

BlueFund Plan Renewal Change Request Form



Please use this form to indicate any changes you would like to make to your BlueFund HSA or HRA plan for your upcoming renewal. If you need assistance, please call the BlueFund Customer Service Center at 866-758-6119, Monday through Friday from 9 a.m. to 6 p.m. EST or email us at carefirstinfo@hellofurther.com. Once complete, please submit this to FurtherSM by fax to 866-231-0214; by email to carefirstsales@hellofurther.com; or mail to Further c/o CareFirst, P.O. Box 64193, St. Paul, MN 55164-0193.

GROUP INFORMATION	
Group name	Group number
Plan year start date	Plan year end date

HSA
HSA Plan Option Value (formerly ThriftSaver) Select (formerly SelectSaver)

HRA PLAN OPTION
Plan year start

IF YOU WOULD LIKE TO MAKE A CHANGE TO YOUR HRA PLAN OPTION, PLEASE SELECT AN OPTION BELOW:

Option #1—HRA Pays First	Option #2—Employee Pays First HRA
Your annual funding amounts for the HRA Pays First Option: \$ _____ Employee \$ _____ Employee & child \$ _____ Employee & spouse \$ _____ Employee & children \$ _____ Family	With this option, the employee pays out of pocket until a preset amount has been paid. When this “threshold” has been reached, the HRA pays until exhausted. You, the employer, fund the HRA as expenses are reimbursed up to a predetermined amount. After that the employee is responsible for out-of-pocket health care expenses. Your annual HRA funding amounts for the Employee Pays First Option: \$ _____ Employee \$ _____ Employee & child \$ _____ Employee & spouse \$ _____ Employee & children \$ _____ Family Your employee responsibility threshold amounts: \$ _____ Employee \$ _____ Employee & child \$ _____ Employee & spouse \$ _____ Employee & children \$ _____ Family

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HRA ADMINISTRATIVE OPTIONS

Mid-Year Enrollees/Contract Changes

HRA funding is 100% regardless of date of enrollment/contract change.

HRA funding is prorated in monthly increments back to the first of the month of the date of enrollment/contract change.

HRA funding is a specified amount if the enrollment/contract change occurs in the last 6 months of the plan year (indicate below).

\$ _____ Employee

\$ _____ Employee & child

\$ _____ Employee & spouse

\$ _____ Employee & children

\$ _____ Family

Account Rollover

Full rollover

Flat dollar rollover limit

\$ _____ Employee

\$ _____ Employee & child

\$ _____ Employee & spouse

\$ _____ Employee & children

\$ _____ Family

Percentage of balance rollover _____ %

No rollover

Account balance cap

\$ _____ Employee

\$ _____ Employee & child

\$ _____ Employee & spouse

\$ _____ Employee & children

\$ _____ Family

Runout Period

Do you want to change your runout period: Yes No

Runout period: _____ months

HRA CLAIM PAYMENT & REIMBURSEMENT FEATURES

If you would like to make changes to your plan reimbursement features, please contact Further for assistance at carefirstinfo@hellofurther.com or 866-758-6119, Monday through Friday from 9 a.m. to 6 p.m. EST.

The available options include:

- Medical Crossover/Autopay
- Pay-the-Provider
- Debit Card (not an option for Shared Payments or Employee Pays First HRA)

Please refer to the BlueFund HRA Plan Design Options Tool under *BlueFund Administration > BlueFund Product Setup* on the BlueFund CDH Resources page of the CareFirst employer portal at <https://employer.carefirst.com>.