



SuperMed HRA® COSE Health & Wellness Trust (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 Number:	Effective Date:
Contact for Banking:	
Contact Phone:	Contact Email:
Select Your Product:	
<p>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.</p> <p style="margin-left: 40px;">COSE MEWA HRA 25-1000 w/Rx COSE MEWA HRA 25-2000 w/Rx COSE MEWA HRA 25-3000 w/Rx COSE MEWA HRA 2500 w/MMRx</p> <p>Note: HRA funding amounts are mandatory at the dollar amounts indicated on the Product Selection Sheet.</p>	
<p>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.</p>	
<p>Step 3: Complete your HRA deductible credits/balance transfers¹. 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.</p>	
<p>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.</p>	
Signatures:	
Group Official Signature:	Date:
Broker Signature (if applicable)	Date:

¹ Coinsurance will not be credited to HRA.

Sales Rep:
Section #:

Select Your Product, HRA Design and Funding Order

A. Select your COSE MEWA HRA product.																																																																							
HRA 25-1000 w/Rx	HRA 25-2000 w/Rx	HRA 25-3000 w/Rx	HRA 2500 w/MMRx																																																																				
B. Select your HRA design or write in your own. (Enter only the single deductible. Write in amounts must follow indicated min/max requirements.)																																																																							
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Designs for Employee + 1 and Family deductibles will automatically be set at the following relationships to the single deductible designs.																																																																							
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C. Select your funding order.																																																																							
<input type="checkbox"/> HRA 1st – HRA portion of the deductible is applied first. The employee portion is second.																																																																							
<input type="checkbox"/> HRA 2nd – *Most Common Selection* Employee portion of the deductible is applied first. The HRA portion is second.																																																																							
<input type="checkbox"/> HRA Split – This option will treat the deductible like coinsurance. Responsibility for the deductible is split between the HRA portion of the deductible and the employee portion beginning with the first dollar. Both the HRA and employee will begin paying immediately based on this design.																																																																							
D. Deductible credits.																																																																							
Yes <input type="checkbox"/> No <input type="checkbox"/> - These are due within 30 days of the HRA effective date.																																																																							

Group Name _____

Group Number _____

Group Official Signature _____

Date _____

(This form cannot be used to change benefits.)