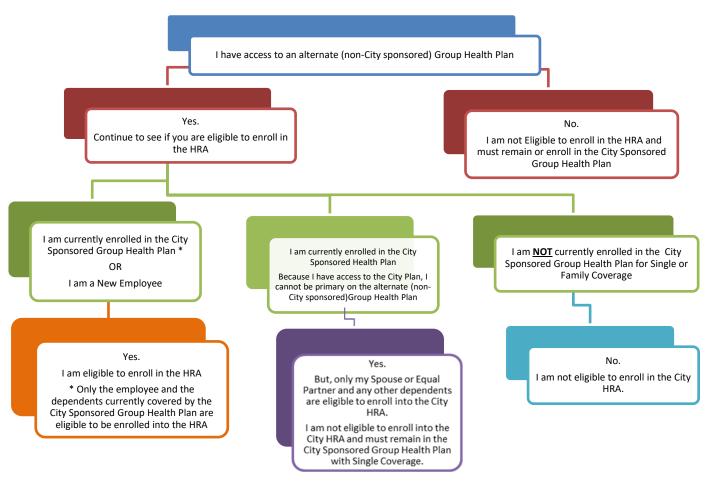


Review this Flow Chart to determine if you are eligible to enroll in the HRA



Note: If at any point an employee loses access to their alternate group health plan – a Qualifying Event - they will be able to enroll in the City Sponsored Group Health Plan

How Does the HRA Work? Enroll Incur File

Doctor's visits

Prescriptions

Preventive

Screenings

Urgent care

Treatments

Procedures

Surgeries

ETC.

Enroll in the alternate Group Health Plan

Complete the City's HRA Enrollment Form

Complete the City's Attestation Form (annual requirement)

Waive the City's medical coverage

Provide proof of your premium cost for the alternate group medical plan Present your alternate health plan Health Insurance ID Card.

Next, present your HRA ID Card for Co-pays, Deductibles and Out of Pockets.

Your Provider will first file claims with your alternate Health Plan.

After your provider has received payment for the claim filed, any eligible expense will then be filed by your provider and paid by the HRA Plan.

Get Reimbursed

Most claims will be paid directly to the provider through use of the ID card. If you are not able to use the ID card, and you have to pay out of pocket, you should submit a claim reimbursement form directly to Catilize Health. A reimbursement check can be mailed to you.

Premium reimbursements will be included in your City paycheck if the contribution is before tax. If the premium contributions is made after tax, you will receive a check mailed to your home.

Helpful Definitions

HRA: Health Reimbursement Arrangement. Reimburses employees and dependents for eligible health care expenses and premium expenses incurred under **non** City sponsored group health coverage.

Alternate Group Health Plan: Means any group health coverage, (other than a medical plan sponsored by the City of Cincinnati) available to an Employee, such as through the Employee's spouse/equal partner, another employer of the Employee, or group coverage available to the Employee from any other source including but not limited to eligible retiree benefit programs, other than Medicare, Tricare Retiree or the City Retirement System.

Health Care Expenses: Deductibles, Co-Pays and Co-Insurance for eligible expenses incurred under the alternate group plan.

Premiums: Amount you pay for your alternate group health plan that exceeds the cost of the premium for you and your family that you would pay on the City's plan. If the cost of your alternate coverage increases due to dependent additions, you will receive a reimbursement. If there is no premium increase, you will **not** receive a reimbursement.

Calendar Year Maximum:

Health Care Expenses: \$8,150/Single \$16,300/Family

> Premiums: \$5,000/ Single \$10,000/Family

This plan is administered by: Catilize Health 2605 Nicholson Rd. Suite 1140 Sewickley, PA 15143

> 877-872-4232 (Toll Free Office) 877-599-3724 (Toll Free Fax) <u>CinciHRA@catilizehealth.com</u>