SuperMed HRA® *COSE Benefit Plan* (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 Tax ID:**	
Group Address:	**Effective Date:**	
Broker Name Contact:	**Phone:**	**Email:**
Group HR Contact:	**Phone:**	**Email:**
Group Accounting 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 HRA 30-2000 w/Rx ☐ COSE HRA 30-3500 w/Rx ☐ COSE HRA 6550 MMRX

Note: HRA funding amounts are mandatory at the dollar amounts indicated on the Product Selection Sheet.

Step 2: Complete the contract amendment, Product Selection Sheet and the HIPAA Privacy Certification form.
To access the required documents, go to MyBrokerLink.com > Producers Guide > Health Reimbursement Account > 1-50 sized groups.

Step 3: Complete your HRA deductible credits/balance transfers[1].
If your new group has an HRA with another carrier or Third Party Administrator (TPA), your group can transfer HRA deductible credits within 30 days of your effective date. Simply complete the HRA Balance and Deductible Credit Template on MyBrokerLink in the Producers Guide section. Find HRA Compatible Health Plans under Employer Funding Options and click on 1-50 sized groups. A link to the template is under Required Materials.

Step 4: Wait for bank set-up instructions
You will receive an email from the Treasury department at Medical Mutual (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)

☐ Claims Integration (*claims automatically process against the HRA*)

- HRA will fund claims: ☐ In Network only ☐ In and out of Network
- HRA must follow medical deductible for processing on EE+1 and Family contract types
  Medical deductible: Embedded ☐
- Claims Settlement Weekly:

Network Deductible

Sub/Single	Employee + 1	Family
$	$	$

Non-Network Deductible

Sub/Single	Employee + 1	Family
$	$	$

Claims integration funding options include HRA 1st, 2nd, or percentage based (Split)

	Sub/Single	Employee + 1	Family	Split	
Who pays first? (*Level One*) ☐ HRA ☐ Subscriber or ☐ Split	$_____	$_____	$_____	HRA	Sub
				HRA _____%	Sub _____%
If a split, show as:	$400/100	$800/200	$800/200	HRA ____ 80____%	Sub ____ 20____%
Who pays second? (*Level Two*) ☐ HRA ☐ Subscriber or ☐ Split	Sub/Single	Employee + 1	Family	Split	
	$_____	$_____	$_____	HRA	Sub
				HRA _____%	Sub _____%
Who pays third? (*Level Three*) (If applicable) ☐ HRA ☐ Subscriber or ☐ Split	Sub/Single	Employee + 1	Family	Split	
	$_____	$_____	$_____	HRA	Sub
				HRA _____%	Sub _____%
Totals should equal deductibles (Employees must have at least $250.00 of deductible exposure)	Sub/Single	Employee + 1	Family		
	$_____	$_____	$_____		

Electronic Signature:

Group Official: _____ Date: _____

Broker Official: _____ Date: _____

Medical Mutual Information *(internal use only)*

Prepared By:	Cost Center:	Phone:	Date:
Group Account Executive Name:		Effective Date:	
Base Group Number:		Section Numbers:	
Is this an existing Medical Mutual group? ☐ yes ☐ no			
HRA Start Date: _____ / _____ / _____		HRA Reset Date: 12 / 31 / _____	
Benefit Period Start Date: 01 /01 / _____		Benefit Period End Date: 12 / 31 / _____	

Eligible Expenses (*Select the eligible expense covered by the HRA Plan*)

Claims Integration Eligible Expenses

Select	Eligible Expenses (Network Only)
☐	MEDICAL DEDUCTIBLE (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: