

6. Funding for enrollees hired mid-year will be:

Prorata – Calculated based on the effective date and the number of months remaining in the plan (e.g. annual HRA funding is \$1200, plan start date is January 1, a new enrollee becomes effective the following July 1, the funding available to the new enrollee is \$600)

In its entirety (e.g. HRA funding is \$1200 regardless of the employee’s effective date)

7. Upon an enrollee’s termination when does the coverage end?

On the date of termination (100 + eligibles only)

End of the month after termination

Other (Please explain – no more than 255 characters)

Note: A standard 90 day run out period applies for continued HRA funding for Eligible expenses incurred while enrollee was active under plan.

8. Eligible classes of employees covered (check all that apply):

Full-time Active minimum hours per week worked

Part-time Active minimum hours per week worked

Retired Employees (100 + eligibles only)

Other (Please explain – no more than 255 characters)

9. COBRA ADMINISTRATOR

Company Name

Company Contact

Address

Street Address

City

State

Zip

Phone

Ext

Fax

Email

Note: Cobra eligibility regulations apply to both the HRA benefit and to the health plan benefit coverage. Enrollees can elect Cobra HRA continuation and / or Optima Design health plan continuation. HRA Cobra enrollees pay a separate fee for HRA continuation.

10. Optima Design HRA health plan(s) selected?

Optima Design Vantage

Benefit Plan: Start Date

*End Date

(mm-dd-yyyy)

(mm-dd-yyyy)

Plan Name:

Rx applies to the medical deductible:

No

Yes (debit card required)

Optima Design Plus

Benefit Plan: Start Date (mm-dd-yyyy) *End Date (mm-dd-yyyy)

Plan Name:

Rx applies to the medical deductible: No Yes (debit card required)

Optima Design POS/Mandated POS (Mandated POS offered with Vantage plans only)

Benefit Plan: Start Date (mm-dd-yyyy) *End Date (mm-dd-yyyy)

Plan Name:

Rx applies to the medical deductible: No Yes (debit card required)

***Note:** A standard 90 day run out period applies after the plan end date for continued HRA funding for eligible expenses incurred while enrollee was active under plan.

11. What is the health plan in-network deductible?

Plan A: (Plan Name)

Single: \$ Family: \$

Plan B: (Plan Name)

Single: \$ Family: \$

12. What is your health plan deductible year? (choose one)

Contract From: To:

Calendar From: To:

14. Optima Design Rewards

Health Incentive Program (HIP) Structure and Funding: The following activities **must** be completed through the WebMD website accessed through optimahealth.com for credit.

Employer Funded Pay Out

All must be funded with a minimum on each item, \$200 total.
This \$200 will meet the minimum funding requirement for the HRA.
Total HRA Funding must not exceed plan deductible minus \$200.

1. Personal Health Assessment (PHA)	\$100	\$200	\$250
2. Exercise Digital Health Assistant (DHA)	\$ 50	\$100	\$150
3. Nutrition Digital Health Assistant (DHA)	\$ 50	\$100	\$150

15. Bank account changes (if applicable): *Please complete the following ACH Form to provide changes*

15a. BROKER CHANGE

Broker Name

Agency Name

Address

Street or PO Box

City

State

Zip

Phone

Ext

Fax

Email

15b. OPTIMA HEALTH CONTACT CHANGE

Optima Health Rep

Phone

Ext

Fax

Email



Employer ACH Authorization Release

(Employer Name)

HEREBY authorizes

Choice Strategies, or MBI (known as "MBI MBI-I-BANK"), to initiate ACH (automated clearing house) transfer entries for the following depository:

Financial Institution Name

Address

Street

City

State

Zip

Routing and Transit Number

Bank Account Number

Type of Account *(Please check one)*

Checking Account

Saving Account

Information Provided by

Title

Today's Date

Please Note: This account must have overdraft protection. If it does not currently have overdraft protection, please add it prior to the effective date of the plan. If overdraft protection is not added to the bank account and a transaction is returned to Choice Strategies, a \$35 Non Sufficient Fund (NSF) fee will be assessed.

To confirm the account information provided, the Card processor will submit a non-refundable \$1.00 pre-note debit to the above mentioned account. A minimum of \$1.00 must be deposited immediately to avoid a NSF \$35 fee from the card processor and will be the employer's responsibility.

All card transactions (POS), manual claim payments will be deducted via ACH directly from this account.

The banking process is as follows:

Debit Card Transactions (POS)

- ◆ Card swipes are settled within 1-3 business days after the card is used.
- ◆ Funds are withdrawn from the bank account listed above for all transactions settled on that date.
- ◆ "Zero balance email" is sent to administrative contact listed on the New Group Submission Form. This email informs the employer of the funds being withdrawn from the account above.
- ◆ These transactions appear on your statement as MBI MBI-I-BANK.

Manual Claims

- ◆ Manual claims are processed daily.
- ◆ Funds are withdrawn from employer's bank account within 2-3 business days.
- ◆ These transactions appear on your statement as Choice Strategies.

Send to:

P.O. Box 2205 / South Burlington, VT 05407 / Phone: 1-888-278-2555 / Fax: 1-802-244-2020

ACH Filter Information for Your Group's Plan with Choice Strategies

If your bank has filters or ACH blocks in place for your account please provide them with the below information authorizing Choice Strategies and our MasterCard vendor, "MBI", to initiate ACH transactions to the account.

Choice Strategies Filter Information (for Fees and Manual Claims)

Submitting Bank (ODFI): Union Bank, N.A.

Company Name (Account Name): Choice Strategies and Choice Claims and Choice Cobra

Routing Number: 122000496

Company ID: N943351864 and 1943351864

M&I Bank Filter Information for MBI (for Card Transactions)

Submitting Bank (ODFI): M & I Bank

Company Name (Account Name): MBI

Routing Number: 075000051

Origination ID: 07500005

Company ID: 1383261866 and W383261866

Employer Authorization for changes:

Please print this signature page and fax or scan and submit to your Optima Health Sales Executive.

Print Name

Date

Signature

Group Name

NOTE: Submitted forms and attachments are routed to your Optima Health Sales Executive.

4417 Corporation Lane – Virginia Beach, VA 23462 – www.optimahealth.com