



HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

HRA Benefits

- ▶ The maximum amount per year for the premium reimbursements are not applied to the calendar year maximum for claims. In other words, participants have 2 Buckets of allocated dollars, one for claims and one for premiums.
- ▶ The Employee will be reimbursed for the premium contribution paid for the alternate coverage if it exceeds the premium contribution the City of Cincinnati's employee would have paid to remain on the City of Cincinnati's Medical Plan up to a maximum of \$5,000/single, \$10,000/family per year.
- ▶ The HRA pays Co-pays, Deductibles and Co-insurance up to \$8,150/single and \$16,300/family per calendar year.
- ▶ No premium deducted from the employee's paycheck.

Eligibility

- ▶ Spouse/equal partner and/or eligible dependents may be eligible for the HRA if the spouse/equal partner's employer group medical plan does not allow enrollment of the City employee.
- ▶ Current **employees** must be enrolled in the City of Cincinnati's group health plan and be experiencing a qualifying life event, such as marriage, birth of a child, etc.
- ▶ **Employees enrolled in the 2020 HRA:** You will need to enroll into the City's Online enrollment system during open enrollment for 2021 and a new Attestation form will need to be completed.
- ▶ New **employees** must satisfy eligibility requirements.

Opportunities for Enrollment

- ▶ New employees within their first 31 days
- ▶ Open Enrollment
- ▶ Qualifying life events such as marriage, spouse/equal partner's change in employment status, birth of child, part time to full time, etc.
- ▶ Spouse/equal partner's open enrollment

IRS Rules

- ▶ Employee may be enrolled in an HRA and an FSA. You **CAN NOT** be reimbursed from both this HRA and any other HRA or FSA for the same expense.
- ▶ Employees are NOT eligible for the HRA if their alternate coverage is:
 - A High Deductible Health Plan (HDHP) **with** active contributions to a Health Savings Account (HSA),
 - Medicare, Tricare (Retiree only) or Medicaid
 - Healthcare Exchange Policy made available thru the Affordable Care Act
 - Individual policy
 - Limited Benefit Health Plan

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Enrollment

- ▶ Complete HRA enrollment form
- ▶ Complete Attestation form: Provide proof of the premium paid by spouse/equal partner. Examples include: a paystub showing the premium contribution amount, pre-tax or post-tax, and frequency (other pay information may be removed); or, if a pay stub isn't immediately available, a letter from the spouse/equal partner's company explaining the contribution amount, pre-tax or post-tax, and frequency, is acceptable until a paystub is available.
- ▶ If the entire family is not enrolling in the HRA, the employee must provide proof of the tiers of coverage available and the cost for each.

Claims

- ▶ HRA ID Card:
 - Present alternate medical plan ID card
 - Present HRA ID card
 - Provider may bill Catilize Health directly
- ▶ Paper Claims
 - Present alternate medical plan ID card
 - Complete HRA claim form and sign
 - Send completed and signed claim form to Catilize Health with the following:
 - Office visit co-pay, co-insurance or deductible: Explanation of Benefits (EOB) from alternate group medical plan
 - Prescriptions: "Tab" from pharmacy that includes name of drug, date filled, patient's name and patient responsibility amount

