

11/17/20
Item # S.d



Innovative
Business
Consultants

412 Water Street
Sioux City, IA 51103
P 712-277-2424
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HRA and Flex Employer Form

Section 1	
Employer Name	Woodbury County
Employer Address	620 Douglas Street Sioux City IA 51101
Corporate Name	Woodbury County
Corporate Street Address (physical location)	620 Douglas Street
City	Sioux City
Federal Tax ID	42-6005221
Business Entity Type	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization <input checked="" type="checkbox"/> Government Entity or Church
Primary Contact Name	Melissa Thomas
Title	Human Resource Director
Contact Phone	712-279-6480
Contact Email	melissa.thomas@woodburycountyiowa.gov
State	IA
Zip	51101
Corporate Phone Number	712-279-6480
Section 2	
Plan Type	<input checked="" type="checkbox"/> Renewal <input type="checkbox"/> New
Plan Year	01/01/2021 12/31/2021
Plan Options	Dependent Care Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Flexible Spending Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Employer Funded Account <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Payment Features	<input checked="" type="checkbox"/> Benny Debit Card (Funding on a weekly basis) <input checked="" type="checkbox"/> Pay Provider <input checked="" type="checkbox"/> Pay Member Claims reimbursement submitted in person, via fax, mail or online Minimum check Amount \$20.00 Claims Reimbursed: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly Frequency of Electronic Fund Transfers: <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly
Runout Period <i>Last date to submit claims for services received in the plan year</i>	Do you offer a 90-day runout period for both Flex and Dependent Care? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Do mid-year terms have same runout period as above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, provide runout timing:
Divisions <i>For reporting purposes</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Carryover Option <i>Applies to Flex only</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$550 Maximum Carryover Amount

Grace Period	Grace Period offered and applies to both HC and DC FSA Plans? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Only Flex Spending <input type="checkbox"/> Only Dependent Care Grace Period, if applicable, 2.5 months? NA <input type="checkbox"/> Yes Other:
Flex Spending Account	Minimum: \$0 Max: \$2750 Employer contribution applies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how much: \$
Dependent Care Account	Minimum: \$0 Max \$5000 Employer contribution applies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how much: \$
Employer Contribution Schedule <i>if applicable</i>	<input type="checkbox"/> 100% on Plan Year Start Date <input type="checkbox"/> 1 st Day of the Month (divided by 12) <input type="checkbox"/> Participants Payroll Frequency <input checked="" type="checkbox"/> Customize: HRA paid FOM for EE health insurance premium- 1 year duration only

Health Reimbursement Arrangement	<input checked="" type="checkbox"/> Option 1: HRA pays 100% of health insurance premium to member <input type="checkbox"/> Option 2: Upfront Member HRA Deductible _____ to plan maximum _____ <input type="checkbox"/> Option 3: Upfront Member HRA Deductible _____ HRA Pays ____% to plan maximum _____ <input type="checkbox"/> Option 4: Multi-Tier Co-Insurance Tier 1 \$0 to \$_____ HRA pays _____ % Tier 2 \$_____ to \$_____ HRA pays _____% to plan maximum _____ (Additional tiers can be added) <input type="checkbox"/> Option 5: Deductible followed by Multi-Tier Co-Insurance Member HRA Deductible Amount \$ _____ Tier 1 \$0 to \$_____ HRA pays _____ % Tier 2 \$_____ to \$_____ HRA pays _____% to plan maximum _____ (Additional tiers can be added) Aggregate Deductible: <input type="checkbox"/> All family members or any one member could satisfy the deductible or entire funding Embedded Deductible: <input type="checkbox"/> Yes <input type="checkbox"/> No ___2x Individual amount ___3x Individual amount (Embedded: a specific number of family members must meet the HRA individual deductible along with the family meeting an HRA deductible) Individual Cap: <input type="checkbox"/> Yes Amount \$ _____ <input type="checkbox"/> No (Limits funding on each individual within a family) HRA Expense List: <input type="checkbox"/> Deductible <input type="checkbox"/> Coinsurance <input type="checkbox"/> Prescriptions <input type="checkbox"/> Copay <input checked="" type="checkbox"/> retiree premium In-network Claims only? <input type="checkbox"/> Yes <input type="checkbox"/> No Pro-Ration of HRA- I would like new enrollees to receive a pro-rated HRA amount for the months that they are enrolled in the plan year. <input type="checkbox"/> Yes <input type="checkbox"/> No Pro-Ration Method: <input type="checkbox"/> Monthly (1/12) <input type="checkbox"/> Quarterly (1/4) Divisions by Location: <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION ENROLLMENT INFO	
Open Enrollment Dates	11/1/2020-11/30/2020
Collecting Enrollment Information	How will enrollment information be collected by the employer from the employee <i>(please describe)</i> : Online enrollments – may have some paper enrollments
Providing Enrollment Information to IBC	How will enrollment information be provided to IBC (select one): <input checked="" type="checkbox"/> IBC Online Portal <input type="checkbox"/> Excel file to be uploaded to IBC

<input type="checkbox"/> Manual enrollments If contact responsible for this is different than the Primary Contact, please provide information below: Contact Name: Melissa Thomas Title: Human Resource Director Contact Phone: Contact Email: melissathomas@woodburycountyiowa.gov

New Hire Waiting Period	Healthcare FSA: first of the month following 30-days Dependent Care FSA: first of the month following 30-days HRA: 20 years or 500 hours Waiting period applies to new hires during OE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Days to Enroll for New Hire	Healthcare FSA: first of the month following 30-days Dependent Care FSA: first of the month following 30-days HRA: NA Days
Who is eligible	<input checked="" type="checkbox"/> Full Time Only Per union contract
# of Hours Required for Eligible Status	Follows medical plan eligibility rules HRA: 20 years of service and 500 hours.
Effective Date	<input checked="" type="checkbox"/> 1 st of the month after meeting eligibility requirements
Termination	When does coverage end upon termination? <input checked="" type="checkbox"/> Termination Date <input type="checkbox"/> End of month following termination

Election Changes	Election changes must be submitted within 30 days after the date of the event. <i>(Enter 0 if midyear election changes are not allowed under this Plan)</i>
Coverage Begins	If qualified changes allowed, coverage following a qualified life change will begin: <i>(select one)</i> <input type="checkbox"/> On any day of the month following request for new enrollment or change in enrollment. <input checked="" type="checkbox"/> On the first of the month following request for new enrollment or change in enrollment (with the exception of changes resulting from birth, adoption or placement for adoption, which will be made as of the date of the qualified event in accordance with HIPAA).
Coverage Ends	If Coverage ends due to qualified event, coverage ends: Any day of the month <input checked="" type="checkbox"/> End of the month

SECTION 7: PAYROLL CONTINUATION	
Payroll Frequency	FLEX: <input type="checkbox"/> Monthly (12) <input type="checkbox"/> Bi-Weekly (24) <input checked="" type="checkbox"/> Bi-Weekly (26) <input type="checkbox"/> Weekly (52) <input type="checkbox"/> Semi-Monthly HRA: <input type="checkbox"/> Beginning of Plan Year <input checked="" type="checkbox"/> Other: Per eligibility guidelines for retirees
First payroll date in plan year	12/31/2020 Every other Friday due to the 1st of Jan. falling on a Friday.

SECTION 8: OTHER CONTACTS	
Contact: Lisa Anderson	Secretary
(712) 279-6480	Fax #: lisanderson@woodburycountyiowa.gov
Contact:	
(712) 279-6480	Fax #:

