

PROPOSED ACCOUNTS:

Healthcare FSA - Tax Advantaged Account

A Healthcare Flexible Spending Account (FSA) offers a valuable way for employees to save on rising healthcare costs by setting aside pretax funds for eligible healthcare expenses.

Healthcare FSAs are among the nation's leading employer-sponsored benefit programs. Both employer and employees save payroll taxes for each and every dollar that is contributed. This is the easiest way for employees to take advantage of tax-free dollars for eligible health, dental, and vision expenses.

Participant Benefits	Employer Benefits
Save an estimated 30% on healthcare expenses each year.	Reduce FICA/Payroll taxes by 7.65% for every pretax dollar employees contribute.

How the plan works...

Eligibility

An employer must offer group health insurance to offer a Healthcare FSA.

- Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.
- Self-employed individuals (partners, sole proprietors, more-than-2% shareholders in a sub-chapter S Corp and independent contractors) are ineligible to participate.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

- Mid-year enrollment is possible when eligibility requirements are met. Requirements like:
 - Newly hired employee
 - Employees with status changes/qualifying events

Funding

Healthcare FSAs are funded by pre-tax payroll deductions.

Employee Contributions	Employer Contributions
<p>IRS sets maximum election amounts. (Employers can set lower amounts.) The IRS may change this limit from year to year.</p> <p>For Healthcare FSAs, spouses can each contribute to their own Flexible Spending Account up to their maximum amount, even if the husband-and-wife work for the same employer.</p>	<p>Clients who wish to contribute to their HFSA benefit may choose one of the following options for their plan:</p> <ul style="list-style-type: none"> • A flat contribution, up to \$500, to each participant HFSA account. • A dollar-for-dollar match to each participant's annual HFSA election.

Annual Elections

At enrollment, participants choose an annual election amount. This is the amount they want to

contribute to the healthcare FSA for the year. The annual election amount is divided across the number of paychecks throughout the year.

Uniform Coverage Rule: IRS regulations allow for the participant's full annual election for medical out-of-pocket expenses to be available on the first day of the plan year, regardless of contributions made by the participant.

Eligible Expenses

Eligible Section 213(d) healthcare expenses are covered as determined by employer. Typically, all medical expenses (co-pays, deductibles, prescriptions, medical supplies, vision, dental, etc.) that insurance does not cover can be reimbursed by an FSA. Medical FSAs got a lot more flexible with the passing of the 2020 Cares Act. Over the counter (OTC) medications as well as menstrual products are eligible under medical FSAs.

Verification

Participants do need to submit verification with their requests for reimbursement. Non-covered medical services require a letter of medical necessity. Through TASC technology, we have an auto-substantiation rate of 98%, meaning that 98% of claims will not need additional documentation.

Plan Design Options – Summary Plan Description (SPD) Required

Money not used at the end of the plan year is forfeited to the plan, unless Carry Over or a Grace Period and Runout are elected by the employer. See below.

Runout Period	Carryover (optional)	Grace Period (optional)
Runout allows for participants to submit claims with a date of service (DOS) from the previous plan year. Elected by the employer, most commonly set to 90 days from the end of the plan year.	Determined by the employer, allows up to IRS carryover limit or the remaining balance from the previous plan year, whichever amount is less, to be added to the new plan year election. (Employer does not have to allow the full IRS carryover limit but cannot exceed it.)	Determined by the employer, this provides a period of time after the plan year to continue to use funds from the previous plan year for current expenses. Essentially an extension of the plan year and cannot be offered with the Carryover option.

How does TASC differ from the competition?

- We offer unique funding arrangements
- Debit cards **never** turn off for lack of substantiation
- Our auto substantiation rate is higher than other TPAs
- We offer EDI integration with HRIS/ Payroll partners for **NO** additional fee
- Annual non-discrimination assessment included
- Summary Plan Descriptions (SPD) are automatically created

Dependent Care FSA - Tax Advantaged Account

A Dependent Care Flexible Spending Account allows employees to save on eligible dependent care expenses such as preschool, summer day camp, before/after school programs, and child or adult daycare. Dependent Care FSAs can save participants as much as 30% on dependent care expenses.

Participant Benefits	Employer Benefits
Participants contribute pretax, which reduces taxable income and increases take home pay.	Reduce FICA/Payroll taxes by 7.65% for every pretax dollar employees contribute.

How the plan works...

Eligibility

An employer must offer group health insurance to offer a Healthcare FSA.

- Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.
- Self-employed individuals (partners, sole proprietors, more-than-2% shareholders in a sub-chapter S Corp and independent contractors) are ineligible to participate.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

- Mid-year enrollment is possible when eligibility requirements are met. Requirements like:
 - Newly hired employee
 - Employees with status changes/qualifying events

Funding

Dependent care FSAs are funded by pre-tax payroll deductions.

Annual Elections

At enrollment, participants choose an annual election amount. This is the amount they want to contribute to the dependent care FSA for the year. The annual election amount is divided across the number of paychecks throughout the year.

Money In, Money Out

Unlike healthcare FSA annual elections, dependent care elections are not available at the beginning of the year. The participant can only be reimbursed for expenses up to the amount they have contributed into their account and currently have available.

Contributions and Limits

The IRS allows for a maximum of \$5,000 in contributions per household (not per employee) for the Dependent Care benefit per calendar year. IRS limits are:

- Married and filing jointly: \$5,000 per calendar year
- Single parent: \$5,000 per calendar year
- Married and filing separately: each parent is allowed \$2,500 per calendar year

- Participant's 'earned income' for the calendar year is less than \$5,000: amount equal to participant's 'earned income'
- Participant's spouse's 'earned income' is less than \$5,000: amount equal to spouse's 'earned income'. (If participant's earned income is also less than \$5,000, the IRS maximum is the lesser amount.)
- There are additional special rules for divorced or separated parents

Eligible Expenses

Dependent Care expenses must be work related – allow participant to work, look for work, or attend school full-time. A Dependent Care FSA is used to pay for child daycare or care of a disabled spouse or elderly parent who is a dependent and incapable of self-care.

Eligibility

- Dependents must be under age 13 or a disabled spouse, child or elderly parent who is unable to care for self.
- Plans in which the end of regular enrollment for the plan was before January 31, 2020: The Consolidated Appropriations Act (CAA) increases the age limit for children covered by a Dependent Care FSA from 13 years old to 14 years old for the purposes of receiving funds carried over from the previous plan year.
- Spouse or dependent that is disabled must live with the participant for more than half the year.
- Dependent Care expenses must be work related – allow participant to work, look for work or attend school full-time.
- It cannot be used for out-of-pocket medical expenses for a dependent.

Plan Design Options – Summary Plan Description (SPD) Required

Money not used at the end of the plan year is forfeited to the plan, unless a Grace Period and Runout are elected by the employer. See below.

Runout Period	Grace Period (optional)
Runout allows for participants to submit claims with a date of service (DOS) from the previous plan year. Elected by the employer, most commonly set to 90 days from the end of the plan year.	Determined by the employer, this provides a period of time after the plan year to continue to use funds from the previous plan year for current expenses. Essentially an extension of the plan year and cannot be offered with the Carryover option.

Limited Purpose Healthcare FSA (LPFSA) – Tax Advantaged Account

A Limited Purpose Healthcare FSA (LPFSA) is a healthcare spending account that can only be used for eligible vision and dental expenses. Unlike a Healthcare FSA, a LPFSA can be held at the same time as a Health Savings Account (HSA).

A LPFSA works with a Health Savings Account (HSA). Participants who are enrolled in an HSA may no longer participate in a full-coverage Healthcare FSA. Instead, they are eligible for a Limited-Purpose Healthcare FSA.

Participant Benefits	Employer Benefits
Contribute pretax to Limited Purpose FSA which reduces taxable income and increases take home pay.	Contribute pretax to FSA which reduces taxable income and increases take home pay.

How the plan works...

Eligibility

An employer must offer group health insurance to offer a Limited Purpose Healthcare FSA.

- Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.
- Self-employed individuals (partners, sole proprietors, more-than-2% shareholders in a sub-chapter S Corp and independent contractors) are ineligible to participate.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

- Mid-year enrollment is possible when eligibility requirements are met. Requirements like:
 - Newly hired employee
 - Employees with status changes/qualifying events

Funding

Limited Purpose Healthcare FSAs are funded by pre-tax payroll deductions.

Employee Contributions	Employer Contributions
<p>IRS sets maximum election amounts. (Employers can set lower amounts.) The IRS may change this limit from year to year.</p> <p>For Limited Purpose Healthcare FSAs, spouses can each contribute to their own Flexible Spending Account up to their maximum amount, even if the husband-and-wife work for the same employer.</p>	<p>Clients who wish to contribute to their Limited Purpose HFSA benefit may choose one of the following options for their plan:</p> <ul style="list-style-type: none"> • A flat contribution, up to \$500, to each participant Limited Purpose HFSA account. • A dollar-for-dollar match to each participant's annual HFSA election.

Annual Elections

At enrollment, participants choose an annual election amount. This is the amount they want to contribute to the Limited Purpose healthcare FSA for the year. The annual election amount is divided across the number of paychecks throughout the year.

Uniform Coverage Rule: IRS regulations allow for the participant's full annual election for medical out-of-pocket expenses to be available on the first day of the plan year, regardless of contributions made by the participant.

Eligible Expenses

Limited Purpose FSAs cover eligible dental and vision expenses as determined by the employer.

Verification and Disbursements

Participants do not need to submit verification with their requests for reimbursement. Non-covered medical services require a letter of medical necessity. Through TASC technology, we have an auto-substantiation rate of 98%, meaning that 98% of claims will not need additional documentation. Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

Plan Design Options – Summary Plan Description (SPD) Required

Money not used at the end of the plan year is forfeited to the plan, unless Carry Over or a Grace Period and Runout are elected by the employer. See below.

Runout Period	Carryover (optional)	Grace Period (optional)
Runout allows for participants to submit claims with a date of service (DOS) from the previous plan year. Elected by the employer, most commonly set to 90 days from the end of the plan year.	Determined by the employer, allows up to IRS carryover limit or the remaining balance from the previous plan year, whichever amount is less, to be added to the new plan year election. (Employer does not have to allow the full IRS carryover limit but cannot exceed it.)	Determined by the employer, this provides a period of time after the plan year to continue to use funds from the previous plan year for current expenses. Essentially an extension of the plan year and cannot be offered with the Carryover option.

How does TASC differ from the competition?

- We offer unique funding arrangements
- Debit cards **never** turn off for lack of substantiation
- Our auto substantiation rate is higher than other TPAs
- We offer EDI integration with HRIS/ Payroll partners for **NO** additional fee
- Annual non-discrimination assessment included
- Summary Plan Descriptions (SPD) are automatically created

Health Savings Account (HSA) – Tax Advantaged Account

A Health Savings Account (HSA) allows employees enrolled in a High Deductible Health Plan to use pretax dollars to pay for eligible healthcare expenses. Unused HSA funds can also be invested. HSAs are excellent savings vehicles for current and future medical expenses. Plus, they can play an important part in an individual's overall retirement strategy.

Participant Benefits	Employer Benefits
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No use-it-or-lose-it rule! Keep HSA funds until ready to use them, with unlimited rollover limits.	Money employers contribute to their employees' HSA accounts is considered a business expense and can be written off on their taxes.
Triple tax savings: <ul style="list-style-type: none"> • Contributions are made pretax. • This reduces take home pay and decreases taxable income. • Participants are not taxed on the money they spend on medical expenses. • Funds can be invested and there are no taxes on invested funds. 	Employers will pay reduced FICA taxes as a result of reduced taxable income for employees.
	Money In, Money Out Rule: Participants can't spend more than what has been contributed to the benefit account so employer is never responsible for covering expenses if a participant leaves the company prior to making all of their intended contributions.

