



City of Cincinnati

City of Cincinnati Integrated HRA
Effective Date: January 01, 2026

Overview

CATILIZE HEALTH[®] OVERVIEW

At Catilize Health[®] we believe people deserve access to quality, affordable healthcare. Your City of Cincinnati Integrated HRA will transform the way you experience health insurance.

The enclosed documents will give you all the information you need to make a smooth transition to the City of Cincinnati Integrated HRA.



Documents Enclosed

City of Cincinnati Integrated HRA Flowchart

Summary

Employee Experience

City of Cincinnati Integrated HRA FAQ

City of Cincinnati Integrated HRA Claim Form

Catilize Health[®] Portal

City of Cincinnati Integrated HRA

Review this flowchart to see if you
qualify for the Integrated HRA

Are you currently enrolled in a City of
Cincinnati medical plan or are you a new
employee?

Yes!

Continue to see if you are
eligible to enroll in the
Integrated HRA

No!

You are not eligible to
enroll in the Integrated
HRA

Do you have access to an alternate
group medical plan?

Yes!

You and your eligible
dependents that are
currently enrolled in the
City of Cincinnati's medical
plan are eligible for
Integrated HRA

No!

You are not eligible to
enroll in the Integrated
HRA

**Claims Administrator -
Catilize Health®**

2605 Nicholson Rd. Suite 1140
Sewickley, PA 15143
877-872-4232
CinciHRA@catilizehealth.com



How does the HRA work?

ENROLL

- Enroll in your alternate group medical plan & waive coverage at your current employer
- Complete the Integrated HRA enrollment and attestation via your online enrollment system
- Provide proof of premium cost for your alternate medical plan

INCUR and FILE

- Incur medical expenses (co-pays, deductibles, and co-insurances) by visiting the doctor, pharmacy, emergency room, etc.
- Present your primary insurance ID card first, and the Integrated HRA ID card second

GET REIMBURSED

- If your provider accepts the ID card, they will bill Catilize Health® for any out-of-pocket costs
- You may submit claims by completing a claim form or visit the member portal: portal.catilize.com. You will be reimbursed via direct deposit in 1-3 weeks

HRA INFORMATION

<https://britehr.app/CityCincinnati>



Introducing the City of Cincinnati Integrated HRA as part of your benefits package.

The Integrated HRA offers employees who have access to alternate group medical and prescription drug coverage through their spouse/equal partner, **reimbursement of out of pocket costs**. You will be reimbursed for ALL co-pays, co-insurance and deductibles incurred through your alternate medical plan up to the maximum out of pocket limits of \$9,200/single and \$18,400/family per year.

No premium contribution will be deducted from your paycheck.

PLUS, the City of Cincinnati will reimburse you for the premium contribution paid for the alternate coverage if it exceeds the premium contribution you would have paid to remain on the City of Cincinnati's medical plan up to a maximum of \$6,000/single and \$12,000/family per year. You will be reimbursed for any increase in premium to add you and/or your eligible dependents up to the above monthly maximums. If the cost of alternate coverage is less than what the employee would have paid for the City of Cincinnati's medical plan, premium contribution reimbursement is \$0.

Eligibility and Enrollment Opportunities

- ▶ **Current employees:** must currently be enrolled in the City of Cincinnati's medical plan then waive that plan for the Integrated HRA effective date
- ▶ **New employees or newly benefit eligible:** may enroll during your new hire election period after satisfying the City of Cincinnati's benefit eligibility requirements
- ▶ **Qualifying event:** marriage, spouse/equal partner's change in employment status, birth of child, part time to full time, etc.
- ▶ **Open enrollment:** you may enroll during the City of Cincinnati's and/or your spouse/equal partner's annual open enrollment

Enrollment

- ▶ Enroll in alternate coverage and waive coverage on the City of Cincinnati's medical plan
- ▶ Complete the Integrated HRA enrollment form via your online enrollment system
- ▶ Complete the Attestation form via your online enrollment system
- ▶ If you are already enrolled in the Integrated HRA, you must submit an updated premium contribution information for your alternate coverage each year.

