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INTEGRATED HEALTH REIMBURSEMENT ARRANGEMENT (“HRA”) FREQUENTLY ASKED QUESTIONS

SECTION I - HRA BENEFITS

1. **What is covered under the HRA?** The HRA reimburses eligible co-pays, deductibles, and coinsurance for qualified medical and prescription drug expenses.
2. **Is there a calendar year maximum?** Yes, the maximum amount the program will pay per calendar year for eligible co-pays, deductibles and co-insurance is \$9,200 for single coverage and \$18,400 for two or more.
3. **Is there an employee premium contribution required for the HRA?** No, there is no cost to you.
4. **What happens if the network on my alternate coverage does not include my current doctor? I've been with my doctor for a long time and don't want to change now.** The HRA will reimburse you for eligible co-pays, co-insurance and deductibles **only** (up to the HRA maximum limits) for services or benefits covered under your alternate plan. If your alternate plan does not include out-of-network services or benefits, they are not eligible for reimbursement under the HRA. You should check the network access on your alternate plan to ensure that your providers will be covered.
5. **If my alternate group coverage does not cover a procedure or prescription, will that procedure be a covered expense under the HRA?** No, if your alternate coverage does not cover the procedure, it is not a covered expense under the HRA and will not be reimbursed.

SECTION II - ELIGIBILITY

6. **Am I eligible to enroll into the HRA?** If you are a **current employee**, you and your eligible dependents who are currently enrolled on your employer's medical plan and who have access to alternate group health coverage, are eligible to enroll in your employer's HRA. If you are **newly hired** and you have alternate group coverage available, you and your eligible dependents are eligible for the HRA upon satisfaction of your employer's eligibility requirements.

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7. **What is alternate group health coverage?** Alternate group health coverage includes other employer group health plans, such as one offered by your spouse's/equal partner's employer, a retirement plan from a previous employer, a parent's group health plan if you're under the age of 26, or group coverage available from a second employer.
8. **What does not qualify as alternate group health coverage?** Medicare, Tricare(Retiree Only), VA health care, Medicaid, individual policies, and limited benefit health plans do not qualify as alternate group health coverage. If your alternate coverage is through a self-employed spouse/equal partner, please call 877-872-4232 to confirm if you would be eligible for the plan.
9. **Am I eligible for the HRA if my alternate coverage includes an HSA (Health Savings Account)?** Yes, you may be eligible depending on the following considerations. If these considerations are not met, your plan eligibility could be affected:
 - If the account holder of your alternate coverage is enrolled in the HRA, then any employee and employer contributions to the HSA must be stopped.
 - If the account holder of the alternate coverage is not enrolled in the HRA, they may continue to make and receive contributions to the HSA and use the HSA funds.
 - The HSA funds CANNOT be used by HRA members for any HRA eligible medical expenses. You cannot be reimbursed for the same expense twice.
10. **If I am enrolled in my employer's medical plan, and my eligible dependents are enrolled in alternate coverage, is my entire family eligible for the HRA?** To be eligible for the HRA you must currently be enrolled in your employer's medical plan. This applies to dependents as well. Only members who were enrolled in your employer's health plan and moved to the alternate group coverage are eligible to be covered under the HRA.
11. **If my entire family is currently on my employer's medical plan, and I enroll my entire family in alternate group health coverage, is my entire family eligible for the HRA?** Yes, because the entire family is currently enrolled in your employer's medical plan, the entire family would enroll into your alternate group medical plan and would all be covered under the HRA.

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12. **If I am age 65 or older and Medicare is my secondary coverage, am I eligible to enroll into the HRA?** Yes, if Medicare is your secondary coverage, and you have qualified group health coverage then you are eligible to enroll into the HRA. Reminder, if Medicare is your primary insurance, you are not eligible for HRA.
13. **If my spouse/equal partner and I both work for my employer and our only coverage option is our own employer's medical plan, is either one of us eligible for the HRA?** No, because neither one of you has access to alternate coverage.
14. **If I currently have single coverage on my employer's medical plan and I have alternate coverage available with my other job, am I eligible for the HRA?** Yes, you could enroll in the group plan through your second job, and you would be eligible for the HRA.
15. **I recently got married and I am now eligible for alternate coverage. Can I enroll in the HRA?** Yes. Marriage is a Qualifying Event and, if your newly married status allows you to enroll in alternate group coverage, you and your eligible dependents may enroll in the HRA after you have enrolled in your alternate coverage.
16. **Can I enroll in the HRA and a Healthcare Flexible Spending Account (FSA)?** Employees may enroll in both the HRA and an FSA; however, employees may not be reimbursed for the same expenses under both plans. Employees enrolled in the HRA may wish to enroll in an FSA to cover expenses that are not otherwise covered by the medical plan. This includes expenses such as dental care, contact lenses, and prescription drugs not covered by your group plan. Employees who elect to enroll in the HRA and an FSA should carefully evaluate their expenses so that they do not contribute too much towards an FSA and risk forfeiting the unused FSA funds at year-end.
17. **What if I enroll in the HRA, and then lose access to my alternate group coverage?** As long as you let your employer know within their qualifying event time frame, you and your eligible dependents may enroll into your employer's medical plan with no lapse in coverage.
18. **When can I cancel the HRA?** You can change your election during open enrollment each year or during a qualifying event if you let your employer know within the qualifying event time frame.