How the plan works...

Eligibility

Employees must be enrolled in a qualified High Deductible Health Plan (qHDHP). HSAs may be used with Limited Purpose Healthcare FSA or Limited Purpose HRA but not full ones.

Not eligible if:

- Enrolled in Healthcare FSA, or spouse has a Healthcare FSA
- Claimed as a dependent on another's tax return.
- Enrolled in Medicare
- Covered by VA or IHS benefits and have used their services within 3 months.

Enrollment

Eligible employees may enroll at any time, but the account will not start until the first of the following month.

Funding

As an employee-owned account, funds roll over year after year and are kept with the participant. HSA money is never forfeited and participants can maximize tax savings by contributing to the annual limit every year.

Contributions

- Money In/Money Out - Participants can only spend what has been contributed, minus previous disbursements for requests.
- Participants can change contribution amounts throughout the year - no qualifying event required.
- Participants can also add more money throughout the year by making additional contributions
- Contributions are not taxed as long as the total amount from all sources is within the IRS limit.
- This includes contributions from the employer and anyone other than the participant.

- Participants are responsible for keeping track of contributions throughout the year, making sure not to exceed the yearly election maximum amounts established by the IRS.

Catch-Up Contributions for Participants aged 55 and Older

Are allowed to make an additional \$1,000 per year in contributions. If a participant and spouse are both over the age of 55, they may each contribute an additional \$1,000. Note that to contribute the catch-up, each spouse must have their own HSA.

Annual Elections

At enrollment, participants choose an annual election amount. This is the amount they want to contribute to the HSA for the year. The annual election amount is divided across the number of paychecks throughout the year.

Participants should contact their employer to make changes to their annual election. A qualifying event is not required to make a change.

Eligible Expenses

Eligible Section 213(d) healthcare expenses are covered as determined by employer.

Verification and Disbursements

Participants do need to submit verification with their requests for reimbursement. Non-covered medical services require a letter of medical necessity. Even though verification is not required, we recommend they keep receipts in case they are audited.

Participants can request a distribution online, through the mobile app, or via paper form (mail or fax). Participants can receive a disbursement without a request on the participant portal or by using the Distribution Request Form (Form HS-6252) to withdraw funds from the HSA.

Funds can be withdrawn for ineligible expenses with penalty.

- If they do this prior to age 65, they will be taxed on the money and face IRS penalties.
- After age 65 penalty is waived.

Investing Funds

One of the great benefits of an HSA is that unused funds can be invested by the participant, and interest is earned tax-free.

Funds in an HSA earn interest in two different ways:

Cash Account	Investment Account
Money sitting in the cash account earns interest while it is sitting in the cash account. The interest will be applied quarterly.	Funds in the investment account earn dividends, which work the same way as interest, except earnings on dividends fluctuate based on market performance.

Sweeps

Participants can easily move money from their cash account to their investment account by using sweeps. Here's how they work:

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After a participant visits the investment portal and makes their investment selections, funds over the cash threshold (regardless of the threshold amount) remain in the cash account until they meet or exceed \$100, at that time the entire amount over the cash threshold will automatically sweep to the investment account.

Compliance – Summary Plan Description (SPD) Required

Before an HSA can be established, the participant must pass the identity verification process and accept the Terms of Use.

Because HSA are employee-owned accounts, they always move with that person no matter where they work.

How does TASC differ from the competition?

- We offer **Top Rated** mutual funds
- Our cash account (\$2,000 min. balance) offers the **highest** interest rate in the industry
- **NO** banking fees
- Participants do not have to submit receipts/substantiation
- Our stand-alone HSA is not tied to a health plan. So, if an employer changes health plans, the participant does not have to change HSAs.
- We offer EDI integration with HRIS/ Payroll partners for **NO** additional fee

Transit Accounts - Tax Advantaged Account

A Transit Account allows participants to use pretax dollars to pay for public transportation to get to work. Employees can save up to 40% on eligible transportation costs by using the pretax dollars in a Transit Account.

Participant Benefits	Employer Benefits
Pretax contributions reduce taxable income.	Increased employee satisfaction by offering outstanding benefits.

How the plan works...

Eligibility

The employer determines the eligibility to participate in a transit account.

Self-employed individuals (partners, sole proprietors, more-than-2% shareholders in a sub-chapter S Corp and independent contractors) are ineligible to participate.

Enrollment

Eligible employees enroll at open enrollment or on a monthly basis. A qualifying event is not required to change the monthly election. It can be changed at any time or any reason. Changes cannot be made retroactively.

Funding

Transit accounts are funded by pre-tax and post-tax payroll deductions.

Contributions

IRS sets maximum monthly election amounts. (Employers can set lower amounts.)

- Money In/Money Out - money is available to spend after it is contributed.
- If a participant has both pre-tax and post-tax accounts, the pre-tax account will be depleted before funds are taken from the post-tax account
- There is no limit on the amount that can be rolled over - all unused funds are eligible for rollover. Ex. If the entire monthly election is not used during the month, it rolls forward to the next month.

Participants Make Monthly Elections

The monthly election is divided by the number of paychecks per month. For payroll schedules weekly, bi-weekly (26), and potentially other, the amount withheld from payroll will not be consistent throughout the plan year.

Example: The client has bi-weekly (26) payroll. Participant monthly election is \$265. In a month with 2 payrolls, \$265 divided by 2 is \$132.50. \$132.50 is withheld from both payrolls that month.

Eligible Expenses

Participants can pay for public transportation to get to work (bus, subway, or train) or for the use of Commuter Highway Vehicles, such as a van pool.

- Transit expenses for the employee only, family member expenses are not eligible
- Commuter Highway Vehicle Requirements:
- Seating capacity of at least 6 adults (excluding driver)
- 80% of mileage for the year is for transporting between home and work. On those trips, at least half of the adult seating capacity is filled.
- Lyft Line and UberPOOL ride sharing commuter expenses are eligible, but regular Lyft or Uber rides are not.
- The Transit Account only covers commuting to and from the place of employment. It does not cover additional travel, for example to the airport for a business trip.
- Transit expenses for personal reasons, such as to attend a sporting event, are not eligible.
- Participants can also have post-tax funds withheld from their paychecks and added to their Transit Account, enabling them to exceed the monthly pre-tax limit.

Requests and Disbursements

Participants must use the TASC Card, unless the employer allows manual reimbursement and it is in the Commuter Benefit Account Summary.

No matter how much money the participant has in their account, they are only allowed (under regulations) to use the monthly maximum out of their Transit Account. Additional post-tax funds contributed may also be used.

Plan Design Options – Summary Plan Description (SPD) Required

As long as they are an active, eligible employee and have funds remaining in the account, they are a participant with access to their funds.

Rollover
<p>The Transit Account may have automatic rollover at the close of the plan, dependent on the employer's election.</p> <ul style="list-style-type: none"> • There isn't a limit on the amount that can be rolled over. All unused funds are eligible for rollover. (Grace period does not apply.) • If an employer does not choose the rollover option, remaining funds at the close of the plan year are forfeited. <ul style="list-style-type: none"> ○ Expenses submitted that exceed the monthly limit do not roll forward. Those expenses are not eligible for reimbursement.

Parking Accounts - Tax Advantaged Account

A Parking Account allows participants to use pretax dollars to park at or near work during work hours. Employees can save up to 40% on eligible transportation costs.

Participant Benefits	Employer Benefits
Pretax contributions reduce taxable income.	Increased employee satisfaction by offering outstanding benefits.

How the plan works...

Eligibility

Employees must meet the eligibility requirements of the employer's plan to be eligible to participate. Self-employed individuals (partners, sole proprietors, more-than-2% shareholders in a sub-chapter S Corp and independent contractors) are ineligible to participate.

Enrollment

Eligible employees enroll at open enrollment or on a monthly basis. A qualifying event is not required to change the monthly election. It can be changed at any time or any reason.

- Changes cannot be made retroactively.
- Clients are unable to make changes for participants at this time, a support request needs to be submitted.

Funding

Parking accounts are funded by pre-tax and post-tax payroll deductions. Participants makes monthly elections. The monthly election is divided by the number of paychecks per month.

Contributions

- IRS sets maximum monthly election amounts. (Employers can set lower amounts.)
- Money In/Money Out - money is available to spend after it is contributed.
- If a participant has both pre-tax and post-tax accounts, the pre-tax account will be depleted before funds are taken from the post-tax account

- There is no limit on the amount that can be rolled over - all unused funds are eligible for rollover. Ex. If the entire monthly election is not used during the month, it rolls forward to the next month.

Eligible Expenses

Parking at or near an employee's place of work so that an employee can go to work.

- Parking expenses for the employee only, family member expenses are not eligible.
- Parking expenses for person reasons, such as to attend a sporting event, are not eligible.

Requests and Disbursements

Participants must use the TASC Card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

No matter how much money the participant has in their account, they are only allowed (under regulations) to use the monthly maximum out of their Parking Account. Additional post-tax funds contributed may also be used.

Plan Design Options – Summary Plan Description (SPD) Required

As long as they are an active, eligible employee and have funds remaining in the account, they are a participant with access to their funds.

Rollover
<p>The Parking Account may have automatic rollover at the close of the plan, dependent on the employer's election.</p> <ul style="list-style-type: none"> • There isn't a limit on the amount that can be rolled over. All unused funds are eligible for rollover. (Grace period does not apply.) • If an employer does not choose the rollover option, remaining funds at the close of the plan year are forfeited. <ul style="list-style-type: none"> ○ Expenses submitted that exceed the monthly limit do not roll forward. Those expenses are not eligible for reimbursement.

Health Reimbursement Arrangements (HRA) – Tax Advantaged Account

A Health Reimbursement Arrangement (HRA) is an employer-funded plan that reimburses employees for qualified medical, dental, and vision expenses. A Health Reimbursement Arrangement is a tax-advantaged benefit that allows both employees and employers to save on the cost of healthcare. The employer sets aside a specific amount of pretax dollars for employees to pay for health care expenses on an annual basis.

Reimbursements through an HRA are 100% tax deductible for employers and tax-free for employees.

Participant Benefits	Employer Benefits
Participants receive money for eligible health expenses without making contributions and may use HRA funds to pay for a wide range of medical	HRAs offer predictability, allowing employers to anticipate their approximate maximum expense for HRA health benefits for the year.

expenses not covered by their health insurance policies.	
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How the plan works...

Eligibility

An employer must offer group health insurance to offer a Healthcare FSA.

- Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.
- Self-employed individuals (partners, sole proprietors, more-than-2% shareholders in a sub-chapter S Corp and independent contractors) are ineligible to participate.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

- Mid-year enrollment is possible when eligibility requirements are met. Requirements like:
 - Newly hired employee
 - Employees with status changes/qualifying events

Funding

As an employer-only funded account, the employer decides the maximum annual contribution for each employee's HRA and when those funds are made available.

Contributions

- Employees lose HRA contributions if they leave the company or are terminated
- No maximum contribution limits
- Employers may set a maximum rollover limit that can be carried over from one year to the next
- Participants are not eligible to contribute to the HRA

Eligible Expenses

The employer determines which expenses are eligible for reimbursement.

Verification and Requests

Explanation of Benefits or EOB is the preferred and required in most cases.

Only eligible expenses with dates of service that fall within the HRA plan year can be reimbursed. There are exceptions to this, see below:

Services from the previous year may be reimbursed if the participant was effective for the plan at the time service was incurred.

Requests

In most cases, participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Money not used at the end of the plan year is forfeited to the plan.

Plan Design Options – Summary Plan Description (SPD) Required

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HRAs are very flexible, allowing the employer to design their plan to meet the unique needs of the company and the employees.

