



Cincinnati Retirement System

Cincinnati Retirement System HRA (CRS HRA)

Effective Date: January 01, 2026

Overview

CATILIZE HEALTH[®] OVERVIEW

At Catilize Health[®] we believe people deserve access to quality, affordable healthcare. Your Cincinnati Retirement System HRA (CRS 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 Cincinnati Retirement System HRA (CRS HRA).



Documents Enclosed

Cincinnati Retirement System HRA (CRS HRA) Flowchart

Summary

Employee Experience

Cincinnati Retirement System HRA (CRS HRA) FAQ

Cincinnati Retirement System HRA (CRS HRA) Enrollment Form

Cincinnati Retirement System HRA (CRS HRA) Attestation Form

Cincinnati Retirement System HRA (CRS HRA) Claim Form

Catilize Health[®] Portal

Cincinnati Retirement System HRA

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

Are you currently enrolled in a Cincinnati Retirement System medical plan or are you a new retiree?

Yes!

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

No!

You are not eligible to enroll in the CRS HRA

Do you have access to an alternate group medical plan?

Yes!

You and your eligible dependents that are currently enrolled in Cincinnati Retirement System's medical plan are eligible for CRS HRA

No!

You are not eligible to enroll in the CRS HRA

**Claims Administrator -
Catilize Health®**

2605 Nicholson Rd. Suite 1140
Sewickley, PA 15143
877-872-4232

memberservices@catilizehealth.com

How does the CRS HRA work?

ENROLL

- Enroll in your alternate group medical plan & waive coverage at your current employer
- Complete the CRS HRA enrollment and attestation forms
- 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 CRS 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 check or direct deposit in 1-3 weeks

CRS HRA INFORMATION

<https://britehr.app/CRSHRA>



Introducing the Cincinnati Retirement System HRA ("CRS HRA") as part of your benefits package.

The CRS HRA offers retirees who have access to alternate group medical and prescription drug coverage through their spouse, **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 \$8,350/single and \$16,700/family per year.

No premium contribution will be deducted from your paycheck.

PLUS, Cincinnati Retirement System 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 Cincinnati Retirement System's medical plan up to a maximum of \$5,000/single and \$10,000/family per month. 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 retiree would have paid for Cincinnati Retirement System's medical plan, premium contribution reimbursement is \$0.

Eligibility and Enrollment Opportunities

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

Enrollment

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

Premium Contribution Reimbursements Proof Required

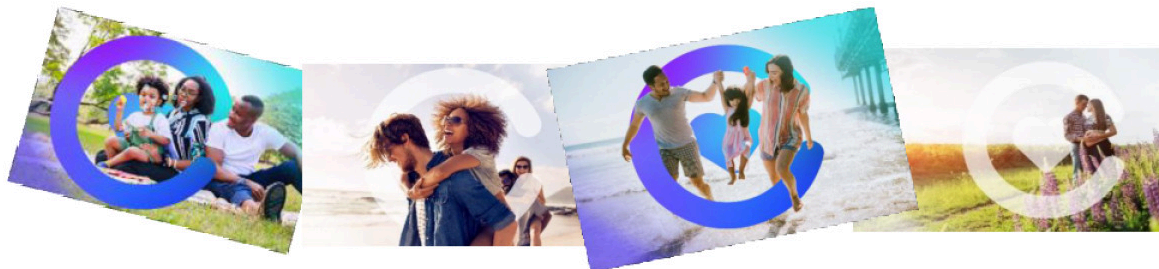
- ▶ Paystub showing premium contribution amount, pre-tax or post-tax, frequency (other pay information may be blacked out)
- ▶ If the entire family is not enrolling in the CRS HRA, then You must provide the tiers of coverage indicating the cost for each tier

IRS Rules

- ▶ You may be enrolled in an HRA or FSA. You **CANNOT** be reimbursed from both the CRS HRA and your HRA or FSA.
- ▶ Retirees are NOT eligible for the CRS HRA if their alternate coverage is:
 - A High Deductible Health Plan (HDHP) **with** active contributions to a health savings account (HSA) and the retiree is the account holder of the HSA; however, **it is acceptable alternate coverage** if contributions can be waived. A spouse who is not enrolled in the CRS 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 CRS 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 CRS HRA ID Card?
 - First, present your alternate coverage ID card.
 - Then, present your CRS HRA ID card. Let the provider know that the CRS 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 CRS 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: 1 year after date of service for provider claims



