Bluegrass Family Health
HSA Solutions

Bluegrass Family Health

Applicable to HSA plans including: KE146643, KE146644, KE146645, KE146646, KE146647, KE146648,KE146649, KE156856, KE156857

Consumer-Directed Healthcare Accounts for Your Organization

ConnectYourCare is a leading administrator of Consumer-Directed Healthcare (CDH) accounts, including Health Savings Accounts (HSAs), Flexible Spending Accounts (FSAs), Dependent care Assistance Program (DCAPs) and Health Reimbursement Arrangements (HRAs). Bluegrass Family Health has partnered with ConnectYourCare in order to provide innovative administrative service and tools for Consumer-Directed Healthcare accounts.

Our HSA solution allows employers to offer a feature-rich HSA benefit while receiving top-tier account service and administration features. Employers enjoy the superior account management services that only an award-winning company like Bluegrass Family Health can provide, while employees enjoy a benefit-rich account that is easy to understand and even easier to use.

Employer Advantages

In addition to benefiting from a superior operating platform, online reporting tools, and account flexibility, you will also have the assurance of knowing that Bluegrass Family Health's services do not end with account administration.

We also strive to partner with employers to manage the entire healthcare account experience. It's part of our pledge to you.

Are you looking for an HSA solution that is easy to administer and loaded with employee benefits?

Easy to understand, simple to use, and loaded with benefits.

Release yourself from complicated account administration. With Bluegrass Family Health, all aspects of HSA administration are covered, including implementation, account enrollment, customer service, and compliance.

Your employees will want to participate in an HSA because it's simple to access and manage funds, and they can earn interest and make investments. Employees will receive a healthcare payment card to access funds easily, and they can track and manage expenses online. They will also have access to online health education tools that make it easy to make informed healthcare choices. We can even help you explain the account benefits to them!

To give your employees even more Health Benefit options, you can pair an HSA with an HRA or an FSA. Once paired with an HSA, these accounts become Limited Purpose and cover only vision and dental expenses.

Employee Advantages

Your employees will enjoy a healthcare payment card to access funds, an online portal for account management, investment options, speedy and accurate claims processing, superior customer service, and access to valuable health education and decision support tools help them make more informed healthcare choices.

RA09/14.572

"I used ConnectYourCare's online account to file claims for my Flexible Spending Account. Your system is amazing! Shortly after submitting receipts, I was able to see the imaged receipts attached to the claim online. Wow, great stuff and a very user-friendly system!"

– **ConnectYourCare FSA Participant**

Account Features and Benefits

Healthcare Payment Card

Your employees will receive a card to pay for expenses at eligible healthcare providers, eliminating the need to pay out of pocket and wait for reimbursements.

Participant Portal

Employees have access to an online portal to help them understand HSAs, obtain account information, manage HSA investments and use health education tools.

Mobile Application

We offer a convenient app for iPhone and Android devices so employees can access account information on the go.

Fast and Accurate Claims Processing

Claims are promptly processed and paid on the next scheduled reimbursement date.

Wellness=Wealth® Employee Communications

Comprehensive employee communications promote the value of an HSA and decrease questions to your busy HR department.

24/7 Call Center

Our CDH-focused call center provides knowledgeable, helpful support and is available around the clock.

Employer Dashboard

Employer Dashboard provides self-service enrollment and claims reports, as well as transparency into the money movement and funds availability.

HSA On Demand℠

This program enables participants to access their full year's HSA contribution, including both employee and employer funds, at any time of the year to pay for qualified medical expenses.