First Dollar Plans	Comprehensive Plans
<ul style="list-style-type: none"> • Reimbursement of eligible out-of-pocket medical expenses, starting with the first dollar of accumulated expenses, up to the maximum HRA account benefits • Tied to group health insurance plan • Compliments a High Deductible Health Plan (HDHP) • Provides a bridge between insurance and out-of-pocket expenses • Benefit card available 	<ul style="list-style-type: none"> • More flexible than the First Dollar Plan • Allows reimbursement for any non-covered medical expenses that are eligible by plan design • May have an initial amount that must be covered by an employee before they can access their funds (HRA Deductible) • May also have a gap in coverage, where an employee must cover a set amount somewhere in the middle of being covered

Examples of Comprehensive Plans:

- Deductible Only
- Deductible/Rx
- Deductible/Coinsurance
- Deductible/Copay/Rx
- Uninsured Medical/All 213(d) except premiums
- Deductible/Copay/Coinsurance/Rx

Additional Plan Design Options

A Runout period applies to HRAs. The employer can also elect carryover or rollover options. See below.

<ul style="list-style-type: none"> • Determined by the employer, this allows up to 100% of the remaining balance from the previous plan year to be added to the new plan year election.
<ul style="list-style-type: none"> • Allows unused funds at plan year end to roll forward for use in current and subsequent plan years.
<ul style="list-style-type: none"> • Carryover all or a portion of unused funds.
<ul style="list-style-type: none"> • Not rolled over until run out period is completed.
<ul style="list-style-type: none"> • Employer can choose whether or not to allow carryover.

Compliance

Standard non-discrimination rules apply to an HRA. Plans must avoid discriminating toward any employee(s) regarding the parameters of the plan and how funds are allocated and must ensure that all employees have similar access to a funded account.

How does TASC differ from the competition?

- If requested, the employer can choose to turn off substantiation requirements
- We offer a debit card for first dollar plans

- We can accommodate other HRA plan designs. For example, we can set up an HRA where the employee is responsible for paying a portion of the deductible prior to the HRA paying. This is known as a second dollar plan.
- We offer EDI integration with HRIS/ Payroll partners for **NO** additional fee

Integrated and Retiree Funded HRA (FHRA) – Tax Advantaged Account

A Funded Health Reimbursement Arrangement (FHRA) is an employer-funded plan that reimburses current employees or retirees for eligible medical expenses. There is also an investment component. FHRAs have an investment account component that offers the ability to earn interest on unused funds received from the employer over time.

Participant Benefits	Employer Benefits
Receive money for eligible health expenses without contributing.	FHRAs offer predictability; anticipate your approximate maximum expense for FHRA health benefits for the year.
Accumulate tax-free earnings on all or a portion of unused funds through the investment portal.	Use as an alternative to more expensive retiree healthcare.

How the plan works...

Eligibility

FHRA is available for employees as determined by the employer. The employer can make the FHRA available to current employees, retirees or both.

Types of Funded HRAs

Integrated	For current employees who are enrolled in the employer's group health plan. Often high-deductible plans, but unlike an HSA, they are not required to be high-deductible.
Retiree	For employees who have retired or those who left the company after a specified number of years of service/at a specified age. Reimbursement for health expenses begins upon the participant's retirement/ termination. These funds may have been accumulated during the working years and made available during retirement, or the employer may contribute funds only upon retirement.
Combination	The account could be a combination of Integrated and Retiree - a portion of the funds are available during employment and the other portion is available upon retirement.

Enrollment

Employers determine enrollment time frames.

Funding

As an employer-only funded account, the employer decides the maximum annual contribution for each employee's FHRA and when those funds are made available.

Contributions

- No minimum or maximum contribution limits
- Money In/Money out - money is available after it is contributed
- Funds carry over from year to year until they are used

Investment Funds

Funded HRAs have an investment account for excess funds over the \$1,000 cash account threshold.

Rules for Investment Funds

- All funds are held in a protected trust
- Contributions cannot be retracted, unless there was an administrative error
- Employer determines the investment options available to employees
- Employees choose how to invest if there is more than one option

Eligible Expenses

Employer chooses eligible expenses. May include 213(d) expenses, including dental and vision. Retiree accounts may also include insurance premiums. The integrated account does not cover any insurance premiums.

Verification and Requests

The reimbursement process for funded HRAs is a little different from other accounts because all funds are held in a trust account. Participants need to submit verification with their requests for reimbursement. Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

Reimbursements

- Participants usually have 365 days from date of service to file the request for reimbursement. But this is employer dependent.
- Retirees will follow the same time restriction; except they cannot submit requests for reimbursement prior to their date of retirement or termination.
- Funds carry over from year to year until they are used.

Compliance – Summary Plan Description (SPD) Required

TASC administers the plan and the employee accounts by establishing the trust account, completes daily investment account record keeping, quarterly trust reconciliation and required plan documents to help employers stay compliant.

FHRA stays with participant but is not portable. This means the employee cannot move the funds into another FHRA with a different employer.

- Integrated accounts - Funds are not forfeited, even if the employee leaves the employer. All funds remain available to the employee until used

- Retiree accounts - Funds are available during retirement

Individual Coverage HRA (ICHRA) – Tax Advantaged Account

An Individual Coverage Health Reimbursement Arrangement (ICHRA) allows employers, regardless of size, to provide tax-free reimbursement for employee premiums. It can be offered as a stand-alone benefit or as another option in a health benefit program, alongside group health insurance. Employers may either offer an ICHRA or a traditional Group Health Plan but may not offer employees a choice between the two. ICHRAs are a great way for smaller employers to offer a more competitive benefits package.

Participant Benefits	Employer Benefits
Reimbursed tax-free for eligible medical expenses.	A greater ability to control costs and provide employees with more options for their health coverage.

How the plan works...

Eligibility

Employers can maintain their traditional Group Health Plan for existing enrollees, with new hires offered only an ICHRA. Participants are not eligible if they are also offered a traditional Group Health Plan.

Participants and dependents must be enrolled in:

- Individual market health insurance (private) OR
- State or Federal Exchange coverage OR
- Both Medicare Part A and B OR
- Medicare Part C.
- They cannot be enrolled in a group health plan if they are enrolled in an ICHRA.

Participants are required to attest to the fact they have health insurance prior to enrollment and monthly thereafter. This responsibility rests solely with the employer. HRA allows participants to opt-out of the HRA once annually and on termination of employment.

Classifications

- Employers can offer an ICHRA on a class-by-class basis (creating classes around certain employment distinctions)
- Employers that offer an ICHRA must do so on the same terms for all employees in a class.
- Employers may increase the ICHRA amount for participants over a certain age and for workers with a certain number of dependents.
- Employers can maintain their traditional Group Health Plan for existing enrollees, with new hires offered only an ICHRA.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

- Mid-year enrollment is possible when eligibility requirements are met. Requirements like:
 - Newly hired employee

- Employees with status changes/qualifying events

Funding

Individual coverage HRAs are funded entirely by the employer. There is no maximum contribution.

Eligible Expenses

An ICHRA may be used to reimburse premiums for:

- Individual coverage (private market)
- Individual coverage (exchange)
- Medicare (premiums for Parts A, B, C, D)
- Medicare Supplemental Health Insurance (MediGap).

Verification and Requests

Participants need to submit verification with their requests for reimbursement.

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

Plan Design Options – Summary Plan Description (SPD) Required

An ICHRA may have the rollover or carryover provisions.

- Determined by the employer, this allows up to 100% of the remaining balance from the previous plan year to be added to the new plan year election.
- Allows unused funds at plan year-end to roll forward for use in current and subsequent plan years.
- Carryover all or a portion of unused funds.
- Not rolled over until run out period is completed.
- The employer can choose whether or not to allow carryover. It is considered a Premium Service.

Excepted Benefit HRA (EBHRA) – Tax Advantaged Account

An Excepted Benefit HRA (EBHRA) allows employers, regardless of size, to provide tax-free reimbursement through an HRA to employees even if they do not enroll in the company's group health plan (a requirement of a standard HRA). EBHRAs are a way for smaller employers to offer a more competitive benefits package.

Participant Benefits	Employer Benefits
Reimbursed tax-free for eligible medical expenses.	Available to business of all sizes.

How the plan works...

Eligibility

Employers must offer a Group Health Plan (GHP).

Employee must be eligible for the GHP, but is not required to enroll in employer GHP, or be enrolled in any GHP. COBRA participants are eligible for the benefit.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

- Mid-year enrollment is possible when eligibility requirements are met. Requirements like:
 - Newly hired employee
 - Employees with status changes/qualifying events

Funding

Excepted Benefit HRAs are funded entirely by the employer. Employer maximum contribution limit is indexed for inflation.

Eligible Expenses

An employer may elect premium only, 213(d) medical expenses only, or both.

Eligible Premiums	Ineligible Premiums
EBHRA may be used to reimburse premiums for: <ul style="list-style-type: none"> • COBRA or other continuation coverage • Short-term, limited-duration coverage • Long-term care coverage, nursing home care coverage, community-based care, or combination thereof • Excepted benefits - i.e., dental & vision insurance 	EBHRA may not be used to reimburse premiums for: <ul style="list-style-type: none"> • Group Health Plan • individual health insurance coverage (private market) • individual health insurance coverage (exchange) • Medicare (premiums for Parts A, B, C, D) • Medicare Supplemental Health Insurance (MediGap) • Fixed indemnity plans

Verification and Requests

Participants need to submit verification with their requests for reimbursement.

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

Plan Design Options – Summary Plan Description (SPD) Required

An EBHRA may have the rollover provisions.

- Determined by the employer, this allows up to 100% of the remaining balance from the previous plan year to be added to the new plan year election.
- Allows unused funds at plan year end to roll forward for use in current and subsequent plan years.
- Funds that are rolled over may not show up in next year's account until run out is complete. But they are available to use before run out has ended.
- Rollover all or a portion of unused funds.
- Not rolled over until run out period is completed.

Qualified Small Employer HRA (QSEHRA) – Tax Advantaged Account

A Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) allows small employers (fewer than 50 full-time and full-time equivalents) to provide tax-free reimbursement for individual health insurance premiums and/or eligible medical expenses. QSEHRAs are a great way for smaller employers to offer a more competitive benefits package.

Participant Benefits	Employer Benefits
Reimbursed tax-free for eligible medical expenses.	A greater ability to control costs and provide employees with more options for their health coverage.

How the plan works...

Eligibility

Employers who offer a QSEHRA may not offer a group health plan, including a Health Reimbursement Arrangement (HRA) or a Healthcare Flexible Spending Account (HFSA), to any employee. Employees must have minimum essential coverage (MEC) in order to receive payments or reimbursements.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met. QSEHRA must be provided to all eligible employees on a uniform and consistent basis.

Funding

QSEHRAs are funded entirely by the employer. Employer maximum contribution limit are set by the IRS. The maximum reimbursement can vary from employee to employee based on the age of individuals covered or the number of individuals covered, in accordance with the variation in price of an insurance policy in the relevant individual health insurance market.

Eligible Expenses

An employer may elect premium only, 213(d) medical expenses only, or both. QSEHRA may be used to reimburse premiums for:

- Individual coverage (private market)
- Individual coverage (exchange)
- Medicare (premiums for Parts A, B, C, D)
- Medicare Supplemental Health Insurance (MediGap)

Verification and Requests

Participants are required to attest they have minimum essential coverage (MEC) for the month in which the expense was incurred. This responsibility rests solely with the employer. Participants need to submit verification with their requests for reimbursement.

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

Plan Design Options – Summary Plan Description (SPD) Required

QSEHRA may have the rollover or carryover provisions.

- Determined by the employer, this allows up to 100% of the remaining balance from the previous plan year to be added to the new plan year election.
- Allows unused funds at plan year-end to roll forward for use in current and subsequent plan years.
- Carryover all or a portion of unused funds.
- Not rolled over until run out period is completed.
- The employer can choose whether or not to allow carryover. It is considered a Premium Service.

