

# A healthcare revolution – and you're invited.

## HEALTH PLAN REIMBURSEMENT PROGRAM FREQUENTLY ASKED QUESTIONS

The Health Plan Reimbursement Program offers employees who have access to alternate group medical and prescription drug coverage (usually through your spouse/domestic partner) 100% coverage. You will be reimbursed for ALL eligible co-pays, co-insurance and deductibles incurred through your alternate medical plan up to the maximum out-of-pocket limits under the Affordable Care Act (2023 limits are \$9,100/single and \$18,200/family per year).

PLUS, no premium contribution will be deducted from your paycheck.

### SECTION I - HEALTH PLAN REIMBURSEMENT PROGRAM BENEFITS

1. **What is covered under the Health Plan Reimbursement Program?** The Health Plan Reimbursement Program reimburses eligible medical and prescription out of pocket costs for eligible co-pays, co-insurance, and deductibles.
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 \$9,100 for single coverage and \$18,200 for family coverage. These maximums match the Affordable Care Act maximums that any individual or family unit can incur. The end result is 100% reimbursement for qualified medical and prescription services with Health Plan Reimbursement Program.
3. **How are claims filed?** Health Plan Reimbursement Program ID Card(s) will be mailed to your home. Present your alternate group insurance plan ID card and the Health Plan Reimbursement Program ID card at the time of service. Let the provider know that the Health Plan Reimbursement Program 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 Health Plan Reimbursement Program. Some providers may decline to file a claim for your Health Plan Reimbursement Program. In those circumstances you would simply file a paper claim or submit the claim electronically.
4. **Is there an employee premium contribution required for the Health Plan Reimbursement Program?** No, there is no cost to you.
5. **What happens if my spouse/domestic partner'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 Health Plan Reimbursement Program will reimburse you for eligible co-pays, co-insurance and deductibles **only** (up to the Health Plan Reimbursement Program maximum limits) for services or benefits covered under your alternate plan.

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If your alternate plan does not include out-of-network services or benefits, they are not eligible for reimbursement under the Health Plan Reimbursement Program. 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/domestic partner's plan does not cover a procedure, will that procedure be a covered expense under the Health Plan Reimbursement Program?** No, if your alternate coverage does not cover the procedure, it is not a covered expense under the Health Plan Reimbursement Program and will not be reimbursed.

### SECTION II - ELIGIBILITY

7. **Am I eligible to enroll into the Health Plan Reimbursement Program?** If you are a **current employee**, you, your spouse/domestic partner and your eligible dependents who are currently enrolled on HUB International medical plan and who have access to alternate group health coverage, are eligible to enroll in HUB International Health Plan Reimbursement Program. If you are a **new hire** and you have alternate group coverage available, you and your family are eligible for the Health Plan Reimbursement Program upon satisfaction of the HUB International 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/domestic partner's employer, a retirement plan from a previous employer, a parent's group health plan if you're under the age of 26, or group coverage available from a second employer.
9. **What does not qualify as alternate group health coverage?** A High Deductible Health Plan (HDHP) with active contributions to a Health Savings Account (HSA), Medicare, Tricare, Medicaid or an individual policy do not qualify as alternate group health coverage. If the other coverage is a HDHP and your spouse is not enrolled in the Health Plan Reimbursement Program, your spouse may contribute to an HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the Health Plan Reimbursement Program. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the Health Plan Reimbursement Program. 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.

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10. **If I am enrolled with my children in my employer's medical plan, and my spouse/domestic partner is enrolled in his/her employer's plan, is my entire family eligible for the Health Plan Reimbursement Program?** The Health Plan Reimbursement Program is structured to cover the employee and dependent(s) who are moving from your employer's medical plan to an alternate group plan. In other words, in order to be eligible for the Health Plan Reimbursement Program you must currently be enrolled in your employer's medical plan. Therefore, if you and your children enroll in your spouse/domestic partner's group plan, only you and your children will be covered under the Health Plan Reimbursement Program. Your spouse/domestic partner, who was not previously enrolled in your employer's medical plan, is not eligible for the Health Plan Reimbursement Program.
11. **If my entire family is currently in my employer's medical plan, and I enroll my entire family on my spouse/domestic partner's group plan, is my entire family eligible for the Health Plan Reimbursement Program?** Yes, because the entire family is currently enrolled in your employer's medical plan, the entire family would enroll into your spouse's group medical plan and the entire family would be covered under the Health Plan Reimbursement Program.
12. **If I am age 65 or older and Medicare is my primary coverage, am I eligible to enroll into the Health Plan Reimbursement Program?** 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 Health Plan Reimbursement Program.
13. **If my spouse/domestic partner and I both work for my employer and our only coverage option is my employer's medical plan, is either one of us eligible for the Health Plan Reimbursement Program?** No, because neither one of you have access to alternate coverage.
14. **If I currently have single coverage on my employer's medical plan and I have alternate coverage with my other job, am I eligible for the Health Plan Reimbursement Program?** Yes, you could enroll in the group plan through your non-HUB International employer and you would be eligible for the Health Plan Reimbursement Program.
15. **I recently got married and I am now eligible for alternate coverage. Can I enroll in the Health Plan Reimbursement Program?** Yes. Marriage is a Qualifying Event and, if your newly married status allows you to enroll in your spouse/domestic partner's coverage, you may enroll in the Health Plan Reimbursement Program after you have enrolled in your alternate coverage.