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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CINCINNATI RETIREMENT SYSTEM HRA (“CRS HRA”) FREQUENTLY ASKED QUESTIONS

SECTION I - CRS HRA BENEFITS

1. **What is covered under the CRS HRA?** The CRS 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 \$8,350 for single coverage and \$16,700 for two or more. These maximums match the Affordable Care Act maximums that any individual or family unit can incur.
3. **Is there an retiree premium contribution required for the CRS 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 CRS HRA will reimburse you for eligible co-pays, co-insurance and deductibles **only** (up to the CRS 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 CRS 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 CRS HRA?** No, if your alternate coverage does not cover the procedure, it is not a covered expense under the CRS HRA and will not be reimbursed.

SECTION II - ELIGIBILITY

6. **Am I eligible to enroll into the CRS HRA?** If you are a **current retiree**, 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 CRS HRA. If you are **newly retired** and you have alternate group coverage available, you and your eligible dependents are eligible for the CRS 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 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

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plans do not qualify as alternate group health coverage. If your alternate coverage is through a self-employed spouse, please call 877-872-4232 to confirm if you would be eligible for the plan.

9. **Am I eligible for the CRS 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 CRS HRA, then any retiree and employer contributions to the HSA must be stopped.
 - If the account holder of the alternate coverage is not enrolled in the CRS HRA, they may continue to make and receive contributions to the HSA and use the HSA funds.
 - The HSA funds CANNOT be used by CRS HRA members for any CRS 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 CRS HRA?** To be eligible for the CRS 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 CRS 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 CRS 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 CRS HRA.
12. **If I am age 65 or older and Medicare is my secondary coverage, am I eligible to enroll into the CRS HRA?** Yes, if Medicare is your secondary coverage, and you have qualified group health coverage then you are eligible to enroll into the CRS HRA. Reminder, if Medicare is your primary insurance, you are not eligible for CRS HRA.
13. **If my spouse 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 CRS 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 CRS HRA?** Yes, you could enroll in the group plan through your second job, and you would be eligible for the CRS HRA.

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15. **I recently got married and I am now eligible for alternate coverage. Can I enroll in the CRS 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 CRS HRA after you have enrolled in your alternate coverage.
16. **Can I enroll in the CRS HRA and a Healthcare Flexible Spending Account (FSA)?** Retirees may enroll in both the CRS HRA and an FSA; however, retirees may not be reimbursed for the same expenses under both plans. Retirees enrolled in the CRS 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. Retirees who elect to enroll in the CRS 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 CRS 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 CRS 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 CRS 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 CRS HRA?**
 - i. Enroll into a qualified alternate group health plan. This must be a non-Cincinnati Retirement System sponsored health plan.
 - ii. Complete the CRS HRA Enrollment Form.
 - iii. Complete the Attestation Form; 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 CRS HRA ID cards will be shipped separately and arrive in the same time frame.

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SECTION IV - CLAIMS

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

- i. First, present your alternate coverage ID card.
- ii. Then, present your CRS HRA ID card. Let the provider know that the CRS 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 CRS HRA.

23. **Do all medical providers accept the CRS HRA ID Card?** Most providers accept the CRS 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 CRS HRA ID card.

24. **Do all pharmacies accept the CRS HRA ID card?** Most pharmacies will process your claim when you present your CRS 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 CRS HRA ID card. If they will not accept the CRS 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.

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 1 year after the date of service.

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 CRS HRA ID Card and the provider will file the claim. The

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provider will receive the payment for the out-of-pocket expenses. If you receive care from a provider who does not file CRS HRA claims, then you need to file a paper claim or submit the claim electronically. You will receive a check or 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 \$5,000/single and \$10,000/family per year. If the premium does not increase by adding dependents, then there is no eligible premium reimbursement under the CRS 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 retiree 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® via check or 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 31 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.