Medicare Health Reimbursement Arrangement (HRA) – Tax Advantaged Account

A Medicare Health Reimbursement Arrangement allows employers with less than 20 employees to incent employees to enroll in Medicare and Medicaid plans. This saves on health care costs for the employer. Medicare HRAs are a great way for smaller employers to offer a more competitive benefits package.

Participant Benefits	Employer Benefits
Reimbursed tax-free for Medicare and Medicaid premiums.	A greater ability to control costs while providing employees with assistance to pay out-of-pocket expenses.

How the plan works...

Eligibility

To be eligible for the Medicare HRA, the employee must be enrolled in Medicare and Medicaid.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

- Mid-year enrollment is possible when eligibility requirements are met. Requirements like:
 - Newly hired employee
 - Employees with status changes/qualifying events

Funding

As an employer-only funded account, the employer decides the maximum annual contribution for each employee's HRA and when those funds are made available.

Contributions

- Employees lose Medicare HRA contributions if they leave the company or are terminated
- No maximum contribution limits
- Employers may set a maximum rollover limit that can be carried over from one year to the next
- Participants are not eligible to contribute to the Medicare HRA

Eligible Expenses

The Medicare HRA reimburses for Medicare and Medicaid premiums only. 213(d) expenses are not covered.

Verification

Employees must submit proof of Medicare or Medicaid premiums due.

Requests

In most cases, participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Money not used at the end of the plan year is forfeited to the plan.

Plan Design Options

A Runout period applies to the Medicare HRA. The employer can also elect carryover or rollover options. See below.

<ul style="list-style-type: none"> • Determined by the employer, this allows up to 100% of the remaining balance from the previous plan year to be added to the new plan year election.
<ul style="list-style-type: none"> • Allows unused funds at plan year end to roll forward for use in current and subsequent plan years.
<ul style="list-style-type: none"> • Carryover all or a portion of unused funds.
<ul style="list-style-type: none"> • Not rolled over until run out period is completed.
<ul style="list-style-type: none"> • Employer can choose whether or not to allow carryover.

Wellness Reimbursement Arrangements – Tax Advantaged Account

A Wellness Reimbursement Account is an employer-funded plan that reimburses participants for wellness related expenses. The employer can reimburse exercise classes, exercise equipment, gym membership, smoking cessation classes and much more! Offering a Wellness Reimbursement Account provides an additional benefit outside of standard health benefits which can enhance your employee’s well-being.

Participant Benefits	Employer Benefits
Participants receive money for eligible wellness expenses without making contributions and may use funds to pay for a wide range of wellness expenses not covered by their health insurance policies.	Wellness Reimbursement Accounts offer predictability, allowing employers to anticipate their approximate maximum expense for employee wellness.

How the plan works...

Eligibility

Employers determine which employees are eligible. Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met.

Funding

As an employer-only funded account, the employer decides the maximum annual contribution for each employee's Wellness Reimbursement Account and when those funds are made available.

Contributions

- Employees lose contributions if they leave the company or are terminated
- No maximum contribution limits
- Employers may set a maximum rollover limit that can be carried over from one year to the next
- Participants are not eligible to contribute to the Wellness Reimbursement Account

Eligible Expenses

The employer determines eligible expenses. Following are examples of wellness expenses: exercise classes, exercise attire, exercise shoes, exercise equipment, Gym Membership, Smoking cessation, weight loss, counseling, massage therapy and nutrition classes.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card.

Money In/Money Out - The participant can only be reimbursed for expenses up to the amount in their benefit account.

Plan Design Options

A Runout period applies to Wellness Reimbursement Arrangements. The employer can also elect carryover or rollover options. See below.

- | |
|--|
| <ul style="list-style-type: none">• Determined by the employer, this allows up to 100% of the remaining balance from the previous plan year to be added to the new plan year election. |
| <ul style="list-style-type: none">• Allows unused funds at plan year end to roll forward for use in current and subsequent plan years. |
| <ul style="list-style-type: none">• Carryover all or a portion of unused funds. |
| <ul style="list-style-type: none">• Not rolled over until run out period is completed. |
| <ul style="list-style-type: none">• Employer can choose whether or not to allow carryover. |

Healthcare Premium (NESP) Reimbursement Account – Tax Advantaged Account

Healthcare Premium (NESP) Reimbursement Accounts are an additional plan option under a Flexible Spending Account that allows employees to make pretax contributions into a separate reimbursement account for insurance premiums that are not employer sponsored. (NESP = Non-Employer Sponsored Premium)

Participant Benefits	Employer Benefits
Save money on healthcare costs by using pretax dollars.	Maximize your healthcare benefits package while taking steps to hold the line on healthcare costs.

How the plan works...

Eligibility

Employers must also offer group health coverage that complies with current ACA requirements, in order to offer this account. Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.

Self-employed individuals (partners, sole proprietors, more-than-2% shareholders in a sub-chapter S Corp and independent contractors) are ineligible to participate.

Enrollment

Eligible employees typically enroll during the annual enrollment period. Mid-year enrollments are possible when eligibility requirements (ex. new hire or qualifying event) are met. Once enrolled, a participant can only stop participating mid-plan year if there is a qualifying event.

Funding

Healthcare Premium (NESP) Reimbursement accounts are funded by employees.

Contributions

- No federal maximum limit on contributions, but employers can set limits
- Contributions are tax-free
- Money In/Money Out - participants can only be reimbursed for expenses up to the amount they have contributed into their account and currently have available. Scheduled contributions are placed into MyCash, and then the participant can spend as they become available.
- Employee contributions only
- Employers may only contribute if the account is designed to have significant salary reductions by participants
- Participants may increase, reduce, or revoke their salary reduction election to coincide with the cost of their individual insurance plans under the automatic cost change event

Eligible Expenses

Healthcare Premium (NESP) Reimbursement accounts reimburse healthcare premiums.

Eligible premiums:

- Health/Dental insurance for employee, spouse, or dependent
- Disability insurance
 - Benefits received are taxable when premiums are paid pre-tax
- COBRA premiums
 - Participant must no longer be employed by the company sponsoring the insurance
- Health insurance that may be deducted from retirement benefits through a previous employer
- Dreaded disease insurance - without a premium refund feature
- Medicare Part B, D, or Medicare supplement premiums
 - Employer must not be subject to Medicare Secondary Payor rules

Ineligible premiums:

- Federal/State Exchange program
- Policies that defer compensation
 - e.g., cancer and hospital indemnity policies with a premium refund feature
- Long-Term Care insurance
- Health coverage provided by another employer
 - spouse or dependent's insurance premium through their employer
- Individual life insurance policies
- Medicare Part B, D, or Medicare supplement premiums
 - If employer is subject to Medicare Secondary Payor rules

Verification and Requests

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

Plan Design Options – Summary Plan Description (SPD) Required

Money not used at the close of the plan year is forfeited to the plan. Grace Period and Runout are elected by the employer.

Spousal Incentive Health Reimbursement Arrangement (SIHRA) – Tax Advantaged Account

A Spousal Incentive Health Reimbursement Arrangement (SIHRA) allows employers to incent employees to enroll in the spouse's group health plan. SIHRAs are a great way for smaller employers to offer a more competitive benefits package.

Participant Benefits	Employer Benefits
Reimbursed tax-free for eligible medical expenses	A greater ability to control costs while providing employees with assistance to pay out-of-pocket expenses.

How the plan works...

Eligibility

To be eligible for the Spousal Incentive HRA, the employee must be enrolled in his/her spouse's group health plan.

Enrollment

Employees are enrolled at open enrollment and as they become eligible.

Funding

Spousal Incentive HRAs are funded entirely by the employer. The employer determines the plan limits.

Eligible Expenses

Employers determine which 213(d) medical expenses are eligible for coverage. The employee portion of health care premiums in the spouse's plan and Medicare premiums are not covered by the SIHRA.

Verification and Requests

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

Plan Design Options – Summary Plan Description (SPD) Required

Money not used at the close of the plan year is forfeited to the plan. Carryover and Runout may be elected by the employer. Terminated employees forfeit unused funds.

Bike Accounts – Non-tax Advantaged Account

A Bike Account allows employees to be reimbursed for bike expenses associated with their commute from home to work. Employers can support and encourage health and wellness by offering to reimburse work-related bike commuting expenses.

Participant Benefits	Employer Benefits
Pretax contributions reduce taxable income.	Offer a unique benefit that also encourages a healthier and more productive workforce.

How the plan works...

Eligibility

Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

Funding

Bike accounts are funded by the employer.

Contributions

The employer may fund the entire annual amount upfront or may fund on a monthly basis. Annual limits are set by employer.

Eligible Expenses

Employer determines what type of expenses are eligible for reimbursement.

Typically, the following are considered eligible expenses:

- The purchase of a bicycle
- Bike lock
- Helmet
- Bike parking
- General maintenance

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card.

Money In/Money Out - The participant can only be reimbursed for expenses up to the amount in their benefit account.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. An employer must enforce a policy in order to offer a Bike Account. If an employee terminates, they forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Back-up Care Reimbursement Accounts – Non-tax Advantaged Account

A Back-Up Care Reimbursement Account allows employees to be reimbursed for emergency dependent care needed during working hours when the employee's usual care arrangements are unavailable. Unexpected or emergency care can make it hard for employees to focus on their work and support their family.

Participant Benefits	Employer Benefits
Alleviate the stress of unexpected costs associated with emergency back-up care arrangements.	Reduce employee absences and help employees come to work without the additional financial burden of replacement care.

How the plan works...

Eligibility

Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

Funding

Back-up care accounts are funded entirely by the employer.

Contributions

The employer may fund the entire annual amount upfront or may fund on a monthly basis. Annual limits are set by employer. Funds are a deductible business expense to the employer.

Tax Implications of Dependent Care Expenses

Up to \$5,000 per year, per household may be excluded from income (tax-advantaged) for qualified dependent care expenses that were incurred and paid for during the year. The \$5,000 threshold does not apply to amounts elected or made available to spend - it applies to actual usage. Participants should consult a tax professional regarding their situation

When an employer who offers a Dependent Care FSA also offers a Back-Up Care Reimbursement Account, and wants to exclude the back-up care from income, *it is the employer's responsibility to monitor usage of both funds to ensure that no more than \$5,000 incurred and paid for during the plan year is excluded from a participant's income.*

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. An employer must enforce a policy in order to offer a Back-up Care Account. If an employee terminates, they forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Child Adoption Assistance - Tax Advantaged Account

A Child Adoption Assistance Account allows employees to set aside money to pay for expenses related to adopting a child including medical, travel, and legal expenses.

Setting aside funds from each paycheck into a Child Assistance Adoption Account can help employees when they are planning to adopt a child.

Participant Benefits	Employer Benefits
Participants can plan ahead and start saving in a tax-advantaged way to offset the cost of adoption.	Employers can not only offer their employees a way to save towards the cost of adoption--they can even contribute to the account.

How the plan works...

Eligibility

All employees are eligible to participate. Employer may choose to designate by an employee class, such as part-time or full-time status.

Enrollment

Employees may be enrolled at any time during the plan year

Funding

Child Adoption Assistance Accounts can be employee or employer funded. Employee contributions are not excluded from income but are tax deductible when used for adoption expenses, up to the limit set by the IRS each year.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

Plan Design Options – Summary Plan Description (SPD) Required

Money not used at the end of the plan year is forfeited to the plan, unless Carry Over or a Grace Period and Runout are elected by the employer. See below.

Runout Period	Carryover (optional)
Runout allows for participants to submit claims with a date of service (DOS) from the previous plan year. Elected by the employer, most commonly set to 90 days from the end of the plan year.	Determined by the employer, allows up to IRS carryover limit or the remaining balance from the previous plan year, whichever amount is less, to be added to the new plan year election. (Employer does not have to allow the full IRS carryover limit but cannot exceed it.)

