit Availability

Monthly and prorated

Lump sum available on day 1 of Plan Year

#### End-of-Year Carryover

Will unused ICHRA funds rollover to the next plan year?  Yes  No

What percentage of the unused balance will carryover at the end of the year?  100%  Other (\_\_\_\_\_%)

#### Pre-tax Balance of Premium Salary Deductions

Will employees be able to make payments for balance of IC premium to insurance provider via pre-tax salary deductions in a Section 125 Premium Only Plan?<sup>1, 2, 3</sup>  Yes  No

<sup>1</sup>This option requires a newly-adopted Section 125 Plan document (\$99 fee).

<sup>2</sup>Premium for IC purchased on an exchange is not eligible for balance-of-premium payments through a Section 125 pre-tax plan.

<sup>3</sup>We will contact you about additional ways to reduce payroll taxes and make employee excess premium more affordable.

#### Benefit Amount for Older Employees

Will premium reimbursement be the same for all ages?  Yes  No

If "No" and you are using an age-rated or banded or rates by class of employee, please provide us with the rate structure by class of employee in either MS Word or PDF as this information must be included on the ICHRA Notice to Employees, Plan Document, and Summary Plan Description Schedule of Benefits (SPD).

#### Benefit Defined by Employee Class

Will your ICHRA offer different Benefits by Employee Class or Location?  Yes  No

If the answer is "Yes," please provide your proposed Class definitions for the Plan Year using MS Word or PDF formatting. (Section continues on next page.)

Employer: \_\_\_\_\_

Please enter additional plan design notes below:

### Choose either the IC-HRA 'Deluxe Binder Option' or the 'Basic PDF Option':



**Deluxe Binder – New IC-Health Reimbursement Arrangement Plan Document** **\$249.00**

In email PDF version processed ASAP, AND Printed in 3-ring binder, with 5 Section tabbed index, shipped via Priority Mail.

**OR**



**Basic PDF Option - New IC-Health Reimbursement Arrangement Plan Document** **\$199.00**

PDF Document Processed Quickly and Sent Via E-Mail

### Options that can be added to the IC-HRA Deluxe Binder or the Basic PDF Option:

- Plan Document CD Mailed - in addition to PDF email and/or mailed binder** **\$25.00**  
Documents provided in PDF format only. Forms in MS Word format.  
Always have a safe backup copy of your plan document on CD.
- Rush Order - Your order automatically queued for immediate processing** **\$25.00**
- 2nd Year Update - discounted 25% when added to new document order** **\$149.00**  
This option entitles you to one plan document amendment in the first 24 months.  
Save 25% off the normal \$199.00 update price.

### Update and Amend an IC-HRA plan document originally produced by Core Documents:

- Update/Amend IC-Health Reimbursement Arrangement HRA Plan Document** **\$199.00**  
All Updated/Amended documents delivered via email in PDF format.

**TOTAL** \_\_\_\_\_

**Invoice me via email, please complete the following:**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Email Address for Invoice: \_\_\_\_\_

**If paying by check, please complete the following:**

Your order can be processed with the following checking account information and authorization.

Name as it appears on the check:  
\_\_\_\_\_

Bank Name: \_\_\_\_\_

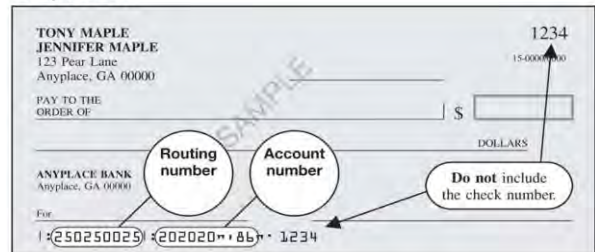
Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

 \_\_\_\_\_  
Signature

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

**Sample Check**

The routing and account numbers may be in different places on your check.

**If paying by credit card, please complete the following:**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

 \_\_\_\_\_  
Signature

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

**Refund Policy:** Purchaser understands that goods and services provided by Core Documents, Inc. are non-refundable. Orders cancelled prior to sending/shipping are subject to cancellation fees applied to the cost of goods and services provided during the review, draft, and preparation of your order.

Please sign and fax completed form to (941)795-4802. Attach additional pages of plan design information if needed.

Mail: Core Documents, Inc. P.O. Box 14538, Bradenton, FL 34280

Scan and Email: [CoreService@CoreDocuments.com](mailto:CoreService@CoreDocuments.com)

Toll Free Voice: 888-755-3373 Fax: 941-795-4802