

Lincoln County School District

Section 105 Health Reimbursement Arrangement

Employee Instruction Sheet – Moda PPO and Synergy / Summit

Lincoln County School District is continuing a Section 105 Health Reimbursement Arrangement (HRA) to help provide better health care to employees and their families. HRAs are being implemented by many employers to help manage increasing health care costs and to provide employees with an incentive to be better consumers of health care. They are working with Diversified Benefit Services, Inc. (DBS) to manage and administer the HRA. The program works as follows:

- Your employer implements changes to your Group Health Insurance Plan.
- You and/or your family members utilize your health plan as you normally would. The insurance company will process your claim and send an Explanation of Benefits form (EOB) to you. The EOB form shows the date of service, service provided, cost of the service, amount insurance paid on the claim, and the portion of the claim you are responsible for paying.
- When you receive an EOB statement, affix a completed 105-HRA claim form to the EOB statement. Send a **copy** of the documents to DBS, fax the forms to DBS at 262-367-5938, or file your claims online for processing.
- The DBS Claims Department reviews the claim. Eligible expenses are reimbursed directly to you based on the schedule below.
- If you provide DBS your email address, email notifications will be sent to inform you of claims received, reimbursements issued or requests for additional information needed to process your claims.
- Requests received by Friday (9:00 a.m. CST) will be processed the following Friday.

HRA Reimbursement Schedule – Moda PPO and Synergy / Summit

<u>Plan Year:</u>	10/1/2016 – 09/30/2017
<u>Eligible Expenses:</u>	Medical Deductibles, Coinsurance and Copays incurred under the Employer Sponsored Group Health Plan
<u>Deductible In-network Level:</u>	\$1,600 (maximum 3 per family)
<u>Reimbursement Levels for the Plan Year:</u>	
First \$650 per in-network deductible expenses:	Employee Responsibility
Next \$950 per in-network deductible expenses:	Reimbursed by the HRA @ 80% (<i>\$760 HRA / \$190 Employee</i>)



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Co-Insurance & Copays In-network Level: \$5,250 (maximum 3 per family)*

Reimbursement Levels for the Plan Year:

First \$2,660 per in-network co-insurance & copays: Employee Responsibility

Next \$2,590 per in-network co-insurance & copays: Reimbursed by the HRA

** Family Coinsurance is subject to the Health Plan the District purchased.*

** Prescription Drug copays are not eligible for HRA reimbursement.*

The HRA reimbursement is based on the Employer's In-network Group Health Plan. If you incur out-of-network deductible expenses then the reimbursement is capped at the in-network reimbursement level.

Additional Information:

- You are responsible for paying the doctor and/or hospital bills. You will be reimbursed directly after an EOB statement and completed claim form has been submitted.
- You must be an active employee on the Employer's Group Health Plan or on COBRA (under your current Employer's Group Health Plan) to receive payment.
- If you (or your family) have secondary insurance, please submit copies of the EOB forms from both carriers.
- Any portion of the expense reimbursed by the HRA **IS NOT** eligible for reimbursement under any other program or by any other source. This includes, but is not limited to, Insurance Plans and Flexible Spending Accounts. Any portion of an expense reimbursed by the HRA **IS NOT** eligible as a deduction on your income taxes.
- Reimbursements are tax-free to you.
- If another source reimburses you and/or a provider (i.e. doctor, hospital, and clinic) for an expense that the HRA also reimburses you for, you are responsible for paying back the HRA Plan.
- **At the end of each Plan Year you have a 90-day run-out period in which you may submit your claims.** If you terminate employment, you have a 90-day run-out period in which you may submit your claims.
- Your employer assumes the cost for the Plan's administration.
- Your employer reserves the right to cancel or modify this program at any time.
- This Employee Instruction Sheet is intended only as an overview of the HRA benefits. The HRA plan qualifications and limitations are stated in the Plan Document. The Plan Document determines how the HRA plan benefits will be administered.

If you have questions on the program, please call DBS at 1-800-234-1229.

www.dbsbenefits.com



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