Premium Contribution Reimbursements Proof Required

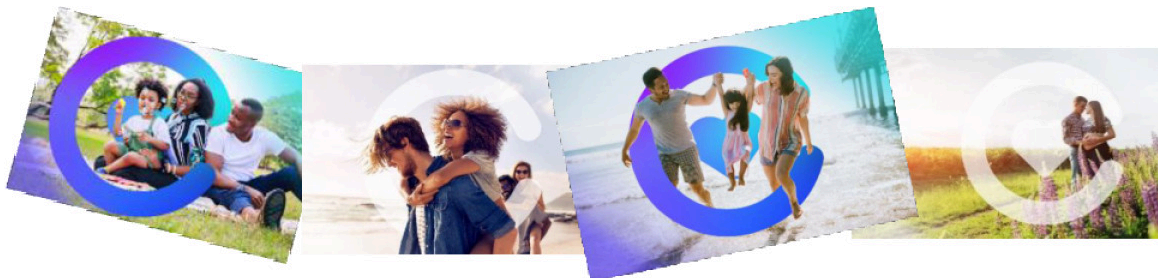
- ▶ Paystub showing premium contribution amount, pre-tax or post-tax, frequency (other pay information may be blacked out)
- ▶ If the entire family is not enrolling in the Integrated HRA, then You must provide the tiers of coverage indicating the cost for each tier

IRS Rules

- ▶ You may be enrolled in an HRA or FSA. You **CANNOT** be reimbursed from both the Integrated HRA and your HRA or FSA.
- ▶ Employees are NOT eligible for the Integrated HRA if their alternate coverage is:
 - A High Deductible Health Plan (HDHP) **with** active contributions to a health savings account (HSA) and the employee is the account holder of the HSA; however, **it is acceptable alternate coverage** if contributions can be waived. A spouse/equal partner who is not enrolled in the Integrated HRA may contribute to an HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the Integrated HRA.
 - Medicare, Tricare, VA health care or Medicaid
 - Healthcare Exchange Policy made available through the Affordable Care Act
 - Individual policy or Limited Benefit Health Plan

Claims

- ▶ How do I use the Integrated HRA ID Card?
 - First, present your alternate coverage ID card.
 - Then, present your Integrated HRA ID card. Let the provider know that the Integrated HRA will pay the provider directly for eligible co-pays, co-insurance, and deductibles.
 - You pay nothing; your provider may file the claim with both your alternate coverage and with the Integrated HRA.
- ▶ Electronic Claims:
 - To submit reimbursement under the plan electronically, go to portal.catilize.com
 - Here you will simply need to upload the required documentation:
 - Co-pay, co-insurance or deductible: Explanation of Benefits (EOB) from alternate coverage
 - Prescriptions: "Tab" from pharmacy that includes name of drug, date filled, patient's name and patient responsibility amount
- ▶ Paper Claims:
 - Send completed and signed claim form to Catilize Health® with the required documentation
- ▶ Claim Submission Deadline:
 - Member Claims: 90 days after end of plan year or your termination from the plan
 - Provider Claims: Based on the deadline policy of the alternate insurance



A step-by-step guide for members

Medical Claim Reimbursement

When a member sees a medical provider or has a medical procedure, they present the primary medical plan ID, then present the Catilize Health® ID Card.



Most times the provider will accept the Catilize Health® ID Card. Members will owe nothing up front and do not need to submit a claim. Catilize Health® is billed by, and sends the payment to, the provider, ER, or hospital.



In some situations, the provider is not able to accept the Catilize Health® ID Card. The member will pay for any co-pay, co-insurance, or deductible due. An Explanation of Benefits (EOB) is provided by primary medical plan.



The member submits the EOB and claim amount to Catilize Health® via portal.catilize.com.

OR

The member submits the EOB and a completed Claim form to Catilize Health® via mail, fax, or secure email.



Catilize Health® processes claims and issues reimbursement within 2 -3 weeks from when the member submitted the documents covering the out-of-pocket expenses.