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19. **How is my current dental and vision coverage affected?** You may remain enrolled in your current employer-sponsored dental and vision plans. Since the HRA only reimburses eligible medical expenses, it has no effect on your dental and vision coverage.

SECTION III – ENROLLMENT

20. **How do I enroll into the HRA?**

- i. Enroll into a qualified alternate group health plan. This must be a non-City of Cincinnati sponsored health plan.
- ii. Complete the HRA Enrollment Form through the 4myBenefits website.
- iii. Complete the Attestation Form through the 4myBenefits website; This is a required form that states you have other qualified group health coverage. By signing this form, you are waiving your employer's medical plan for you, your eligible dependents for the entire plan year.

21. **Will I receive enrollment confirmation?** You will receive a welcome letter from Catilize Health in the mail, usually within 2-3 weeks. Your new HRA ID cards will be shipped separately and arrive in the same time frame.

SECTION IV - CLAIMS

22. **How do I use the HRA ID Card?**

- i. First, present your alternate coverage ID card.
- ii. Then, present your HRA ID card. Let the provider know that the HRA will pay the provider directly for eligible co-pays, deductibles and co-insurance.
- iii. You pay nothing; your provider may file the claim with both your alternate coverage and with the HRA.

23. **Do all medical providers accept the HRA ID Card?** Most providers accept the HRA ID card and file claims. If the provider has questions about the coverage or claim submission process, the provider can call the toll-free number on the back of the HRA ID card.

24. **Do all pharmacies accept the HRA ID card?** Most pharmacies will process your claim when you present your HRA ID card. If the provider has questions about the coverage or claim submission process, the provider can call the toll-free number on the back of the HRA ID card. If they will not accept the HRA ID card, you will need to pay your out-of-pocket expenses, and file a paper claim or submit the claim electronically to receive reimbursement. Keep in mind that many pharmacies will provide a report listing your prescriptions and co-pays.

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25. **How do I submit a claim electronically?** To claim reimbursement under the plan electronically, go to portal.catilize.com and submit the required documentation: for co-pay, co-insurance or deductible, you will need to submit the Explanation of Benefits (EOB) from your alternate group health plan; and for prescriptions, submit the "tab" that includes the name of the drug, date filled, patient's name and co-pay. Do not submit a cash register or credit card receipt; these alone are not acceptable as per IRS regulations.
26. **How do I submit a paper claim?** If you are filing a "paper" claim, using the claim form provided by Catilize Health, you'll submit that form along with the required documentation listed in question #25.
27. **What is the deadline for submitting claims.** The deadline for member claims is 90 days after the end of the claim year or your termination from the plan. The deadline for provider claims is determined by the alternate coverage.
28. **What if I receive an invoice from a provider for a claim that should have been reimbursed and paid to the provider?** Your first inquiry should be made to the provider to see if they have processed the claim through Catilize Health.
29. **How is claim reimbursement obtained?** When you receive services from one of these providers, present the HRA ID Card and the provider will file the claim. The provider will receive the payment for the out-of-pocket expenses. If you receive care from a provider who does not file HRA claims, then you need to file a paper claim or submit the claim electronically. You will receive reimbursement via direct deposit for your out-of-pocket expenses.
30. **I have not received my ID card yet and I have an appointment soon, will I get reimbursed for my out-of-pocket costs?** Yes, simply access your ID Card at portal.catilize.com. You may also file a paper claim or submit the claim electronically.

SECTION V – PREMIUM REIMBURSEMENTS

31. **What if the premium for my alternate plan is higher than my employer's medical plan?** Your employer will reimburse you for increases in premium that your household pays for the alternate coverage (limits apply). If the cost for the alternate plan is higher than your employer's medical plan, you will be reimbursed for the difference in cost up to a maximum of \$6,000/single and \$12,000/family per year. If the premium does not increase by adding dependents, then there is no eligible premium reimbursement under the HRA.

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32. **How is my premium reimbursement calculated?** A comparison is made which considers the cost of the alternate medical coverage to the cost of your employer's medical coverage.
33. **What if the employer who provides my alternate group coverage charges a surcharge if I enroll in their plan?** Surcharges relating to alternate group coverage will be included in your premium reimbursement calculation. Tobacco-use and smoker surcharges will not be reimbursed. Please note that employers use a variety of names, such as surcharge, penalty or incentive for these additional charges. If you have questions about whether a surcharge will be reimbursed, please contact Catilize Health. Contact information is provided below.
34. **How are employee premium contributions reimbursed?** This amount will be reimbursed through your employer's payroll if the premium contribution from your alternate coverage is deducted pre-tax. If your alternate group coverage has post-tax deductions, the payment will be reimbursed directly from Catilize Health.
35. **What if there is a change to my premium contribution on the alternate group coverage?** You must inform Catilize Health of premium changes as soon as possible, but not later than 90 days after an increase or decrease in premium contributions, so that your reimbursement may be appropriately adjusted. This information can be mailed, faxed or emailed securely.

For more information, to file claims or ask questions

Catilize Health, Inc.
2605 Nicholson Road, Suite 1140
Sewickley, PA 15143
Toll Free Phone: 1-877-872-4232
Toll Free Fax: 1-877-599-3724
CinciHRA@catilizehealth.com
Hours 8:30am – 8:00pm EST
<https://britehr.app/CityCincinnati>