Fee Schedule

Bluegrass Family Health

BASIC FEES	SETUP TYPE			
Group/Plan Description	Small Group Standard HSA or HRA Plans	Small Groups with Multiple Account Types	Large Groups with Multiple Account Types	Enhanced Group (Customized Groups)
Employer Group Implementation Fees	$ 75.00	$ 250.00	$ 250.00	$ 500.00
Employer Group Renewal Fees	$ 50.00	$ 100.00	$ 100.00	$ 250.00
PEPM Administrative Fees Primary Account	$ -	$ -	$ 4.60	$ 4.60
PEPM Administrative Fees Each additional account	$ 1.05	$ 1.05	$ 1.05	$ 1.05
Healthcare Payment Cards	No Cost	No Cost	No Cost	No Cost
Replacement Cards	No Cost	No Cost	No Cost	No Cost
Custom Programming	$200/hour	$200/hour	$200/hour	$200/hour
Customer Service	Included	Included	Included	Included
Grace Period Administration	Included	Included	Included	Included
Direct Deposit	Included	Included	Included	Included
Pricing Guarantee	Pricing is guaranteed for one year.			

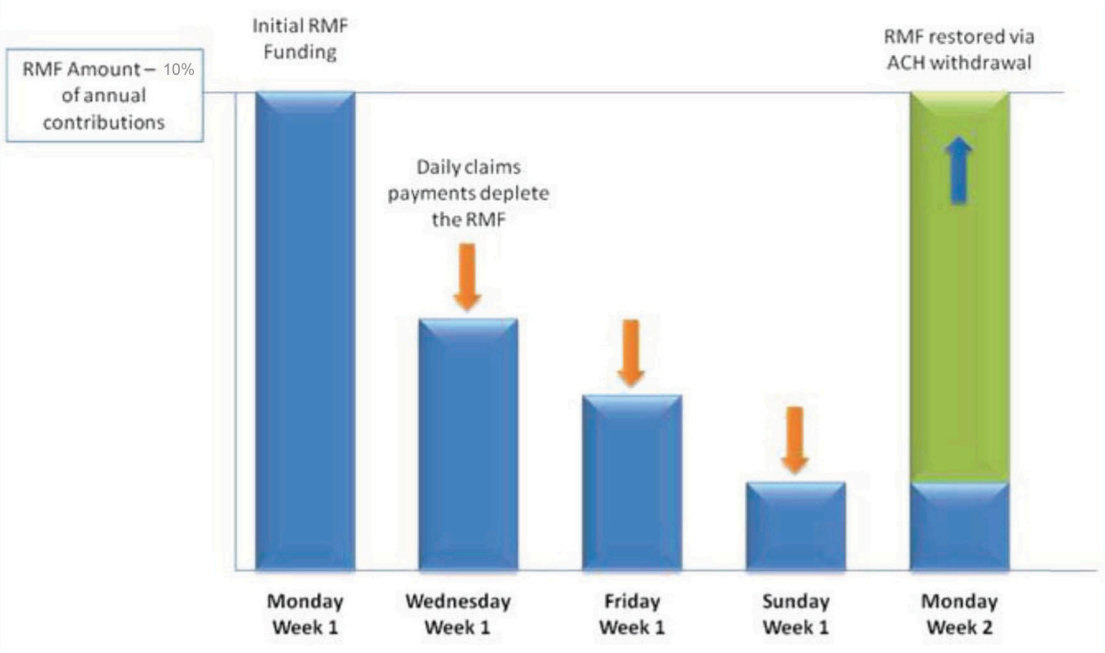
1. The small group rates provided in this proposal include the PEPM (Per Employee Per Month) fees associated with administering the HRA or HSA standard plans. Any modifications to a standard plan design may require additional PEPM fees. An additional PEPM rate of $1.05 is required if a group requests BFH to administer additional account types such as a FSA account not integrated with the medical plan.
2. Administrative Fees are reoccurring PEPM. Not applicable to 2015 small group plans.
3. HSAs with an employer contribution of $100 must be funded in full during the account setup. All other HSAs with an employer contribution of more than $100 may be funded upfront or on a cycle at the employer's discretion. Bluegrass Family Health recommends following the company payroll cycle.
4. HRA/FSA plans require the employer to provide and maintain 10% of the total annual contribution amount, known as the RMF (Required Minimum Funding). This RMF must be funded throughout the HRA/FSA plan year to account for potential enrollment changes. Regardless of the total annual contribution amount, a minimum RMF of $250 is required.
5. The Small Group Rates provided do not include the setup fee for the implementation of an Employer Sponsored HRA or HSA account. All Small Group Plans require a set up fee of $75 for the implementation of a single account. When implementing multiple accounts such as a HRA +FSA, a set up fee of $250 may apply as shown in the fee schedule. As of 7/1/2014, a renewal fee will also apply. Please check with your account representative for details.

