



**COMMISSIONERS COURT
COMMUNICATION**

COURT ORDER NUMBER _____

PAGE 1 OF 2

DATE: 10/1/2024

**SUBJECT: CONSIDERATION OF FUNDING ARRANGEMENTS WITH
HEALTHEQUITY, A PARTNER WITH BLUE CROSS BLUE SHIELD OF
TEXAS, FOR FLEXIBLE SPENDING ACCOUNTS**

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court consider authorizing the County Auditor to perform the following:

1. Sign the attached Employer Request to Push Funds Form requested by HealthEquity, a partner with Blue Cross Blue Shield of Texas (BCBSTX);
2. Transfer \$425,000.00 into an escrow account held by HealthEquity for Flexible Spending Accounts (FSA) claims; and
3. Replenish this account on a weekly basis, as requested by HealthEquity, based on claims paid.

BACKGROUND

On August 20, 2024, the Commissioners Court, through Court Order #143671, approved the plan choices, service provider, and contribution rates for funding employee and retiree healthcare benefits in plan year 2025. BCBSTX was the successful bidder of the Public Employee Benefits Cooperative (PEBC) Request for Proposal process. BCBSTX partners with HealthEquity for the administration of the FSA.

In connection with this change, the County must establish banking arrangements with HealthEquity, although the actual agreement is not yet available for action, in order to avoid disruption of employees' access to their FSA accounts.

HealthEquity also requires an advance, or imprest fund, of fifteen percent (15%) of the total employee and employer FSA elections. The PEBC estimated 2025 FSA elections to be \$2,833,705.00, resulting in a required reserve totaling approximately \$425,000.00. This amount will be finalized after the completion of open enrollment.

The County Auditor will process payment requests on a weekly basis.

FISCAL IMPACT

The contributions to employee FSA accounts are funded by Tarrant County and Employee contributions. Tarrant County contributions are budgeted in the Employee Insurance Benefits Fund.

SUBMITTED BY	Auditor	PREPARED BY:	Bradley Burkett
		APPROVED BY:	Kimberly Buchanan

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CO# 143967



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SUBMITTED BY	Auditor	PREPARED BY:	Bradley Burkett
		APPROVED BY:	Kimberly Buchanan

Employer Request to Push Funds Form


Email or fax completed forms to:

Email: employerservices@healthequity.com

Fax: 520.844.7090

Employer Information		
Employer Name Tarrant County	HealthEquity Employer ID (if established)	Tax ID Number 75-6001170
Contact Name Laura Oakley	Phone 817-884-1017	Email LCOakley@tarrantcountytx.gov
Number of Eligible Employees	Health Plan	

Wire/ACH Information	
Originating Bank JPMorgan Chase	
Wire/ACH Originator Name Tarrant County	Wire/ACH Originator ID
Funds to Send (check all that apply)	
<input checked="" type="checkbox"/> EE Contributions: <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <u>On Friday</u>	
<input checked="" type="checkbox"/> ER Contributions: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: <u>On the 1st</u>	
<input checked="" type="checkbox"/> RA Funding: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Administrative Fees	

Employer Authorization	
<p>A request to push funds is available for groups with 1,000 eligible employees or 500 health care accounts. For groups not meeting these requirements, an annual fee of \$350.00 must be paid in full before funds pushed via wire or ACH will be applied to employee accounts. This fee will cover a 12 month period of funding. The period starts on the first of the month in which funding is first received (e.g. if funds are first sent on 4/3, the period will cover 4/1 of the year received through 3/31 of the following year). You will receive notice at least 30 days prior to the expiration of this period. A new fee will apply after the 12 month period if you wish to continue funding via this method and the eligibility requirements are not met.</p>	
Name (please print) Kimberly Buchanan - County Auditor	 <u>10/1/2024</u>

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Name (please print) Kimberly Buchanan - County Auditor	Signature	Date