

## a **BETTER** GROUP HEALTH INSURANCE **alternative** with Core QSE-HRA

### New QSE-HRA for Small Employers: No Group Health Plan Required

The Qualified Small Employer Health Reimbursement Arrangement (QSE-HRA) is a new HRA exemption designed by law for employers already exempt from the Affordable Care Act (ACA) mandate.

Core Documents provides employers with everything they need to establish an IRS- and DOL-compliant Core QSE plan document package in PDF format for a limited-time introductory price of just \$199, a savings of \$100 off the regular price.

#### QSE-HRA Features

The QSE-HRA lets companies with fewer than 50 full-time employees\* offer an HRA that uses tax-free dollars to reimburse employees who purchase individual (non-group) health insurance on the individual market or the ACA exchange.

- Once proof of health insurance coverage is provided by an employee, any funds remaining in the QSE-HRA can be claimed in reimbursements for out-of-pocket medical, dental, and vision benefits.

Prior to the new QSE-HRA plan design, all HRA Plans with 2+ employees had to be integrated with an ACA-compliant employer-sponsored group health insurance.

### Funding the Plan

Like all HRAs, the QSE-HRA is funded entirely by the employer, up to the annual contribution limits set by the IRS.

- For 2025 the maximum allowed annual benefit is \$6,350 per employee electing individual coverage, and \$12,800 with family coverage. These may increase annually.

### Reimbursing Employees

An employee must submit two pieces of information before the employer can reimburse expenses from the QSE-HRA:

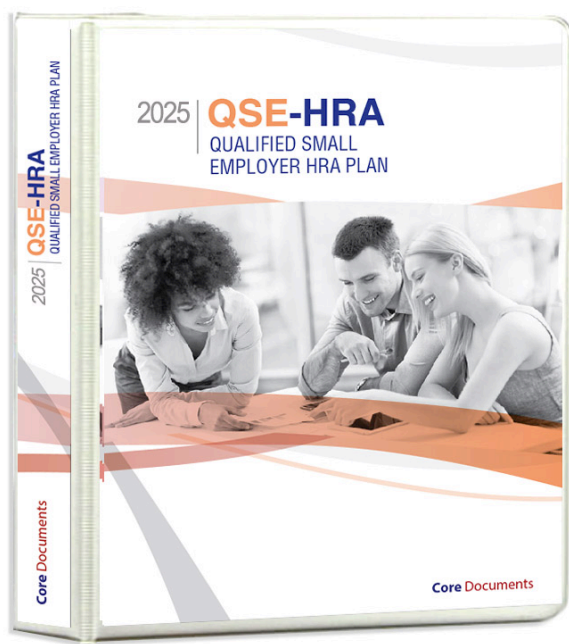
1. Proof of **minimum essential health insurance coverage**, and,
2. Receipt(s) for the reimbursement requested.

### Coordination with ACA Marketplace

Premiums for health insurance purchased on the ACA Marketplace are eligible for reimbursement under a QSE-HRA; however:

- The employee must report the amount provided through the plan when applying for coverage.
- Any ACA premium credit for which the employee may be eligible **will be reduced dollar-for-dollar** by the amount available in the QSE-HRA.
- Failure to comply with ACA rules regarding minimal essential coverage (MEC) may result in QSE-HRA reimbursements becoming **taxable income for the employee**.

The required notice to employees that **must be distributed 90 days prior to the start of a plan year** (part of the Core QSE package) informs employees about this.



## Set up a Core QSE in 3 easy steps

### Design your plan:

- Choose your plan year according to the calendar (Jan-Dec) or your tax year (Jul-Jun, for example) -- a short plan year is available for the first year.
- Determine the rules and limits for your plan -- our order form takes you through it step-by-step.

### Order your plan:

- Place your order for the Core QSE plan document package.
- Your personalized plan document package arrives at your inbox, usually\* the same day.

### Start your plan:

- Print, review, and sign the plan document where indicated;
- Give a copy of the participant packet to each eligible employee; and then,
- Keep the Core QSE plan document on file with other personnel paperwork -- there is no requirement to file the plan document with any agency.

\*Most complete document orders placed by 3 PM will be emailed out the same day, Monday through Friday. Orders placed on weekends are emailed out Monday morning.