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16. **Am I eligible for the Health Plan Reimbursement Program if my alternate coverage is a high deductible health plan with an HSA (Health Spending Account)?** No, you may enroll in a high deductible health plan if your alternate plan allows you to waive or opt-out of HSA contributions by you, your spouse/domestic partner and/or your employer. You may be eligible to participate in the Health Plan Reimbursement Program.
17. **Can I enroll in the Health Plan Reimbursement Program and a Healthcare Flexible Spending Account (FSA)?** Employees may enroll in both the Health Plan Reimbursement Program and an FSA; however, employees may not be reimbursed for the same expenses under both plans. Employees enrolled in the Health Plan Reimbursement Program 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. Employees who elect to enroll in the Health Plan Reimbursement Program 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.
18. **What if I waive coverage in my employer's medical plan, enroll in the Health Plan Reimbursement Program, and then lose access to coverage in my spouse/domestic partner's plan?** As long as you let your employer know within 30 days of a qualifying event, you, your spouse and your eligible dependents may enroll into your employer's medical plan with no lapse in coverage.
19. **When can I cancel the Health Plan Reimbursement Program?** You can change your election during open enrollment each year or within 30 days of a qualifying event and enroll in your employer's medical plan.
20. **How is my current dental and vision coverage affected?** You may remain enrolled in your current employer sponsored dental and vision plans.

### **SECTION III – ENROLLMENT**

21. **How do I enroll into the Health Plan Reimbursement Program?**
  - i. Enroll into an alternate group health plan, such as your spouse/domestic partner's group plan or other group coverage. This must be a non-HUB International sponsored health plan.
  - ii. Complete the Health Plan Reimbursement Program Enrollment through your online enrollment system.
  - 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

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your employer's medical plan for you, your eligible spouse/domestic partner and dependents for the entire plan year.

22. **Will I receive confirmation?** You will receive a welcome letter and your new Health Plan Reimbursement Program ID Cards in the mail, usually within 2-3 weeks.

### SECTION IV - CLAIMS

23. **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 Health Plan Reimbursement Program 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 Health Plan Reimbursement Program 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.

24. **How do I submit a paper claim?** If you are filing a "paper" claim, using the claim form provided by Catilize Health, you will be required to include the following 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.

25. **How do I submit a claim electronically?** To claim reimbursement under the Plan electronically, go to [portal.catilize.com](http://portal.catilize.com) and submit the required documentation.

26. **How do I use the Health Plan Reimbursement Program ID Card?**

- i. First, present your alternate coverage ID card.
- ii. Then, present your Health Plan Reimbursement Program ID card. Let the provider know that the Health Plan Reimbursement Program 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 Health Plan Reimbursement Program.

27. **Do all medical providers accept the Health Plan Reimbursement Program ID Card?** Most providers accept the Health Plan Reimbursement Program ID card and file claims. If the provider has questions about the coverage or claim submission process,



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the provider can call the toll-free number on the back of the Health Plan Reimbursement Program ID card.

28. **Do all pharmacies accept the Health Plan Reimbursement Program ID card?** Most pharmacies will process your claim when you present your Health Plan Reimbursement Program ID card. If they will not accept the Health Plan Reimbursement Program ID card, you will need to pay your out-of-pocket expenses, and file a paper claim to receive reimbursement. Keep in mind that many pharmacies will provide a report listing your prescriptions and co-pays.
29. **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.
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?** You can access your ID Card at [portal.catilize.com](http://portal.catilize.com). You may submit a paper claim or submit the claim electronically.

### 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**  
**[hprp@catilizehealth.com](mailto:hprp@catilizehealth.com)**  
**Hours 8:30am – 8:00pm EST**  
**[Catilize.com/HPRP-info](http://Catilize.com/HPRP-info)**  
**[Portal.catilize.com](http://Portal.catilize.com)**