The true out-of-pocket cost is \$0.



Pharmacy Claim Reimbursement

When a member visits a Pharmacy and picks up a prescription, they present the primary medical plan ID, then present the Catilize Health® ID Card.



Most times the Pharmacy will accept the Catilize Health® ID Card. Members will owe nothing up front, and do not need to submit a claim.



In some situations, the Pharmacy is not able to process the Catilize Health® ID Card. Members will pay for any prescription cost due.



The member submits the Pharmacy tab, EOB, or Pharmacy Print-Out and claim amount to Catilize Health® via portal.catilize.com.

OR

The member submits the Pharmacy tab, EOB or Pharmacy print-out and a completed Claim form to Catilize Health® via mail, fax, or secure email.



Catilize Health® processes claims and issues reimbursement within 2 -3 weeks from when the member submitted the documents covering the out-of-pocket expenses.

Premium Reimbursement

If eligible, you may receive a reimbursement up to pre-set annual maximums for the difference in premium costs if the alternate coverage premium cost is more expensive.

The premium difference amount will conveniently appear in your paycheck as taxable income.

An up-to-date paystub showing the cost and frequency of the premium paid for alternate coverage is required periodically.

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CITY OF CINCINNATI INTEGRATED HRA FREQUENTLY ASKED QUESTIONS

SECTION I – INTEGRATED HRA BENEFITS

1. **What is covered under the Integrated HRA?** The Integrated 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 Integrated 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 Integrated HRA will reimburse you for eligible co-pays, co-insurance and deductibles **only** (up to the Integrated 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 Integrated 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 Integrated HRA?** No, if your alternate coverage does not cover the procedure, it is not a covered expense under the Integrated HRA and will not be reimbursed.

SECTION II - ELIGIBILITY

6. **Am I eligible to enroll into the Integrated 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 Integrated HRA. If you are **newly hired** and you have alternate group coverage available, you and your eligible dependents are eligible for the Integrated HRA upon satisfaction of your employer's eligibility requirements.
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

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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 Integrated 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 Integrated 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 Integrated HRA, they may continue to make and receive contributions to the HSA and use the HSA funds.
 - The HSA funds CANNOT be used by Integrated HRA members for any Integrated 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, can I enroll myself and my eligible dependents in the Integrated HRA?** To be eligible for the Integrated 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 Integrated 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 Integrated 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 Integrated HRA.
12. **If I am age 65 or older and Medicare is my secondary coverage, am I eligible to enroll into the Integrated HRA?** Yes, if Medicare is your secondary coverage, and you have qualified group health coverage then you are eligible to enroll into the Integrated HRA. Reminder, if Medicare is your primary insurance, you are not eligible for Integrated 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**

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for the Integrated 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 Integrated HRA?** Yes, you could enroll in the group plan through your second job, and you would be eligible for the Integrated HRA.
15. **I recently got married and I am now eligible for alternate coverage. Can I enroll in the Integrated 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 Integrated HRA after you have enrolled in your alternate coverage.
16. **Can I enroll in the Integrated HRA and a Healthcare Flexible Spending Account (FSA)?** Employees may enroll in both the Integrated HRA and an FSA; however, employees may not be reimbursed for the same expenses under both plans. Employees enrolled in the Integrated 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 Integrated 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 Integrated 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 Integrated 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.
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 Integrated 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 Integrated HRA?**
 - i. Enroll into a qualified alternate group health plan. This must be a non-City of Cincinnati sponsored health plan.
 - ii. Complete the Integrated HRA enrollment through the 4myBenefits website.

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- iii. Complete the Attestation 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 Integrated HRA ID cards will be shipped separately and arrive in the same time frame.

SECTION IV - CLAIMS

22. **How do I use the Integrated HRA ID Card?**
- i. First, present your alternate coverage ID card.
 - ii. Then, present your Integrated HRA ID card. Let the provider know that the Integrated 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 Integrated HRA.
23. **Do all medical providers accept the Integrated HRA ID Card?** Most providers accept the Integrated 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 Integrated HRA ID card.
24. **Do all pharmacies accept the Integrated HRA ID card?** Most pharmacies will process your claim when you present your Integrated 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 Integrated HRA ID card. If they will not accept the Integrated 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.
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.