## Visit us online today

Order your Core QSE plan document package today at [www.coredocuments.com/qsehra](http://www.coredocuments.com/qsehra)

To see all of our products and services, visit us at [www.coredocuments.com](http://www.coredocuments.com).

## The Core Documents Difference

### Experience

Core Documents, Inc., has been the leader in affordable Plan Document packages since 1997. That's 27 years of helping employers and employees avoid paying taxes on health insurance, flex plans, and other health care benefits.

### Value

At Core Documents, clients pay once for a Plan Document and they own it. Most of our competitors 'rent' their Plan Documents on a yearly basis, requiring an annual update fee.

Truth is, a Plan Document only needs to be updated and renewed when there are sufficient changes in your plan or in tax laws relating to health care to make sense.

Core Documents sends an annual reminder to employers to review their plan for possible changes. We also send alerts when the law changes. And, when there is a need for an update, Core Documents offers the first one at a discount.

### Customization

Some companies offering so-called compliant Plan Documents are really just selling boiler-plate templates. The employer enters information, checks the right boxes, and that's your Plan Document.

One Plan Document cannot fit all employer situations equally well. That's why Core Documents will never sell a template. Our order form gathers all the necessary information about your company and your plan. If anything is unclear or more information is needed, our staff will contact you to ensure you receive a detailed, personalized Plan Document package.

### \*QSE-HRA Exceptions

**Eligible Employers:** The "eligible employer" requirement for a QSE-HRA means an employer with fewer than 50 employees that does not offer another group health plan. "Group health plan" means any other Health Reimbursement Arrangement (HRA), a Health Care Flexible Spending Accounts(FSA), Limited Health Care Flexible Spending Account (FSA), and plans providing only "excepted benefits" such as dental, vision, etc.

**HSA Disqualifying Coverage:** Participation in a QSE-HRA may be disqualifying coverage for Health Savings Account eligibility (HSA), unless it only reimburses HDHP premiums and/or dental, vision, or other permitted coverage.

**Retiree Exclusion:** The QSE-HRA must be offered only to current, active employees and cannot be waived.

**Reimbursement Options:** The same QSE-HRA typically must be offered to all eligible employees, but can limit what it reimburses. Options include:

1. Insurance premiums only;
2. Cost-sharing expenses that are medical expenses; or,
3. Certain other medical expenses specified under the QSE-HRA.

## Ordering Information Worksheet

This form is provided for your convenience while gathering information for the Core QSE-HRA document package. It is a fillable PDF form. Click on the line next to "First Name" to begin and then tab from field to field.

When the form is complete, you may order online @ [www.coredocuments.com/qsehra](http://www.coredocuments.com/qsehra) or via email/fax.

**Purchaser Information** (Person buying document for Employer listed below, i.e. Agent, CPA, payroll co., etc.; "N/A" in "First Name" if not applicable.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Web site \_\_\_\_\_  
 Ship Plan Document package to: ☐ Purchaser ☐ Employer

### Employer Information for Plan Documents

(Owner/controller, document signer; exactly as it should appear in the plan document.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_ Web site \_\_\_\_\_

**Form of Business:** ☐ S Corporation ☐ C Corporation ☐ LLC ☐ Partnership  
☐ Sole Proprietorship ☐ Government ☐ Non-Profit 501(c)(3)

**Employer Fed. ID #** \_\_\_\_\_ **State of Incorporation** \_\_\_\_\_ **No. of Employees** \_\_\_\_\_

Legal Name(s) of **Affiliated Company(ies)** that will be covered by the Plan (if any):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### Plan Administrator

☐ Employer (use 'employer' information, above) ☐ Other (provide information below)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### Protected Health Information Designee

Please name the person who will be responsible for the proper handling of medical information protected under HIPAA law: \_\_\_\_\_

### Effective Date

- ☐ A new plan with an effective date of \_\_\_\_\_.
- ☐ Amend and restate an existing QSE-HRA as of \_\_\_\_\_.
- If this is an amended and restated plan, state the (old) original effective date: \_\_\_\_\_.

**Plan Year** The first plan year will be:

- ☐ A 12-month consecutive period beginning date \_\_\_\_\_ and ending date \_\_\_\_\_.
- ☐ A short plan year beginning date \_\_\_\_\_ and ending date \_\_\_\_\_.