Lifestyle Reimbursement Accounts – Non-tax Advantaged Account

A Lifestyle Reimbursement Account Non-Tax Advantaged allows employees to be reimbursed for a variety of non 213(d) eligible expense types related to wellness and well-being. It also allows employers to be creative in the types of expenses they offer to improve their employees' personal, financial, or overall well-being.

Participant Benefits	Employer Benefits
Receive money for out-of-pocket expenses related to your health and well-being.	Offer benefits as unique as your employees.

How the plan works...

Eligibility

Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

Funding

Lifestyle reimbursement accounts are funded entirely by the employer.

Contributions

Money In/Money Out - money is available to spend after it is contributed. Annual limits are set by employer. There is no set annual maximum or cap on this type of account, employers can fund to whatever limit they want.

Eligible Expenses

Employer determines what type of expenses are eligible for reimbursement.

Typically, the following are considered eligible expenses:

- Medical (expenses do not have to be 213(d) eligible)
 - Gender Affirmation
- Pet Care
- Pet Insurance
- Wellness

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. An employer must enforce a policy in order to offer a Lifestyle Account. If an employee terminates, they forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Medical Travel Account – Non-tax Advantaged Account

The Medical Travel Account allows employers to assist employees and their dependents with medical related travel and lodging expenses. The Medical Travel Account can be utilized for any travel related expenses of any medical procedure the employer deems eligible.

Participant Benefits	Employer Benefits
Receive money for out-of-pocket expenses related to medical travel and lodging expenses.	Offer benefits as unique as your employees.

How the plan works...

Eligibility

Employees must meet the eligibility requirements of the employer's plan to be eligible to participate.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

Funding

Medical Travel accounts are funded entirely by the employer. The employer determines when funds are available. For example, funding will be available within 45 days of the medical procedure/event.

Contributions

The amount and frequency of contributions is determined by the employer.

Eligible Expenses

Employer determines what type of expenses are eligible for reimbursement.

The following are examples of eligible expenses:

- Transportation for medical procedure
 - Plane, bus, taxi, or train fares
 - Car rental
 - Mileage reimbursement for driving a personally owned car
 - Car services, such as taxis, Uber, Lyft, or another similar rideshare service
- Lodging for medical procedure
 - Hotel, motel, AirBnb, Vrbo, or another similar lodging expense
- Meals and groceries purchased when traveling for the medical procedure
- Actual procedure expenses are **not** covered under this account

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Carryover and Grace Period do not apply to Medical Travel Accounts. If an employee terminates, they forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Emergency Expense Reimbursement Accounts – Non-tax Advantaged Account

An Emergency Expense Reimbursement Account (Non-Tax Advantaged) allows employers to help cover unforeseen costs for their employees during an emergency. The employer defines what qualifies as an emergency (i.e. pandemic, natural disaster). This account is not intended for a personal crisis or hardship.

Participant Benefits	Employer Benefits
Receive funds from your employer to help pay for unforeseen costs when you need it most.	Contributions are considered a business expense and tax deductible.

How the plan works...

Eligibility

Any employee can be eligible to participate in this benefit account. Employers can designate eligibility by employee class, such as part-time or full-time status.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

Funding

Emergency Expense reimbursement accounts are funded entirely by the employer.

Contributions

Employers can set any limit they want for the plan year such as a maximum amount that can be reimbursed to the employee per year.

Eligible Expenses

Employer determines what type of expenses are eligible for reimbursement. Common eligible expenses include groceries, rent, or other costs the employee may need assistance in paying, including medical related costs such as co-pays, out-of-pocket expenses, and expenses not covered by insurance. Dependent Care costs can also be covered.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Employers can select runout and/or carryover or rollover. If an employee terminates, they forfeit unused funds. Employees can only submit expenses incurred up to their date of termination

Emergency Medical Loan Reimbursement Accounts – Non-tax Advantaged Account

An Emergency Medical Loan Account helps employees manage the high cost of health care by offering a low to no interest loan that gives access to funds for unexpected medical emergencies or when employees have maxed out their HFSA or HSA. Restricted to medical, dental and vision -- but does not require an emergency or triggering event to be covered.

Participant Benefits	Employer Benefits
Receive an interest-free loan without having a credit check or additional fees added.	Have the flexibility to determine the maximum credit per employee, the payback length, and method of repayment.

How the plan works...

Eligibility

Participants must be enrolled in a Healthcare Flexible Spending Account or a Health Savings Account with TASC. The employer may determine additional eligibility requirements.

Enrollment

Employees can be enrolled at any time by the employer upon loan approval.

Funding

Emergency Expense reimbursement accounts are funded entirely by the employer.

Contributions

The employer determines the maximum amount that can be borrowed. The participant's benefit account is funded upon approval of the loan. The employer sends TASC the loaned funds for each employee.

Eligible Expenses

Employer determines what type of expenses are eligible for reimbursement. Common eligible expenses include groceries, rent, or other costs the employee may need assistance in paying, including medical related costs such as co-pays, out-of-pocket expenses, and expenses not covered by insurance. Dependent Care costs can also be covered.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card. Manual requests are not allowed.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Employers can select runout and/or carryover or rollover.

The Employer Determines:

- The maximum amount available to each employee.
- The number of loans allowed per employer per plan year.
- When funds will be made available.
- The eligibility and enrollment requirements.
- The length of the payback period.

Employees can only submit expenses incurred up to their date of termination. Clients are responsible to set the terms for repayment, including what happens when the participant terminates before paying off the loan.

Pet Insurance Reimbursement Accounts – Non-tax Advantaged Account

A Pet Insurance Reimbursement Account allows employees to be reimbursed for premiums they pay for pet insurance. Pet Insurance Reimbursement Accounts encourage a culture of employee well-being.

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Participant Benefits	Employer Benefits
Receive money for out-of-pocket expenses related to providing insurance for your pets	Offer benefits as unique as your employees.

How the plan works...

Eligibility

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible. The employer determines who is eligible for Pet Insurance Reimbursement.

Enrollment

Employees can be enrolled at any time by the employer upon loan approval.

Funding

Pet Insurance reimbursement accounts are funded entirely by the employer. There is no set annual maximum or cap on this type of account, employers can fund to whatever limit they want.

Contributions

Money In/Money Out - money is available to spend after it is contributed.

Eligible Expenses

Restricted to expenses as defined by employer, most commonly pet insurance premiums.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card. Manual requests are not allowed.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. There are no additional plan designs (carryover, rollover, grace period, etc.) available for this account. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Pet Care Reimbursement Accounts – Non-tax Advantaged Account

A Pet Care Reimbursement Account allows employees to be reimbursed for a variety of expenses related to caring for their pets. Pet Care Reimbursement Accounts encourage a culture of employee well-being.

Participant Benefits	Employer Benefits
Receive money for out-of-pocket expenses related to caring for your pets.	Offer benefits as unique as your employees.

How the plan works...

Eligibility

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible. The employer determines who is eligible for Pet Insurance Reimbursement.

Enrollment

Employees can be enrolled at any time by the employer upon loan approval.

Funding

Pet care reimbursement accounts are funded entirely by the employer. There is no set annual maximum or cap on this type of account, employers can fund to whatever limit they want.

Contributions

Money In/Money Out - money is available to spend after it is contributed.

Eligible Expenses

Restricted to expenses as defined by employer, most commonly vet bills, medication, and pet food.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Wellness Reward Accounts – Non-tax Advantaged Account

A Wellness Reward Account is an employer-funded benefit in which participants receive money once they meet defined wellness metrics. Encourage a culture of employee health and well-being where employees earn cash rewards when they make healthy lifestyle choices.

Participant Benefits	Employer Benefits
Be rewarded while focusing on your own wellness.	Help improve employee productivity and improve overall recruitment and retention.

How the plan works...

Eligibility

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible. The employer determines who is eligible for Wellness Rewards Accounts.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

Funding

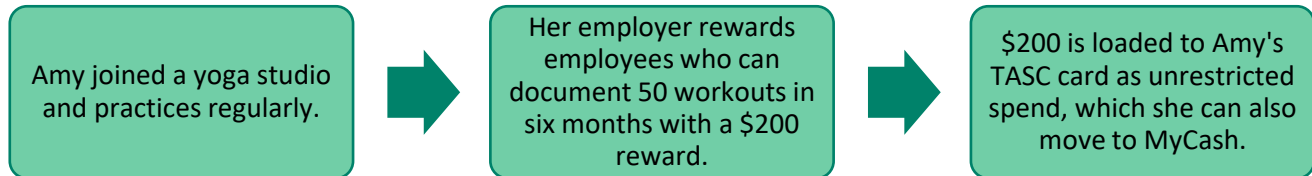
Wellness Rewards accounts are funded entirely by the employer. There is no set annual maximum or cap on this type of account, employers can fund to whatever limit they want.

Contributions

Money In/Money Out - money is available to spend after it is contributed.

Eligible Expenses

Restricted to expenses as defined by employer. An example is listed below.



Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Employee Achievement & Award – Non-tax Advantaged Account

Employers provide an incentive program to encourage specific achievements of employees. When the achievement has been reached, funds are put into an employee's account and may be used on any expense the employee chooses. At the employer's discretion, the first \$400 can be tax advantaged (excluded from income) for the employee. The employer needs to track this and exclude funds from the participant's regular income, when desired.

Participant Benefits	Employer Benefits
Participants are rewarded for specific achievements with funds that can be used for anything.	Encourage and recognize employees who have worked towards reaching a specific achievement within the organization.

How the plan works...

Eligibility

All employees are eligible to participate. Employers may choose to designate eligibility by an employee class (full-time or part-time).

Enrollment

All eligible employees may be enrolled at one time for possible rewards any time throughout the year.

The account can also be set up mid-year and contributions made after an achievement has been reached.

Funding

Employee Achievement & Awards accounts are funded entirely by the employer. There is no set annual maximum or cap on this type of account, employers can fund to whatever limit they want.

Contributions

Employers determine the achievements that will be rewarded and the reward amounts.

Eligible Expenses

Funds can be used in whatever way the employee needs.

Below are some examples of Employee Achievement and Award Accounts:

- Referring new business to the company
- Referring a new hire to the company
- Hitting a performance quota or metric (sales, customer satisfaction, etc.)
- Anniversary milestones
- Holiday bonuses
- Bravo, for a job well done
- “Lunch” for remote staff

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Funds do not need to be verified as eligible.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Employers can select runout and/or carryover or rollover. Upon termination, funds are owned by the participant and not forfeited.

Vaccine Verification Accounts – Non-tax Advantaged Account

The Vaccination Verification Compliance Offering provides clients with an easy-to-use, fast, and secure way to verify the vaccination status of individuals in the workplace, including employees, contractors, sub-contractors, and vendors. The Vaccination Verification Compliance Offering offers individuals and employers an easy way to track vaccination verification.

Individual Benefits	Employer Benefits
The TASC mobile app provides an easy and efficient way for individuals to provide their vaccination medical records, weekly test results, or to claim exemption status and to easily move between those statuses as their situations change.	Clients receive a daily status report, with vaccination medical records and negative test results verified by a TASC employee within one day., and real-time submission data when an individual test positive.

How the plan works...

Eligibility

Client determines the business rules of vaccination requirements. These may be based on federal law or the client's own mandate.

Enrollment

Employees are enrolled by employer upon meeting the eligibility requirements.

Funding

Vaccine Verification accounts are funded entirely by the employer. There is no set annual maximum or cap on this type of account, employers can fund to whatever limit they want.

Eligible Expenses

Restricted to expenses as defined by employer. Vaccine examples: Covid 19, Flu, etc.

