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

Catilize Health®
2605 NICHOLSON ROAD
SUITE 1140
SEWICKLEY PA 15143
https://britehr.app/CRSHRA
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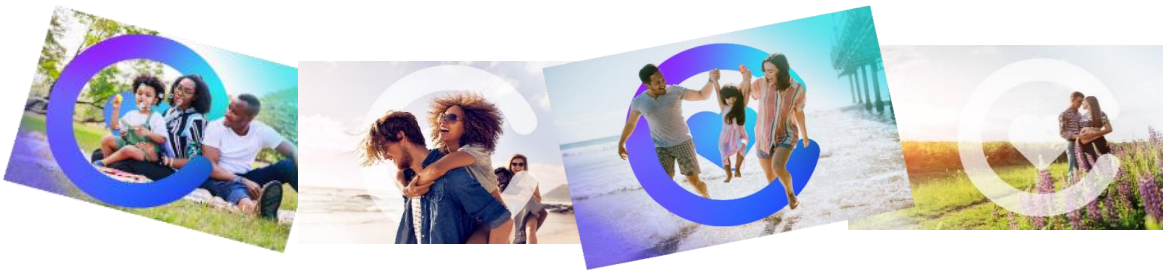
MEMBERSERVICES@CATILIZEHEALTH.COM

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



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