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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 based on the policy of the alternate insurance.
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 Integrated 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 Integrated HRA claims, then you need to file a paper claim or submit the claim electronically. You will receive a direct deposit reimbursing you 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 per year. If the premium does not increase by adding dependents, then there is no eligible premium reimbursement under the Integrated HRA.
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

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deductions, the payment will be reimbursed directly from Catilize Health® via direct deposit.

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.
36. **Am I eligible to receive a premium reimbursement if my alternate coverage is my parent's health coverage?** No.
37. **Am I eligible to receive a premium reimbursement if my eligible dependents move to my ex-spouse's/equal partner's medical plan?** No.

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
memberservices@catilizehealth.com
Hours 8:30am – 8:00pm EST
<https://britehr.app/CityCincinnati>



City of Cincinnati Integrated HRA Claim Form

EMPLOYER INFORMATION

Employer Name: City of Cincinnati

SEND THIS FORM, EXPLANATION OF BENEFITS & ANY OTHER CLAIM DOCUMENTATION TO:

Catilize Health
2605 Nicholson Road, Suite 1140
Sewickley, PA 15143

Email: memberservices@catilizehealth.com
Telephone: 877-872-4232
Toll Free Fax: 877-599-3724

OR CLAIMS MAY BE SUBMITTED AT [PORTAL.CATILIZE.COM](https://portal.catilize.com)

PARTICIPANT INFORMATION

Employee Name:

Last 4 of Social Security No:

Date of Birth:

PRESCRIPTION REIMBURSEMENT INFORMATION:

Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:

PHYSICIAN OFFICE VISITS:

Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:
Date of Visit:	Co-Pay Amount:

EXPLANATION OF BENEFITS: EOBs

Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:
Date of Service:	Amount Owed:

Documentation submitted must include: Patient name, date of service, type of service or service code, drug name or Rx number if prescription.

Please Note: All medical claims must be submitted first through your alternate coverage. You are required to include the following 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 amount. Do not submit a cash register or credit card receipt; these alone are not acceptable as per the IRS regulations.

EMPLOYEE STATEMENT:

I hereby certify that the information contained on this Reimbursement Claim Form is to the best of my knowledge and belief, true and correct and each item is eligible for reimbursement. I understand that any expenses reimbursed are NOT tax deductible on my individual or joint federal tax return. I understand that I may be prosecuted for fraud for knowingly using health insurance benefits for which I am not eligible. It is MY responsibility to know when I or a family member is no longer eligible for Integrated HRA benefits.

I certify that the amounts above have not been reimbursed under any other health care plan or program, federal, state, or government program, worker's compensation, or any other policy of health insurance, and that I will not seek reimbursement under any of the aforementioned plans, including an HSA, HRA or FSA account.

Employee Signature: _____ Date: _____

All claims must be received no later than 90 days after plan year ends or 90 days after termination.

The care you love.
On the go.



Hey, Catilize has a mobile friendly website!

Your medical plan made simpler

When we created Catilize, we set out to make healthcare affordable and simple for people. Using your ID Card at your provider/pharmacy is the simplest way to have your claim submitted.

You may submit paper claims; however, we have another option for you.

We've made claim submission even simpler by putting everything you need in one place.

No download required.

Just go to **portal.catilize.com** to access on your phone or desktop.