Verification and Disbursements

At this time, all submissions are made via the TASC Mobile App. Individuals select from three submission statuses: Proof of Vaccination, Proof of Testing and Exempt Status. A TASC employee reviews each live submission and approves/denies based on the uploaded documentation. If approved, the reward will be disbursed to the individual.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Professional Business Expense Account – Tax Advantaged Account

A Professional Business Expense Account reimburses employees for business expenses such as professional dues, licensing fees, subscriptions to trade journals and continuing education. Employers can show commitment to their employees' professional development and well-being.

Participant Benefits	Employer Benefits
Tax-free money to use toward eligible professional business expenses like certifications	Flexibility in determining who is eligible to participate.

How the plan works...

Eligibility

An employer determines who is eligible for a professional business expense account.

Enrollment

Employees during open enrollment. New hires are enrolled as they become eligible.

Funding

Professional Business Expense accounts are funded entirely by the employer. May fund the entire annual amount upfront or on a monthly basis.

Contributions

Money In/Money Out - money is available to spend after it is contributed. The annual limit determined by the employer.

Eligible Expenses

Funds can be used in whatever way the employee needs.

Below are some examples of eligible expenses of Professional Business Accounts:

- Dues to professional societies.
- License and regulatory fees
- Subscriptions to professional journals and trade magazines related to employee's work
- Malpractice insurance premiums
- Continuing education expenses
- Dues to a chamber of commerce.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification (statement, bill, or receipt) is required within 60 days.

Plan Compliance

Summary Plan Descriptions (SPDs) are required. Upon termination, unused benefit account funds are owned by the employer and are forfeited while MyCash funds are owned by the participant and not forfeited.

Home Office Account – Tax Advantaged Account

A Home Office Account allows remote employees to be reimbursed for home office expenses on a tax-advantaged basis. Ensure remote staff has the tools they need to be effective.

Participant Benefits	Employer Benefits
Be reimbursed for home office expenses needed to perform your job.	Easily reimburse remote workers for home office expenses while receiving a tax deduction.

How the plan works...

Eligibility

An employer determines who is eligible for a home office account.

Enrollment

Employees are enrolled by the employer typically during open enrollment. New hires are enrolled as they become eligible.

Funding

Home Office accounts are funded entirely by the employer. May fund the entire annual amount upfront or on a monthly basis.

Contributions

Money In/Money Out - money is available to spend after it is contributed. The annual limit determined by the employer.

Eligible Expenses

Eligible home office expenses must be required for work.

Below are some examples of eligible expenses of Home Office Accounts:

- Internet expenses - portion related to and required for work
- Computer required for work
- Printer required for work
- Office supplies (ink cartridges, paper, pens, etc.)
- Phone land line expenses - if required for work

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification (statement, bill, or receipt) is required within 60 days.

Plan Compliance

Summary Plan Descriptions (SPDs) are required. A 60-day runout period applies. Upon termination, unused benefit account funds are owned by the employer and are forfeited while MyCash funds are owned by the participant and not forfeited.

Office Supplies Reimbursement Account – Tax Advantaged Account

An Office Supplies Reimbursement Account allows employees to be reimbursed for office expenses on a tax-advantaged basis.

Participant Benefits	Employer Benefits
Be reimbursed for office expenses needed to perform your job.	Easily reimburse workers for office expenses while receiving a tax deduction.

How the plan works...

Eligibility

An employer determines who is eligible for an Office Supplies Reimbursement Account.

Enrollment

Employees are enrolled by the employer typically during open enrollment. New hires are enrolled as they become eligible.

Funding

Office Supplies Reimbursement Accounts are funded entirely by the employer. May fund the entire annual amount upfront or on a monthly basis.

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Contributions

Money In/Money Out - money is available to spend after it is contributed. The annual limit determined by the employer.

Eligible Expenses

Eligible expenses must be required for work.

Below are some examples of eligible expenses of Office Supplies Reimbursement Accounts:

- Computer required for work
- Printer required for work
- Office supplies (ink cartridges, paper, pens, etc.)

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification (statement, bill, or receipt) is required within 60 days.

Plan Compliance

Summary Plan Descriptions (SPDs) are required. Upon termination, funds are owned by the participant and not forfeited.

Travel and Business Meals Account – Tax Advantaged Account

A Travel and Business Meals Account allows employers to reimburse employees for travel and meal expenses incurred by the employee in relation to their employment. Employers can help their employees by covering the cost of travel for business purposes or to entertain a business client in a tax advantaged manner.

Participant Benefits	Employer Benefits
Tax-free money, reimbursed quickly.	Reduce the need for additional payroll entries, keeping a cleaner payroll file for audits.

How the plan works...

Eligibility

An employer determines who is eligible for a Travel and Business Meal account. Employers may offer the same benefit to all, or they may offer different amounts based off the business classification of employees. Amounts may vary depending on classification. Examples are salaried, hourly, full-time, part-time, type of job (e.g., mechanics are covered, but the shipping department is not), geographic location (e.g., Dallas employees may participate, but New York employees may not), division, subsidiary, business unit, and profit-center distinctions.

Enrollment

Employees are enrolled by the employer typically during open enrollment. New hires are enrolled as they become eligible.

Funding

Travel and Business Meals Accounts are funded entirely by the employer. May fund the entire annual amount upfront or on a monthly basis.

Contributions

Money In/Money Out - money is available to spend after it is contributed. The annual limit determined by the employer.

Eligible Expenses

Below are some examples of eligible expenses of Business Meal and Travel Expenses Accounts:

- Business travel
 - Travel by car, bus, train or airplane between the employee's home and their business destination
 - Expenses for taxis and other types of transportation between airport or train station to lodging, lodging and the work location and return
- Business meals
- Hotel/Motel Lodging charges and taxes
 - Hotel charges, e.g., phone or fax, laundry
- Shipping of bags and display materials between the employee's regular and temporary work locations
- Using of employee's car while at employee's business destination
 - Actual expenses or the standard mileage rate can be deducted, as well as business-related tolls and parking fees
 - If employee's rent a car, the employee can deduct only the business-use portion for the expenses
- Tips and gratuities related to business expenses
- Cell phone expenses

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification (statement, bill, or receipt) is required within 60 days.

Plan Compliance

Summary Plan Descriptions (SPDs) are required. A 60-day runout period applies. Upon termination, unused benefit account funds are owned by the employer and are forfeited while MyCash funds are owned by the participant and not forfeited.

Work Clothes Account – Tax Advantaged Account

A Work Clothes Account allows employees to be reimbursed for work clothes required for employment (not adaptable to street wear.) Help employees with the cost for clothing required for their job functions.

Participant Benefits	Employer Benefits
An easy to manage way to be reimbursed for work clothing.	Simple, tax-deductible way to reimburse employees for clothes needed on the job.

How the plan works...

Eligibility

An employer determines who is eligible for a Work Clothes account.

Enrollment

Employees are enrolled by the employer typically during open enrollment. New hires are enrolled as they become eligible.

Funding

Work Clothes accounts are funded entirely by the employer. May fund the entire annual amount upfront or on a monthly basis.

Contributions

Money In/Money Out - money is available to spend after it is contributed. The annual limit determined by the employer.

Eligible Expenses

Clothing needed for use on the job.

Below are some examples of eligible expenses of Work Clothes Accounts:

- Clothing
- Cost of cleaning
- Cost of repair

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification (statement, bill, or receipt) is required within 60 days.

Plan Compliance

Summary Plan Descriptions (SPDs) are required. A 60-day runout period applies. Upon termination, unused benefit account funds are owned by the employer and are forfeited while MyCash funds are owned by the participant and not forfeited.

Workplace Tools Account – Tax Advantaged Account

A Workplace Tool Account allows for the tax-advantaged reimbursement of small work tools required for employment but owned by the employee. Funds are restricted to use on the intended expenses and are not taxable income to the employee, saving employers on taxes, too.

Participant Benefits	Employer Benefits
A quick and seamless way to be reimbursed for purchasing tools required to do your job.	Simple, tax-deductible way to reimburse employees for tools needed on the job.

How the plan works...

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Eligibility

An employer determines who is eligible for a Workplace Tools account.

Enrollment

Employees are enrolled by the employer typically during open enrollment. New hires are enrolled as they become eligible.

Funding

Workplace Tools accounts are funded entirely by the employer. May fund the entire annual amount upfront or on a monthly basis.

Contributions

Money In/Money Out - money is available to spend after it is contributed. The annual limit determined by the employer.

Eligible Expenses

Work tools when an employee is required to use his/her own tools. For example, a hair stylist may need to buy their own hair styling tools and products to service clients.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification (statement, bill, or receipt) is required within 60 days.

Plan Compliance

Summary Plan Descriptions (SPDs) are required. A 60-day runout period applies. Upon termination, unused benefit account funds are owned by the employer and are forfeited while MyCash funds are owned by the participant and not forfeited.

Student Loan Reimbursement Account – Tax Advantaged Account

Student Loan Reimbursement allows employees to be reimbursed for their student loan debt payments. Student loan debt is a societal concern and a major concern for many young workers.

Participant Benefits	Employer Benefits
Pay down student loan debt faster, allowing you to allocate extra savings to other areas of your life.	The plan can be stair-stepped to encourage long-term employment by adding additional benefits over a course of years.

How the plan works...

Eligibility

Employers set eligibility requirements, such as tenure, work performance, and specific roles as well as annual and lifetime maximum payment amounts. Additionally, employers can require employees to pay back the benefit if they leave employment within a specified period.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

Funding

Student Loan Reimbursement accounts are funded entirely by the employer. There is no set annual maximum or cap on this type of account, employers can fund to whatever limit they want. The first \$5,250 funds (aggregated with Tuition Reimbursement Account) are non-taxable to the employee.

Contributions

Money In/Money Out - money is available to spend after it is contributed.

Eligible Expenses

Only student loan payments are eligible for this account.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card. Reimbursements are non-taxable for employees through January 1, 2026 as per the 2021 Consolidated Appropriations Act.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Tuition Reimbursement Account –Tax Advantaged Account

A Tuition Reimbursement Account covers employee tuition expenses for approved college or technical school courses being incurred now and in the future. A Tuition Reimbursement Account covers employee tuition expenses for approved college or technical school courses being incurred now and in the future.

Participant Benefits	Employer Benefits
Continue education for deeper job knowledge or expanded skill set.	Create an in-house pool of talent to step up and lead when the need arises.

How the plan works...

Eligibility

An employer determines who is eligible for Tuition reimbursement.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

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Funding

Tuition Reimbursement accounts are funded entirely by the employer. There is no set annual maximum or cap on this type of account, employers can fund to whatever limit they want. The first \$5,250 funds (aggregated with Student Loan Reimbursement Account) are non-taxable to the employee.

Contributions

Money In/Money Out - money is available to spend after it is contributed.

Eligible Expenses

Tuition expenses incurred by the participant at an institution of higher learning (college, university, technical school) that are deemed by the employer.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card. Reimbursements are non-taxable for employees through January 1, 2026 as per the 2021 Consolidated Appropriations Act.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Employee Crisis Account – Tax Advantaged Account

An Employee Crisis Fund Account allows employers to set aside funds to grant to employees who are struck by personal hardship or a crisis. Employees can apply to the employer to receive grant monies through the Crisis Fund Account when they meet the qualifications and demonstrate a need resulting from a crisis.

Participant Benefits	Employer Benefits
Any employee is eligible to participate and apply to receive a grant from the crisis fund. Funds do not need to be reimbursed.	Employers decide if the account should be taxable (no IRS restrictions) or tax-advantaged (IRS restrictions apply) in which all funds in and out of the account are tax-free.

How the plan works...

Eligibility

Any employee is eligible to participate and apply to receive a grant from the Crisis Fund Account.

Enrollment

Employees can be enrolled at any time by the employer upon approval of a grant.