Account Funding

Bluegrass Family Health

Account Funding

Bluegrass Family Health ensures prompt program funding by automatically transferring funds from the designated employer account using an Electronic Funds Transfer (EFT) via Automated Clearing House (ACH).



<u>Notional Accounts</u> – HRAs, FSAs, and DCAPs

The accounts listed above are "notional" or recordkeeping accounts. With these accounts, no money is moved during the contribution cycle. Instead, employers maintain a minimum balance to pay claims, and funds are moved to restore the minimum balance after claims are paid.

- **Required Minimum Funding (RMF) Process –** Employers are required to provide and maintain 10% of the total annual contribution amount, known as the RMF. The RMF covers daily payment card transactions and participant reimbursement checks or direct deposits.
  - **Initial Funding**: An e-mail invoice is sent and funds in the amount of the RMF are pulled via ACH from the designated employer account one to two weeks prior to the plan effective date.
  - **Ongoing Funding**: Each week, we will send an invoice via e-mail and initiate an ACH to transfer an amount equal to that week's claims to restore the RMF.

<u>Funded Accounts</u> – HSAs

HSAs are funded accounts and the balances are held in trust for each participant. With these accounts, money is moved into the HSAs during the contribution cycle and employers are not required to maintain a minimum balance.

Employer ACH Authorization Form

Follow these easy steps:

1. Complete all entries on this ACH Authorization form. Please print.
2. Sign and date this form.
3. Submit it to: **Bluegrass Family Health**
   Attention: Marketing
   651 Perimeter Drive, Suite 300
   Lexington, KY 40517
   Fax 859-268-3580

Company Information	
Company Name	Contact Title
Contact Name	Contact Phone Number
Contact Email	☐ Initiate ACH ☐ Change ACH information

Bank Information	
Bank Name	Type of Account ☐ Checking ☐ Savings
Street Address	Account Number
City, State, Zip Code	Bank Routing Number (9 digits)

☐ I understand that ConnectYourCare may elect to run a test of the ACH process (ie. pre note) to be sure it is working properly. You may see a transaction on the account with a $0-$1.00 charge.

☐ I understand that on a monthly basis, ConnectYourCare will re-calculate the Required Minimum Funding (RMF) based on the expected annual elections for all Participants active at that time. If the re-calculated RMF is greater than the current RMF by 25% or more, the RMF will increase to the new calculation.

☐ Your bank may have a separate routing number for ACH transactions. Please check this box to confirm that you have verified the routing number entered above with your financial institution as a valid ACH transaction routing number.

As a duly authorized check signer, I authorize ConnectYourCare, LLC to initiate ACH (Automated Clearing House) debit entries and, if necessary, to initiate any ACH credit entries and adjustments to correct any erroneous ACH debit entries to this bank account for payment of program fees and funding for employee spending account claims and required minimum balances. I understand that this authorization will remain in effect until ConnectYourCare, LLC has received written notification from an authorized representative of its termination or change. Please see the reverse side of this form for an overview of the financial arrangements associated with your selected healthcare accounts.

Signature _____ Date _____

note Your bank may require the following information in order to allow ConnectYourCare to pull funds.

Monthly Admin Fees	HSA Funding	All Other Funding
Bank: Comerica	Bank: HSA Bank-Webster	Bank: HSA Bank-Webster
Company ID: 810569632B	Company ID: 1261274092	Company ID: 22612740