

## 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](https://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