Funding

The employer determines how much is granted to an employee. The participant’s benefit account is funded upon approval of a grant from the Crisis Fund Account.

Eligible Expenses

Once an employee’s application is approved and funds granted, the funds are placed in the employee’s crisis benefit plan. The funds can be used however and in whatever way the employee needs.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification is required within 60 days, even if using the TASC Card.

Plan Compliance

Summary Plan Descriptions (SPDs) are required. The Plan allows for rollover. Unused funds at plan year end to roll forward for use in current and subsequent plan years. Funds are owned by the participant and not forfeited.

Gas Plus Account –Non-tax Advantaged Account

A Gas Plus account allows employers to support employees by reimbursing for gas and transit costs to and from work. Gas Plus accounts encourage a culture of employee well-being.

Participant Benefits	Employer Benefits
Receive money for out-of-pocket expenses related to getting to and from the work office.	Attract key talent by offering a unique benefit plan.

How the plan works...

Eligibility

An employer determines who is eligible for a Gas Plus account.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

Funding

Gas Plus accounts are funded entirely by the employer. There is no set annual maximum or cap on this type of account, employers can fund to whatever limit they want.

Contributions

Annual limit set by employer. The Gas Plus account does not have the same rules about limits as the Transit Account.

Eligible Expenses

Gasoline (paid at the pump and in the gas station) and transit expenses, including bus, subway, train, vanpool, etc.

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Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification (bill or receipt) is required.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Carryover is allowed on a Gas Plus account. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Giving Savings Account –Non-tax Advantaged Account

A Giving Savings Account allows employees to set aside funds for their favorite charities. While funds are intended for charitable giving, they remain unrestricted and can be used for unexpected expenses during a difficult time. Employees are encouraged to save with the intent to fulfill their giving objectives or save for a rainy day.

Participant Benefits	Employer Benefits
Participants can feel good about proactively setting aside dollars to donate, but if the need arises, can redirect the dollars for personal use.	Encourage employees to contribute to a savings account that is earmarked for giving to a charitable cause.

How the plan works...

Eligibility

All employees are eligible to participate, the client will set participation requirements.

Enrollment

Employees are enrolled by employer typically at beginning of plan year and as new hires become eligible.

Funding

Employees set aside funds by a payroll deduction for charitable giving. Employer contributions are also allowed including matching contributions. Funds may also be used by the participant during an emergency or time of financial need.

Contributions

Annual limit set by employer. All contributions are made on an after-tax basis and are eligible for a tax deduction, if and when the employee makes a charitable contribution to a 501c(3). Employers do not receive a tax advantage for their contributions. Employees can set any amount they want to contribute to their Giving Savings Account.

Eligible Expenses

Funds are not restricted and can be used at the employee's discretion for other unexpected expenses during an emergency or time of financial need.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Expense verification (bill or receipt) is required. Disbursements without a request are allowed.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Unused funds will carry over year-to-year. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Emergency Savings Account –Non-tax Advantaged Account

An Emergency Savings Account provides a way for employees to save for a 'rainy day'. It allows employees to set aside funds without requiring a bank transaction. An Emergency Savings Account is an easy way for employers to allow their employees to set aside funds for an unforeseen emergency or unexpected cost, without a bank transaction.

Participant Benefits	Employer Benefits
By setting aside money in advance, employees will have access to funds should an emergency or other unforeseen circumstance occur.	Employers can offer an Emergency Savings Account to assist employees in managing their finances for a 'rainy day'.

How the plan works...

Eligibility

Any employee is eligible. Employers may choose to designate eligibility by an employee class (full-time or part-time).

Enrollment

Employees can be enrolled at one time for possible emergency events that occur at any time throughout the year. The account can also be set up mid-year and contributions made after the onset of any emergency.

Funding

Employees with an Emergency Savings Account can set aside funds from each paycheck into a savings account which can be used when an unexpected expense or emergency occurs. It is funded by the employee with post-tax payroll deductions.

Contributions

Employees decide how much to contribute to the account. Election amount for the plan year may be changed at any time, which will change the amount pulled from payroll.

Eligible Expenses

Expenses do not need to be verified as eligible. Funds can be used in whatever way the employee needs

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax).

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Employers can select runout and/or carryover or rollover. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

Commission Account –Non-tax Advantaged Account

A Commission Account provides employers with a convenient way to pay out commissions without the expense of cutting a check and gives employees an easy way to access and use the funds. A Commission Account takes the hassle of paying commissions off the client's plate. Clients who have a Commission Account do not have the work of cutting checks to employees, tracking checks lost in the mail, etc. They simply let TASC know the commission amounts and pay for the funding - we take care of everything else.

Participant Benefits	Employer Benefits
Participants have immediate access to their commission funds. The TASC Card can be used at any merchant who accepts MasterCard or the participant may disburse funds without a request to the TASC Card's MyCash account.	Employers can easily and conveniently provide commission funds to employees without the hassle of cutting a check.

How the plan works...

Eligibility

The employer determines eligibility.

Enrollment

Eligible employees may enroll at any time.

Funding

The account is entirely client funded. Clients can choose to contribute on a regular schedule or a user-initiated schedule (funds can be made available at any point).

Contributions

Money In/Money Out - Participants can only spend what has been contributed, minus previous disbursements for requests.

Eligible Expenses

All Merchant Category Codes are accepted so the TASC Card can be used everywhere MasterCard is accepted.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Disbursements can be made at any time and are not restricted to a plan year.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required.

The employer has two options for participants that terminate:

- Make funds portable (participants keep the funds upon termination from the employer).
- Funds are forfeited upon termination, without a grace period or runout.

All termination types are available, but the intent of the Commission Account is for funds to stay with the individual.

Holiday Club Account –Non-tax Advantaged Account

A Holiday Club Account is a means to save funds to be used for holiday purposes, including birthdays, Christmas, and other holidays. The Holiday Club Account assists employees in setting aside money to be used for holiday expenses.

Participant Benefits	Employer Benefits
Employees have extra funds available for increased costs around the holidays.	Employers build loyalty with employees by assisting them in managing money in their personal lives.

How the plan works...

Eligibility

The employer determines eligibility for the benefit plan.

Enrollment

Enrollment can occur at the beginning of the plan year and, at the employer's discretion, mid-year.

Funding

The account can be employer or employee funded. The account is not tax-advantaged for the employee or the employer.

Contributions

Money In/Money Out - Participants can only spend what has been contributed, minus previous disbursements for requests.

Eligible Expenses

Funds can be used in whatever way the employee needs.

Requests and Disbursements

Participants can use their TASC card or request a reimbursement online, through the mobile app, or via paper form (mail or fax). Disbursements can be made at any time and are not restricted to a plan year.

Plan Compliance

Summary Plan Descriptions (SPDs) are not required. Employers can select runout and/or carryover or rollover. Terminated employees forfeit unused funds. Employees can only submit expenses incurred up to their date of termination.

COBRA Administration

TASC's comprehensive and efficient administration service provides employers with complete COBRA compliance at considerable cost savings over administering COBRA themselves. COBRA is a government mandated, federally regulated program that requires employers to allow workers and their dependents to continue healthcare related benefits after events such as separation from employment or reduction in work hours. Those events previously would have ended an employee's coverage. COBRA let's employees continue their employer provided healthcare related benefits. We take care of the necessary communications, enrollment, notices, forms, record keeping, and premium collections. Online account management is provided for both employers and COBRA participants.

Who is subject to COBRA?

Employers who had **20 or more** full-time equivalent (FTEs) employees for 50% of their business days during the preceding calendar year.

NOTE: COBRA is not applicable to the federal government, or to church groups

Covered Benefit Plans

Group health plans offered through employers are subject to COBRA. Plans must meet two criteria to be COBRA eligible.

- They must be maintained by the employer
- They must provide medical care

Covered Plans	Plans Not Covered
TASCpartner@tasconline.com • www.strategic-partner.tasconline.com	SP-1046- 070224

<ul style="list-style-type: none"> • PPO - Preferred Provider Organization plan • HMOs - Health Maintenance Organization plan • POS - Point of Service Plans • Dental, vision, prescription drugs • Defined Contribution Plan • FSAs - Medical Flexible Spending Accounts • HRAs - Health Reimbursement Arrangements • Employee Assistance Programs & Wellness Programs, IF medical services are covered or provided 	<ul style="list-style-type: none"> • Disability Insurance • Long Term Care • Employee Assistance Programs that do not provide medical care • Accidental Death & Dismemberment (AD&D) • Life Insurance <p>Note: State continuation laws may require other plans to be covered.</p>
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Qualifying Events

Individuals can purchase continued healthcare coverage from the employer after a qualifying event.

Qualifying events are:

- Loss of employment (Voluntary or Involuntary)
- Reduction of Hours (below amount required for benefits)

Qualified Beneficiaries

Any individual who was covered under the employer’s group health insurance plan the day before the qualifying event occurred is eligible for COBRA. Included are:

- The person who was enrolled in their employer's benefits plan also known as the Primary Qualified Beneficiary (PQB)
- Spouse of PQB
- Dependents of the PQB

Each qualified beneficiary has the same rights under the group health insurance plan as a “similarly situated active employee.”

Costs to Participants and Premium Payments

Employers no longer pay their portion of the premiums like they do when someone is an employee. The participant must pay the entire premium. There is a 2% admin fee on top of healthcare premiums. TASC retains the 2% admin fee.

TASC manages the collection of premium payments connected with COBRA. We collect the premiums from the participants and pass them along to the Client so that premiums can be paid.

COBRA Compliance

COBRA requires employers to perform a number of activities, and to do these activities in a specific way, within specific timeframes, in order to remain compliant. Not doing this correctly can be costly.

For example, a General Initial Notice or GIN must be furnished to each covered employee and spouse within the first 90 days of coverage and after a qualifying event the employer or hired administrator must send an election packet within 14 days of the qualifying event.

TASC tracks all the timelines and sends out required notices. We also assume liability for all required administrative procedures and regulations to protect employers' interests, given they provide the information we need in the required timelines.

Why Choose TASC?

Because we are experienced industry leaders, providing a comprehensive solution for third party administration of COBRA plans. TASC offers an end-to-end COBRA solution where we become the intermediary between the Employer and the COBRA participant. We provide support to the client so they can meet or surpass all regulatory requirements. Through our comprehensive website, we provide easy-to-understand account reports that allow employers to monitor their COBRA activities 24/7.

Retiree Billing Premium Collection Account

Retiree billing aids employers in offering employees the opportunity to "continue" benefits when they retire. The benefits most frequently continued are usually similar to those covered by COBRA such as healthcare related coverages. Plans can also include other benefits such as such as life and disability insurance policies. Retiree Billing plans are not created due to federal or state regulations. Therefore, employers have more say in what they can offer and how.

Who is subject to Retiree Billing?

Retiree Billing is a plan entered into by employers based on their company's policies.

Retiree billing is not governed by federal regulations and most plans are not governed by state regulations. Only a few states, such as Minnesota and Florida, have regulations for the administration of these plans. (State/Public Entities).

State regulations that do exist generally have requirements for administrative functions such as the sending of notifications, eligibility, and grace periods for payment. But most states do not have any requirements. For the most part, requirements are determined by the employer, and they can be customized based on their own specifications.

Employers that engage in Retiree Billing do so largely on a voluntary or contractual basis. Commonly it could be something offered as part of their benefit package, included as part of a collective bargaining agreement, or a company may have its own unique reason for offering.

Covered Benefit Plans

benefits covered vary from employer-to-employer. Without the constraints of federal or state regulations, almost every time an employer offers Retiree Billing, they make their own rules for what they will offer.

