



## Funding Account Comparison

Topic	CDPHP	HealthEquity
Runout period	90 days	0, 30, 60, 90, other, or plan year runout date
HRA contributions	Annually (up front)	Annually (up front), quarterly, monthly, deposit only
HRA employee responsibility <i>(employee pays first deductible)</i>	Aggregate	Embedded or aggregate
Employee pays first HRA	Debit card	Debit card not available <i>(see below for auto pay Rx)</i>
Shared % HRA	Debit card	Debit card not available <i>(see below for auto pay Rx)</i>
Copay First	Debit card offered deductible expenses only	Debit card not available for deductible-only expenses, other plan options are available if debit card is requested
Individual payment cap	Not available	Limit maximum amount HRA pays to any individual family member (not available with debit card)
Autopay	Eligible medical expenses	Eligible medical and Rx expenses. <i>Note: There is a \$2 check fee for eligible claims reimbursed to members without their personal EFT on file.</i>
Autopay payee	Providers only	Providers, members, or both (copays and pharmacy claims are always autopay member if autopay to provider is selected)
Autopay on/off	Integrated HRA, non-integrated plans not available	Integrated and non-integrated, employer can allow members to opt in or out of autopay
Post-deductible FSA <i>Dental and vision expenses allowed, will switch to a full health care FSA once the IRS deductible is met (IRS HSA minimum deductibles vary year over year)</i>	Not available	Available, member reports when IRS deductible has been met
FSA grace period	77 days	0, 77, other
FSA payroll deductions/contributions	Assumed based on payroll calendar	Manual, assumed, or integrated
Employer invoicing	Daily (debit card transactions) and weekly (manual and integrated claims)	Daily, weekly, monthly, pay as you go, fully funded, deposit based funded CDPHP medical claims are sent weekly, pharmacy claims bi-weekly

<b>Topic</b>	<b>CDPHP</b>	<b>HealthEquity</b>
<b>Reserve account invoicing</b>	Not required	Prefund deposit levels from 3% to 20% based on plan design and account type for HRA/FSA claims. Reserve account funds are tracked by plan year. At the beginning of your new plan year HealthEquity will request funds for a new reserve account. Funds for previous year will be returned to you after runout has been completed. Invoicing options that don't require reserve funds are available for plans not offering a debit card.
<b>Employer claims payments</b>	Auto debit required. A \$1 ACH debit is charged to each new bank account created.	Option for auto debit or manual. If auto debit, deposit made by HealthEquity must be verified or voided check/bank letter must be provided.
<b>Monthly Fees</b>	Bundled with medical plan invoice	Invoiced by HealthEquity and can be set to auto debit
<b>Setup fees</b>	None	One-time setup fee per plan \$250 (no renewal fee). Setup fee will be waived for CDPHP administered HRA/FSA plans transitioning to HealthEquity. Additional employer costs for HealthEquity services as requested by employer, example off-cycle plan amendments.
<b>Nondiscrimination testing</b>	Not available	Included once per plan year (standard) at time of implementation/renewal
<b>FSA/HRA copay form</b>	Not provided	Completed during welcome call
<b>Employer reporting</b>	Weekly claims detail, monthly summary statements	Self-serve. Employers/brokers can run reports ad-hoc or schedule reports based on their needs.
<b>Claims processing</b>	Weekly for integrated medical claims and member submitted claims, daily for debit card transactions	Average claim turnaround time is two to three days. This will vary based on how the claim was filed, including a debit card swipe, electronic or hard copy. Integrated claims with autopay are typically processed the same day they are received within HealthEquity's system.
<b>File Integration</b>	N/A	Eligibility: Daily Monday-Friday Medical Claims: Weekly on Wednesday Pharmacy Claims: Bi-weekly on Wednesday Healthy Direction Incentives: Weekly on Monday.

## Implementation best practices

- ▶ All enrollment must be received on time, as plans are not set up until enrollment for all plan types is received.
- ▶ Provide voided check or bank information on the welcome call.
- ▶ Review reserve funding prior to welcome call.
- ▶ If auto-debit for claims/invoices is set up after plan is live, invoices may need to be paid manually.
- ▶ Be prepared with current plan design details for the welcome call.
- ▶ Review debit card availability, based on plan design, prior to welcome call.
- ▶ Debit cards need to be activated, otherwise transactions will be denied. If the broker has access, the broker can look in the ER portal to verify if the employee has activated their card.
- ▶ Update email preferences and add users to HealthEquity portal once portal has been set up.
- ▶ Autopay functionality should be considered for members who utilize pharmacy coupons not processed by CDPHP and members with coordination of benefits.

## Broker Services can assist with:

- ▶ Requesting replacement debit cards.
- ▶ General account and plan design information.
- ▶ General claims information (approved/denied, dates, dollar amounts, reimbursement methods); cannot share claims details that contain PHI.
- ▶ Card-related transactions and information. For example, an authorized broker or client may be told that a card was declined on March 29, 2022 with a vision provider and the decline reason, but they may not be given specific PHI, such as the provider name or services rendered.

In general practice, if the caller is not either the account holder or a HIPAA-authorized contact that has been authorized by the account holder, employers/brokers/partners/etc. should not call Member Services on behalf of the member.

## Resources

### [CDPHP | HealthEquity Sales Center](#)

- ▶ [Reimbursement account application](#)
- ▶ [Employer Service Fees](#)
- ▶ [Employer invoicing options](#)
- ▶ [Employer Portal Reports](#)
- ▶ [Employer Portal Guide](#)
- ▶ [Virtual Card Provider Payment Process](#)
- ▶ [CDPHP | HealthEquity Sales Resources](#)

### [CDPHP | HealthEquity Member Education Center](#)

- ▶ [Welcome to the Member Help Center](#)

### [CDPHP | Broker Resources](#)

- ▶ [Employer | Funding Account Changes You Should Know](#)
- ▶ [Member | Funding Account Changes You Should Know](#)
- ▶ [Ancillary Services Administration Agreement](#)

### [For Business | Engage360 Hub](#)

- ▶ [Benefits Leader Bootcamp](#)

## Contacts

### **CLIENT SERVICES**

Mon – Fri, 8 a.m. to 8 p.m. EST

(866) 382-3510

[employerservices@healthequity.com](mailto:employerservices@healthequity.com)

### **BROKER SERVICES**

Mon – Fri, 8 a.m. to 7 p.m. EST

(800) 819-5852

[brokerservices@healthequity.com](mailto:brokerservices@healthequity.com)

### **MEMBER SERVICES**

24/7/365 support and live chat

(866) 346-5800 (HSA/FSA/HRA)



**HealthEquity**<sup>®</sup>