You can use it to:

☑ Securely upload:

- Claim Documents
- Paystub
- Attestation Form
- Proof of Coverage

☑ Download your ID card

- ☑ View uploaded claim documents
- ☑ Review status of paid claims
- ☑ Review claims by member

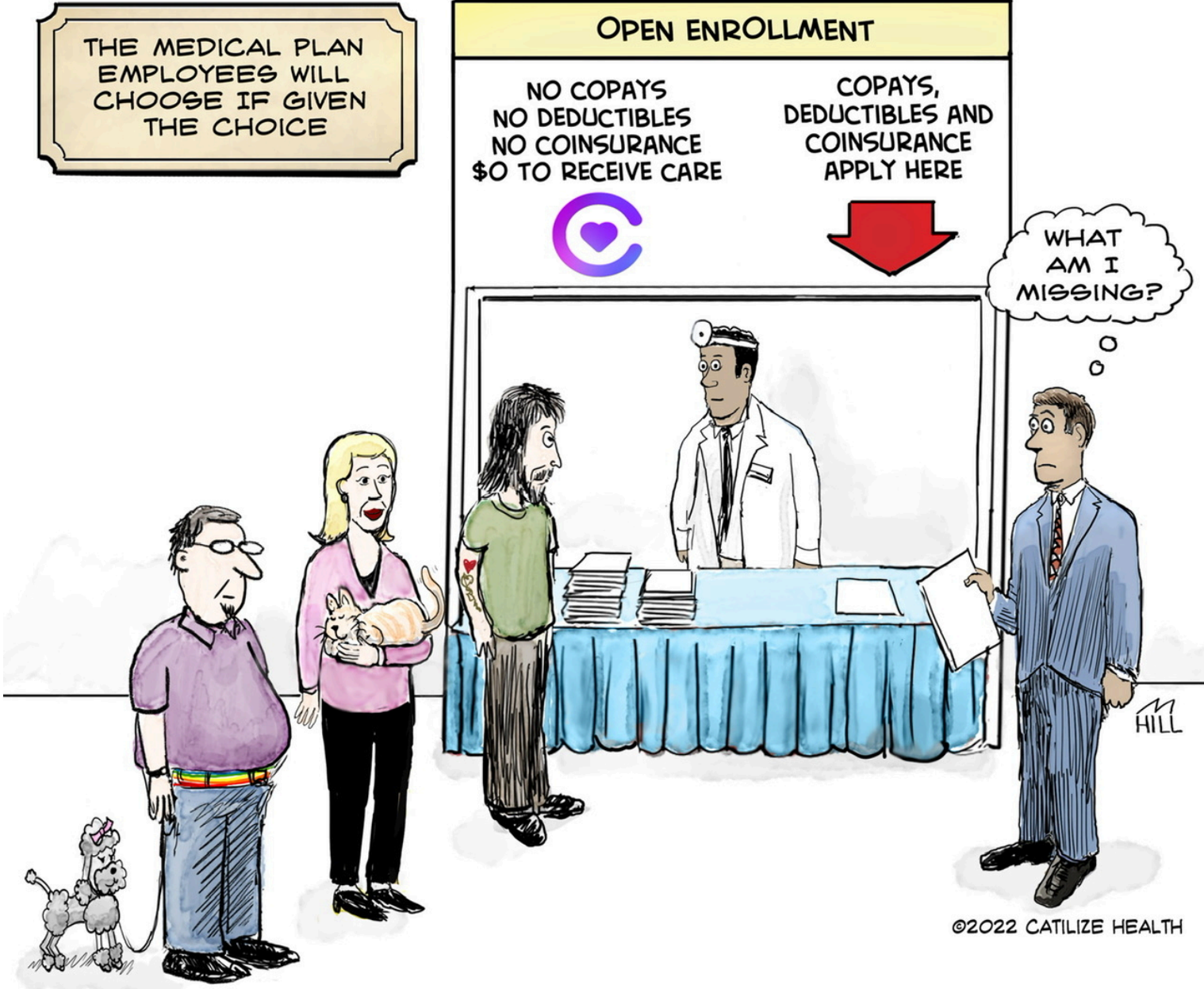
Scan the QR code
and access today!



Access all the tools you need for your
medical plan in one easy to reach location.



Catilize Health The Future





Catilize Health®

To reach a Claims Specialist

1- (877) 872-4232 x400
memberservices@catilizehealth.com

To reach an Enrollment/Premium Specialist

+1 (877) 872-4232 x300
memberservices@catilizehealth.com

To file a claim on the Catilize Health® Portal

