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CINCINNATI RETIREMENT SYSTEM HRA (CRS HRA) FREQUENTLY ASKED QUESTIONS

The CRS HRA offers retirees who have access to alternate group medical and prescription drug coverage (usually through your spouse) reimbursement for out-of-pocket medical costs. You will be reimbursed for eligible co-pays, co-insurance and deductibles incurred through your alternate medical plan up to the maximum out-of-pocket limits of \$5,000/single and \$10,000/family per year.

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 your employer's medical plan up to a maximum of \$5,000/single and \$10,000/family per year. If your spouse is currently enrolled in his/her medical plan, you will be reimbursed for any increase in premium to add you and/or your dependents. If the cost of alternate coverage is less than you would have paid for your employer's medical plan, the premium contribution reimbursement is \$0.

The yearly maximum reimbursements of \$5,000/single and \$10,000/family are a combined amount covering eligible co-pays, co-insurance, deductibles, and additional premiums.

SECTION I - CRS HRA BENEFITS

1. **What is covered under the CRS HRA?** The CRS HRA reimburses eligible medical and prescription out of pocket costs for eligible co-pays, co-insurance, and deductibles.
2. **Is there a plan year maximum?** Yes, the maximum amount the program will pay per plan year for eligible co-pays, deductibles and co-insurance is \$5,000 for single coverage and \$10,000 for family coverage.
3. **How are claims filed?** CRS HRA ID card(s) will be mailed to your home. When you visit the doctor's office, present your alternate group insurance ID card and the CRS HRA ID card at the time of service. Let the provider know that the CRS HRA will pay the provider directly for any co-pays, deductibles and co-insurance for eligible charges. Typically, you pay nothing out-of-pocket at the time of service and your provider should file the claim with both your alternate plan and the CRS HRA. Some providers may decline to file a claim for your CRS HRA. In those circumstances, you would simply submit the claim electronically via our online portal at portal.catilize.com or file a paper claim.
4. **Is there an retiree premium contribution required for the CRS HRA?** No, there is no cost to you.

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5. **What happens if my spouse's network 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 as well as the prescription formulary to assure that your providers and prescriptions will be covered.
6. **If my spouse's plan does not cover a procedure, 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

7. **Am I eligible to enroll into the CRS HRA?** If you are a **current retiree**, you, your spouse and your eligible dependents who are currently enrolled on your Cincinnati Retirement System 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 family are eligible for the CRS HRA upon satisfaction of Cincinnati Retirement System's eligibility requirements.
8. **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 24, or group coverage available from a second employer.
9. **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.
10. **Am I eligible for the CRS HRA if my alternate coverage is a high deductible health plan with an HSA (Health Spending Account)?** If your alternate coverage is a High Deductible Health plan (HDHP) **with** active contributions to a health savings account (HSA) it is **not** acceptable coverage. However, **it is acceptable alternate coverage** if those contributions can be waived. A spouse who is not enrolled in the CRS HRA may continue to 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.

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11. **If I am enrolled in a Cincinnati Retirement System medical plan, and my dependents (spouse or children) are enrolled my spouse's employer's plan, is my entire family eligible for the CRS HRA?** The CRS HRA is structured to cover the retiree and dependent(s) who are moving from a Cincinnati Retirement System medical plan to an alternate group plan. In other words, in order to be eligible for the CRS HRA you must currently be enrolled in a Cincinnati Retirement System medical plan. Therefore, only members who were enrolled in a Cincinnati Retirement System health plan and moved to your spouse's employer health plan are eligible to be covered under the CRS HRA. Your spouse/dependents, who were not previously enrolled in a Cincinnati Retirement System medical plan, would not be eligible for the CRS HRA.
12. **If my entire family is currently in my Cincinnati Retirement System medical plan, and I enroll my entire family on my spouse's group plan, is my entire family eligible for the CRS HRA?** Yes, because the entire family is currently enrolled in a Cincinnati Retirement System medical plan, the entire family would enroll into your spouse's group medical plan and the entire family would be covered under the CRS HRA.
13. **If I am age 65 or older and Medicare is my primary coverage, am I eligible to enroll into the CRS HRA?** No. If Medicare is your primary coverage, then you do not meet the definition of having alternate group coverage and you will not be eligible to enroll in the CRS HRA.
14. **If my spouse and I are both City of Cincinnati retirees and our only coverage option is a Cincinnati Retirement System medical plan, is either one of us eligible for the CRS HRA?** No, because neither one of you have access to alternate coverage.
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 your spouse's coverage, you 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.

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17. **What if I waive coverage in a Cincinnati Retirement System medical plan, enroll in the CRS HRA, and then lose access to coverage in my spouse's plan?** As long as you let the Cincinnati Retirement System know within 30 days of a qualifying event, you, your spouse and your eligible dependents may enroll into a 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 within 30 days of a qualifying event and enroll in a Cincinnati Retirement System medical plan.
19. **How is my current dental and vision coverage affected?** You may remain enrolled in your current Cincinnati Retirement System sponsored dental and vision plans.

SECTION III - ENROLLMENT

20. **How do I enroll into the CRS HRA?**
 - i. Enroll into an alternate group health plan, such as your spouse's group plan or other group coverage. 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 group health coverage. By signing this form, you are waiving your employer's medical plan for you, your eligible spouse and dependents for the entire plan year.
21. **Will I receive confirmation?** You will receive a welcome letter and your new CRS HRA ID Cards in the mail, usually within 2-3 weeks.

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.
 - iv. Most providers will accept the 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 ID card 1-877-872-4232.
23. **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

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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.

24. **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 required documentation listed above.
25. **How is reimbursement obtained?**
 - i. Many providers will file claims for your co-pays, deductibles and co-insurance. 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.
 - ii. 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.
26. **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.
27. **Do all pharmacies accept the CRS HRA ID card?** Most pharmacies will process your claim when you present your 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.
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 Catilize Health. The toll-free number is 1-877-872-4232.
29. **I have not received my ID card yet and I have an appointment soon, will I get reimbursed for my out-of-pocket costs?** You can access your ID Card at portal.catilize.com. You may also file a paper claim or submit the claim electronically.

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SECTION V – PREMIUM REIMBURSEMENTS

30. **What if the premium for my alternate plan is higher than the Cincinnati Retirement System medical plan?** Cincinnati Retirement System will reimburse you for the increase in premium your spouse, or you, pay for the alternate plan (limits apply). If the cost for the alternate plan is higher than your Cincinnati Retirement System medical plan, you will be reimbursed for the difference between the plans 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.
31. **What if my spouse's employer charges a surcharge if I enroll in his/her plan?** Surcharges relating to spousal or dependent 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.
32. **How are retiree premium contributions reimbursed?** If the employer sponsored group health plan you enroll in has a higher premium cost than the premium cost for your employer's medical plan, then you will be reimbursed the difference in premiums for the people leaving the plan. For example, your employer's medical plan premium contribution for you and your family is \$1000 per month. The cost for a family plan with your spouse's health plan is \$1500 per month. In this example you will be reimbursed \$500 per month ($\$1500 - \$1000 = \500) up to the \$5,000/single and \$10,000/family yearly maximums. This yearly amount will be reimbursed via check, or direct deposit.
33. **What if there is a change to my spouse's premium?** Most employers revise their premiums annually. 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.

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
cincihra@catilizehealth.com
Hours 8:30am – 8:00pm EST



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[Catilize.com/CRS HRA-info](https://catilize.com/CRS-HRA-info)