Common Healthcare Insurance Plans: Major Medical	Other Healthcare related Plans that are commonly offered
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<ul style="list-style-type: none"> • PPO - Preferred Provider Organization plan • HMOs - Health Maintenance Organization plan • POS - Point of Service Plans 	<ul style="list-style-type: none"> • Dental, vision, and prescription drug plans • Defined Contribution Plan • Employee Assistance Programs & Wellness Programs, IF medical services are covered or provided
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Qualifying Events

Retiree billing is only offered at retirement. The employer sets the criteria to qualify for retiree billing.

Often based on criteria such as:

- working for the employer for a certain amount of time,
- Or,
- reaching a certain age while employed
- Or,
- a combination of length of employment and age.

Qualified Beneficiaries

Qualified beneficiaries are determined by the employer but generally are:

- The Retiree who was enrolled in their employer's benefits plan
- Spouse of Retiree (depends on employer's plan)
- Dependents of the Retiree (depends on employer's plan)

Costs to Participants and Premium Payments

Employers no longer pay their portion of the premiums like they do when someone is an employee. The participant must pay the entire premium. In some cases, employers may subsidize part of the premium.

TASC manages the collection of premium payments connected with retiree billing. We collect the premiums from the participants and pass them along to the Client so that premiums can be paid.

COBRA Compliance

Like COBRA and State Continuation, employers should have established plan documents regarding how the Retiree Plan should operate. Also, consistent administration of the plan for items like eligibility, duration, payments and so on, need to be established.

To aid clients and distributors in developing their plans we provide a framework with resources like the "Client Rules and Restrictions" guide that aligns with our program and systems' needs. This document is used to help employers establish their rules for their plan.

The guide covers topics such as: carriers, coverages, who's covered, enrollment, plan changes, reporting and so on. It is used to help employers establish their "ground rules."

Why Choose TASC?

Because we are experienced industry leaders, providing a comprehensive solution for third party administration of Retiree Billing plans. TASC offers an end-to-end solution where we become the

intermediary between the Employer and the retiree. We provide support to the client so they can meet or surpass all regulatory requirements. Through our comprehensive website, we provide easy-to-understand account reports that allow employers to monitor their retiree billing activities 24/7.

State Continuation Premium Collection Account

State Continuation is not insurance. It refers to state specific laws that have been enacted that require employers within that state to allow employees to continue healthcare benefits after they experience qualifying events. Qualifying events are often similar to those provided for in COBRA.

State Continuation Laws do not replace COBRA. They are generally requirements for the continuation of benefits in addition to what is required by COBRA.

Who is subject to State Continuation?

Generally State Continuation laws govern employers that are within the state where the insurance policies are written. State Continuation only applies to employers who are fully insured. If a client is self-funded, State Continuation is not required.

There are an estimated 40 plus states with continuation laws. Some states have additional continuation laws for employers with 20 or more FTEs, some have laws for employers with less than 20 FTEs, and some have both. As you can imagine, providing continuation services for these many states, each with potentially different laws, can be complex.

Covered Benefit Plans

The coverage of benefits varies by state. State Continuation covered benefits may be more limited than COBRA. Some only address Major Medical.

Most commonly continued are major medical plans	Many state continuation laws do include other medical plan coverages
<ul style="list-style-type: none"> • PPO - Preferred Provider Organization plan • HMOs - Health Maintenance Organization plan • POS - Point of Service Plans <p>*States may opt to continue other benefits such as wellness programs or other insurances that are not usually addressed by other continuation regulations</p>	<ul style="list-style-type: none"> • Dental, vision, and prescription drug plans • Defined Contribution Plan • Flexible spending accounts (FSA) • Health Reimbursement Accounts (HRA) • Employee Assistance Programs & Wellness Programs, IF medical services are covered or provided

Qualifying Events

State continuation qualifying events are often similar but not always identical to COBRA. An event that occurs that makes an employee no longer eligible for a medical care related plan.

They are usually:

- Loss of employment (Voluntary or Involuntary)
- Reduction of Hours

Qualified Beneficiaries

Qualifying beneficiaries for State Continuation depend on each state's specific laws. State laws are frequently based on what is provided in COBRA. The ex-employee, the Primary Qualifying Beneficiary (PQB) is covered, and generally so are spouses and other dependents. However, with each state creating its own laws, who is or isn't covered would need to be looked at on a state-by-state basis.

Costs to Participants and Premium Payments

Employers no longer pay their portion of the premiums like they do when someone is an employee. The participant must pay the entire premium. Unlike the flat 2% administration fees charged for COBRA, state continuation fees differ by state. Some states don't allow admin fees. In other states, admin fees can be as high as 20%.

TASC manages the collection of premium payments connected with state continuation. We collect the premiums from the participants and pass them along to the Client so that premiums can be paid.

COBRA Compliance

Like COBRA, employers should have established plan documents regarding how state continuation should operate. Also, consistent administration of the plan for items like eligibility, duration, payments and so on, need to be established.

To aid clients and distributors in developing their plans we provide a framework with resources like the "Client Rules and Restrictions" guide that aligns with our program and systems' needs. This document is used to help employers establish their rules for their plan.

The guide covers topics such as: carriers, coverages, who's covered, enrollment, plan changes, reporting and so on. It is used to help employers establish their "ground rules."

Why Choose TASC?

Because we are experienced industry leaders, providing a comprehensive solution for third party administration of state continuation plans. TASC offers an end-to-end solution where we become the intermediary between the Employer and the qualified beneficiary. We provide support to the client so they can meet or surpass all regulatory requirements. Through our comprehensive website, we provide easy-to-understand account reports that allow employers to monitor their retiree billing activities 24/7.

Direct Billing Premium Collection Account

Direct Billing provides employers a mechanism for their employees to continue their benefits if for some reason they would normally come to an end. This program is used to bill employees for some or all of the costs of their benefits that are being continued. Direct Billing can be anything associated to a plan and premium. Events that would not be under COBRA, State Continuation, Retiree Billing, or Leave of Absence can be covered by Direct Billing.

Who is subject to Direct Billing?

Direct Billing is a plan entered into by employers based on their company's policies. Direct Billing applies to employers who opt to engage in the program on a voluntary or contractual basis. It is not imposed upon employers through federal or state legislation. These plans are employer sponsored

and are customized based on the employer’s specifications. Direct Billing commonly can be offered as part of their benefit package, included as part of a collective bargaining agreement, or a company may have its own unique reason for offering.

Covered Benefit Plans

Without regulatory restraints, when employers offer Direct Billing, they make their own rules for what they will offer. The benefits most frequently continued are usually similar to those covered by COBRA such as healthcare related coverages. Plans can also include other benefits such as such as life and disability insurance policies.

Most commonly continued are major medical plans	Other healthcare related plans that are commonly offered
<ul style="list-style-type: none"> • PPO - Preferred Provider Organization plan • HMOs - Health Maintenance Organization plan • POS - Point of Service Plans 	<ul style="list-style-type: none"> • Dental, vision, and prescription drug plans • Defined Contribution Plan • Flexible spending accounts (FSA) • Health Reimbursement Accounts (HRA) • Employee Assistance Programs & Wellness Programs, IF medical services are covered or provided

Qualifying Events

Direct Billing may have unique eligibility events are not seen in other continuation plans.

Examples of qualifying events:

- May or may not be associated with a life event.
- Direct Billing plans can be described as being "available for out-of-the-ordinary circumstances" not covered by other continuation services.
- Employers can opt to cover very specific events.

Qualified Beneficiaries

Direct Billing may not have any associated Beneficiaries. Direct Billing can be billing to any individual(s).

Costs to Participants and Premium Payments

Often there is not a participant election process. Participants are setup or enrolled and we start billing.

TASC manages the collection of premium payments connected with direct billing. We collect the premiums from the participants and pass them along to the Client so that premiums can be paid.

COBRA Compliance

Like COBRA and other continuation offerings, employers should have established plan documents regarding how the direct billing program should operate. Also, consistent administration of the plan for items like eligibility, duration, payments and so on, need to be established.

To aid clients and distributors in developing their plans we provide a framework with resources like the “Client Rules and Restrictions” guide that aligns with our program and systems’ needs. This document is used to help employers establish their rules for their plan.

The guide covers topics such as: carriers, coverages, who’s covered, enrollment, plan changes, reporting and so on. It is used to help employers establish their “ground rules.”

Why Choose TASC?

Because we are experienced industry leaders, providing a comprehensive solution for third party administration of direct billing plans. TASC offers an end-to-end solution where we become the intermediary between the Employer and the qualified beneficiary. We provide support to the client so they can meet or surpass all regulatory requirements. Through our comprehensive website, we provide easy-to-understand account reports that allow employers to monitor their retiree billing activities 24/7.

Leave of Absence Billing Premium Collection Account

For employers, Leave of Absence (LOA) aids in offering employees the opportunity to “continue” benefits when they will be away from their job for a period of time. It can help retain valuable employees.

For employees, LOA provides for those who are experiencing out-of-the-ordinary circumstances to continue their employer provided healthcare benefits when away from their job for a period of time.

Common reasons for these plans include serious health conditions, or going on a sabbatical.

Who is subject to Leave of Absence (LOA) Plan?

LOA is a plan entered into by employers based on their company’s policies. LOA applies to employers who opt to engage in the program on a voluntary or contractual basis. It is not imposed upon employers through federal or state legislation. These plans are employer sponsored and are customized based on the employer’s specifications. LOA can be offered as part of their benefit package, included as part of a collective bargaining agreement, or a company may have its own unique reason for offering.

Covered Benefit Plans

Without regulatory restraints, when employers offer LOA, they make their own rules for what they will offer. The benefits most frequently continued are usually similar to those covered by COBRA such as healthcare related coverages. Plans can also include other benefits such as such as life and disability insurance policies.

Most commonly continued are major medical plans	Other healthcare related plans that are commonly offered
<ul style="list-style-type: none"> • PPO - Preferred Provider Organization plan • HMOs - Health Maintenance Organization plan • POS - Point of Service Plans 	<ul style="list-style-type: none"> • Dental, vision, and prescription drug plans • Defined Contribution Plan • Flexible spending accounts (FSA) • Health Reimbursement Accounts (HRA)

	<ul style="list-style-type: none">• Employee Assistance Programs & Wellness Programs, IF medical services are covered or provided•
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Qualifying Events

LOA may have unique eligibility events are not seen in other continuation plans.

Examples of qualifying events:

- May or may not be associated with a life event.
- LOA plans can be described as being "available for out-of-the-ordinary circumstances" not covered by other continuation services.
- Employers can opt to cover very specific events.

Qualified Beneficiaries

Employees are qualified beneficiaries who continue coverage. Spouse and dependent coverage can vary from plan-to-plan.

Costs to Participants and Premium Payments

Often there is not a participant election process. Participants are setup or enrolled and we start billing. Billing for premiums can vary on a plan-by-plan basis. However, the billing of premiums for Leave of Absence is typically billed at the employee cost, with the employer commonly still covering their percentage of the payment.

TASC manages the collection of premium payments connected with direct billing. We collect the premiums from the participants and pass them along to the Client so that premiums can be paid.

COBRA Compliance

Like COBRA and other continuation offerings, employers should have established plan documents regarding how the direct billing program should operate. Also, consistent administration of the plan for items like eligibility, duration, payments and so on, need to be established.

To aid clients and distributors in developing their plans we provide a framework with resources like the "Client Rules and Restrictions" guide that aligns with our program and systems' needs. This document is used to help employers establish their rules for their plan.

The guide covers topics such as: carriers, coverages, who's covered, enrollment, plan changes, reporting and so on. It is used to help employers establish their "ground rules."

Why Choose TASC?

Because we are experienced industry leaders, providing a comprehensive solution for third party administration of LOA plans. TASC offers an end-to-end solution where we become the intermediary between the Employer and the qualified beneficiary. We provide support to the client so they can meet



or surpass all regulatory requirements. Through our comprehensive website, we provide easy-to-understand account reports that allow employers to monitor their retiree billing activities 24/7.