**Waiting Period** Employees are eligible to participate in the plan on: ☐ the 1<sup>st</sup> day of employment, or ☐ the 1<sup>st</sup> day following, or ☐ the 1<sup>st</sup> day of the month following \_\_\_\_\_ days of employment.

**Eligibility Requirements:** All employees who work \_\_\_\_\_ or more hours per week.

**Please tell us how you found Core Documents:** ☐ Search Engine ☐ Agent ☐ Google Ad ☐ Other \_\_\_\_\_

When the form is complete, you may order online @ [www.coredocuments.com/qsehra](http://www.coredocuments.com/qsehra) or via email/fax.

**Employer:** \_\_\_\_\_

A Core Benefit Consultant will contact you regarding your custom plan design requests, issues, and design criteria. Please answer all of the following basic design questions that apply to the HRA benefit that you would like to provide.

**Choose your QSE-HRA Options:**

Annual benefit limit: ☐ Maximum Allowed (\$6,350 Individual; \$12,800 Family for 2025) **OR** ☐ Other\$\_\_\_\_\_

**Will your HRA make the funds available:** ☐ Monthly **OR** ☐ Lump Sum

**Will your HRA Plan reimburse for:** ☐ Premium only **OR** ☐ Premium and/or all allowed IRS 213(d) medical, dental, and vision expenses

**Will your HRA carry over unused funds at the end of the plan year?** ☐ Yes **OR** ☐ No

## Please enter additional plan design notes below

Please give as much detail as possible an exactly how you want your custom HRA plan to be designed. A benefit specialist will contact you regarding specific questions, plan design issues, or additional information as needed. Also add any special notes regarding a dba name, delivery address (physical and email), eligibility requirements, etc.

## Choose either the QSE-HRA 'Deluxe Binder Option' or the 'Basic PDF Option':



**Deluxe Binder – QSE-Health Reimbursement Arrangement Plan Document** **\$249.00**

In email PDF version processed ASAP, AND Printed in 3-ring binder, with 5 Section tabbed index, shipped via Priority Mail.

**OR**



**Basic PDF Option - QSE-Health Reimbursement Arrangement Plan Document** **\$199.00**

PDF Document Processed Quickly and Sent Via E-Mail

## Options that can be added to the QSE-HRA Deluxe Binder or the Basic PDF Option:

- ☐ **Plan Document CD Mailed - in addition to PDF email and/or mailed binder** **\$25.00**  
Documents provided in PDF format only. Forms in MS Word format.  
Always have a safe backup copy of your plan document on CD.
- ☐ **Rush Order - Your order automatically queued for immediate processing** **\$25.00**
- ☐ **2nd Year Update - discounted 25% when added to new document order** **\$149.00**  
This option entitles you to one plan document amendment in the first 24 months.  
Save 25% off the normal \$199.00 update price.

## Update and Amend an QSE-HRA plan document originally produced by Core Documents:

- ☐ **Update/Amend IC-Health Reimbursement Arrangement HRA Plan Document** **\$199.00**  
All Updated/Amended documents delivered via email in PDF format.

**TOTAL**

**Invoice me via email, please complete the following:**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Email Address for Invoice: \_\_\_\_\_

**If paying by check, please complete the following:**

Your order can be processed with the following checking account information and authorization.

Name as it appears on the check:

\_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

**X** \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Sample Check

TONY MAPLE  
JENNIFER MAPLE  
123 Pear Lane  
Anyplace, GA 00000

PAY TO THE ORDER OF \_\_\_\_\_ \$ 1234  
DOLLARS

ANYPLACE BANK  
Anyplace, GA 00000

For \_\_\_\_\_

Routing number: 250250025  
Account number: 202020186

Do not include the check number.



The routing and account numbers may be in different places on your check.



**If paying by credit card, please complete the following:**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**X** \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Refund Policy:** Purchaser understands that goods and services provided by Core Documents, Inc. are non-refundable. Orders cancelled prior to sending/shipping are subject to cancellation fees applied to the cost of goods and services provided during the review, draft, and preparation of your order.

Please sign and fax completed form to (941)795-4802. Attach additional pages of plan design information if needed.

Mail: Core Documents, Inc. P.O. Box 14538, Bradenton, FL 34280

Scan and Email: [CoreService@CoreDocuments.com](mailto:CoreService@CoreDocuments.com)

Toll Free Voice: 888-755-3373 Fax: 941-795-4802