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37. Am I eligible to receive a premium reimbursement if my eligible dependents move to my ex-spouse'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/CRSRHRA>



Cincinnati Retirement System HRA Enrollment Form

EMPLOYER INFORMATION

Employer Name: Cincinnati Retirement System

Please mail, e-mail or fax completed form to:

Cincinnati Retirement System

801 Plum Street, Suite 328

Cincinnati, OH 45202

Fax: 513-352-1520

For questions, contact CRS at 513-352-3227 or CRS Healthcare@cincinnati-oh.gov

I am enrolling in the CRS HRA for (Please check one): ☐ Single ☐ Family

PARTICIPANT INFORMATION

Retiree Name:	Birthdate:	Hire Date:
Social Security No:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date Eligible for CRS HRA:
Home Street Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		

SPOUSE INFORMATION

Spouse Name:	Birthdate:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Social Security No:	Spouse's Employer:	

DEPENDENT INFORMATION: (Attach a separate sheet if additional space is needed for additional dependents)

Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No:		
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No:		
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No:		
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No:		
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No:		

PARTICIPANT AUTHORIZATION

*** If the other coverage is a HDHP and your spouse is not enrolled in the CRS HRA, your spouse may contribute to the HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the CRS HRA. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the CRS HRA. Also, if your primary health coverage is through Medicare, Tricare, VA health care, or Medicaid, you are not eligible for the CRS HRA.**

I hereby authorize my employer to enroll me into the employer sponsored CRS HRA. I agree to comply with the terms and conditions of the plan. You may be prosecuted for fraud for knowingly using health insurance benefits for which you are not eligible. It is YOUR responsibility to know when you or a family member is no longer eligible for CRS HRA benefits.

Retiree Signature:

Date:

**ATTESTATION OF ENROLLMENT – CITY OF CINCINNATI RETIREES
IN A NON-CITY OF CINCINNATI EMPLOYER GROUP HEALTH PLAN**

Retiree Name: _____

Work Phone: _____

Work Location: _____

Email: _____

This form applies to individuals who participate in the CRS HRA and who waive coverage in the City of Cincinnati Anthem 80/20 medical plan.

Retirees, spouses, and eligible dependents who are waiving coverage in the City of Cincinnati health plan certify that:

-- The City of Cincinnati has offered me and/or my spouse and/or my eligible dependents a group health plan that does not consist solely of "excepted benefits" under the Affordable Care Act of 2010 ("ACA").

-- I and/or my spouse and/or my eligible dependents are enrolled in alternate coverage (such as my spouse's employer) that does not consist solely of "excepted benefits" under the ACA (such as limited-scope dental or vision coverage), nor does it consist solely of a "health reimbursement arrangement" (reimbursement of health care expenses up to a dollar limit).

-- I understand that by enrolling in the CRS HRA, I am waiving participation in the City of Cincinnati health plan for the following participants:

Name

Name

Name

Name

Attach a separate sheet if space is needed for additional participants

For confirmation that the alternate coverage meets the IRS's definition of minimum value and does not consist solely of an HRA, please contact the benefits coordinator at the other employer.

I further certify that my alternate coverage is not:

- A High Deductible Health Plan (HDHP) **with** active contributions to a health savings account (HSA); however, **it is acceptable alternate coverage** if contributions can be waived. A spouse who is not enrolled in the CRA 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 CRS HRA.
- Medicare, Tricare, VA health care or Medicaid
- Health Insurance coverage made available thru the Affordable Care Act
- An individual policy
- A Limited Benefit Health Plan
- Coverage through another City of Cincinnati retiree

Retiree Signature

Date

Spouse's Signature ONLY IF ELIGIBLE FOR CRS HRA

Date

For more information, please contact Catilize Health® @ 877-872-4232

PLEASE COMPLETE THIS FORM AND SEND TO CINCINNATI RETIREMENT SYSTEM VIA FAX, EMAIL OR MAIL:

**Cincinnati Retirement System
801 Plum Street, Suite 328
Cincinnati, OH 45202
Email: crshealthcare@cincinnati-oh.gov
Fax: 513-352-1520**

Cincinnati Retirement System

HRA Claim Form

EMPLOYER INFORMATION

Employer Name: Cincinnati Retirement System

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

Retiree 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.

RETIREE 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 CRS 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.

Retiree 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



THE MEDICAL PLAN
EMPLOYEES WILL
CHOOSE IF GIVEN
THE CHOICE

OPEN ENROLLMENT

NO COPAYS
NO DEDUCTIBLES
NO COINSURANCE
\$0 TO RECEIVE CARE



COPAYS,
DEDUCTIBLES AND
COINSURANCE
APPLY HERE



WHAT
AM I
MISSING?



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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

