DirectPay

TASC

Plan Design Worksheet

Company Name _____

The information entered on this Worksheet is transferred directly to the DirectPay Application Section 3 - Available Benefits and Qualified Expenses. When completed, this Worksheet may be attached to and submitted with the DirectPay Application. For further documentation you may also submit a copy of the health plan schedule of benefits.

Step 1: Select one Plan. Each Plan selection requires a separate application along with an administration fee and funding set-up. Choose any number of benefits under the selected Plan.

Plans	Benefits
❍ **Medical Expenses**	❍ Deductible (EOB required for reimbursement) ❍ Co-Insurance (EOB required for reimbursement) ❍ Co-Pay (EOB required for reimbursement) ❍ Prescription (EOB required for reimbursement) ❍ Uninsured Medical (would include benefits covered under a normal Section 125 plan) ❍ Uninsured Medical Premium ❍ Dental ❍ Orthodontic ❍ Vision
❍ **Dental**	❍ Dental (ADA claim form preferred for reimbursement) ❍ Orthodontic (ADA claim form preferred for reimbursement)

❍ **Orthodontic** (ADA claim form preferred for reimbursement)

❍ **Vision**

❍ **Prescription**

Step 2: Does the individual have a deductible amount (out-of-pocket amount the individual is responsible for prior to DirectPay/Employer reimbursement consideration) that needs to be met before any DirectPay/Employer reimbursement will take place?

❍ No ❍ Yes If yes, Individual Deductible Amount: $ _____

If no, proceed to step 3. If yes, is there a family maximum deductible amount?
❍ No ❍ Yes Family Maximum Deductible Amount: $_____

Step 3: Determine the DirectPay/Employer benefit reimbursement tiers. Apply these benefit reimbursement tiers after the deductible indicated in step 3 is incorporated (if applicable). DirectPay/Employer Reimburses:

Employer Percentage Reimbursed	Starting and Ending Amount Considered	Amounts DirectPay/Employer will reimburse Per Tier	Individual Responsibility Per Tier
_____%	From $___0___ to $_____	DirectPay/Employer Responsibility $_____	$_____
_____%	From $_____ to $_____	DirectPay/Employer Responsibility $_____	$_____
_____%	From $_____ to $_____	DirectPay/Employer Responsibility $_____	$_____
_____%	From $_____ to $_____	DirectPay/Employer Responsibility $_____	$_____

Is there a Family Maximum DirectPay/Employer Reimbursement amount? ❍ No ❍ Yes

If yes, what is the amount? $_____

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