



The Cincinnati Retirement System HRA (CRS HRA)

Frequently Asked Questions

SECTION I – 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. The result is 100% reimbursement for qualified medical and prescription services with CRS HRA.
- 3. Is there an retirees 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 retirees**, you and your eligible dependents who are currently enrolled on Cincinnati Retirement System's medical plan and who have access to alternate group health coverage, are eligible to enroll in Cincinnati Retirement System'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 Cincinnati Retirement System's eligibility requirement.



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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, or group coverage available from a second employer.

8. What does not qualify as alternate group health coverage? Medicare, Tricare 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, 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 retirees 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 the Cincinnati Retirement System'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 Cincinnati Retirement System's medical plan. This applies to dependents as well. Only members who were enrolled in Cincinnati Retirement System'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 Cincinnati Retirement System'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 Cincinnati Retirement System's medical plan, the entire family would enroll into your alternate group medical plan and would all be covered under the CRS HRA.

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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 Cincinnati Retirement System 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 Cincinnati Retirement System'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

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's may enroll in both the CRS HRA and an FSA; however, retirees's may not be reimbursed for the same expenses under both plans. Retirees's 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's 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.

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17. What if I enroll in the CRS HRA, and then lose access to my alternate group coverage? As long as you let Cincinnati Retirement System know within their qualifying event time frame, you and your eligible dependents may enroll into Cincinnati Retirement System 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 Cincinnati Retirement System 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?

- Enroll into a qualified alternate group health plan. This must be a non-Cincinnati Retirement System sponsored health plan.
- Complete the CRS HRA Enrollment Form
- Complete the Attestation Form; this is required and states you have been offered Cincinnati Retirement System's medical plan, waived Cincinnati Retirement System's medical plan, and are enrolling in other qualified group health coverage for the effective date of the CRS HRA, January 1, 2027. By signing this form you are waiving Cincinnati Retirement System's medical plan for you and/or your eligible dependents for the entire plan year.
- Provide Catilize Health® with Proof of Coverage. This information indicates your, and your eligible dependents, enrollment in a qualified medical plan for the effective plan year of the CRS HRA. This proof can be one of the following: Spouse's Paystub, Benefit Confirmation Statement, a Letter on the Employer's Letterhead. The deadline to submit proof of coverage is 1 month from your effective date and is required to finalize your CRS HRA enrollment.

21. Will I receive enrollment confirmation? You will receive a welcome letter from Catilize Health® by email within 1-2 business days, and in the mail within 7-10 business days, after Catilize Health® receives your enrollment information. Your new CRS HRA ID cards will be shipped separately from Catilize Health®. The CRS HRA ID Cards will arrive 7-10 business days after all required eligibility documentation is received and verified.

SECTION IV– CLAIMS

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

- First, present your alternate 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, deductibles and co-insurance.
- 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.



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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 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 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 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.



Links



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, \$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.

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- 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 retirees premium contributions reimbursed?** This amount will be reimbursed through Cincinnati Retirement System'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.
- 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 medical plan?** No.



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