

## Hood River County School District Group HRA FAQ Sheet 2022-23

### **What is an HRA?**

Moda Plan 5 is combined with a Group Health Reimbursement Arrangement (HRA) to increase employee benefits by minimizing the premium expenses, payroll deductions, deductible liability for employees and the maximum out of pocket expenses. Please see "Employee Instruction Sheet" for Group HRA plan design.

### **What is eligible for reimbursement?**

The Group HRA is for medical and prescription reimbursements only, so there is no need to turn in dental or vision expenses.

### **How do I submit claims?**

You may file claims via Mail, Fax, Online, or with the App. Please see "Claims Filing Options" document for further information.

### **Do I need to submit all of my Explanation of Benefits (EOBs)?**

Submit all medical EOBs that shows an amount in the "deductible" or "coinsurance/copay" column. You do not need to submit medical EOBs that show a patient responsibility of "0", such as annual well exams.

\*Please Note: If you have double coverage you will need to send the medical EOBs for both plans when you submit your claim. Please wait until you have both and submit the two medical EOB documents together.

### **Do I need to submit receipts?**

Please submit EOBs for medical expenses, and prescription tags for prescription expenses. If you have lost some of your Rx expense documentation, you may request a pharmacy report from your Moda 360 Health Navigator or through your Member Dashboard account.

### **How does the 'reimbursement' money get to me?**

Once your claim has been approved, disbursements will be made according to plan design. Deposits into your account occur on the Friday following completion of claim. These reimbursements are via direct deposit to the checking or savings account you designate.

### **How does the doctor or medical center get paid?**

You are responsible for paying the doctor or medical center's bill. Please submit the claim once you receive the medical EOB. This should allow for adequate time to receive Group HRA funds that may be used to assist in paying the bill.

### **What is the time limit on submitting claims?**

We encourage you to submit claims as you receive medical EOBs throughout the plan year. Participants have the full plan year and a 90 day run out period during which they can submit claims.

**(December 31, 2023 is the deadline for the 2022-23 Plan Year).**

### **Do I need to wait until I've met my full deductible amount before I start submitting claims?**

No. Please submit medical EOBs for yourself and covered dependents as soon as you receive them so that DBS may track expenses. Once you have met your reduced Group HRA deductible and/or coinsurance or copay thresholds, you will begin receiving Group HRA disbursements.

### **Do I pay for services at the time of my appointment?**

You may be responsible for copays at the time of the appointment.

### **Will we get information at the end of the year on how much we spend on insurance for tax purposes?**

No because there is no tax liability for these reimbursements.

### **Still Have Questions? Contact:**

**DBS Customer Service**

(800)234-1229

Monday - Friday

6:30 AM - 3:00 PM Pacific

OR

**Mae Hawkins**

Account Manager, OneDigital

(971)346-8688 direct

[mae.hawkins@onedigital.com](mailto:mae.hawkins@onedigital.com)

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**I'm trying to file my Group HRA Claims online or on the mobile app, and I'm asked to choose if this is a deductible or copay/coinsurance expense. Which do I choose?**

Please select the category indicated on your medical EOB; however, the claims processor at DBS will make sure that expenses are allocated properly. It is not necessary to submit a claim twice that includes both deductible and copay/coinsurance expenses.

**Why do I need to submit claims?**

IRS rules call for "substantiation", which refers to proof an employee needs to show that they incurred a Group HRA-eligible expense. Medical Explanation of Benefits (EOB) documents and pharmacy 'tags' fulfil these requirements.

**What happens to my EOB once I submit it?**

Claims are reviewed and processed by DBS staff. Once any one covered, eligible member of your family reaches the thresholds where they are eligible for disbursements, a disbursement is issued to you.

**Can I submit a claim for a medical service prior to paying for it?**

As long as the service was provided, a claim can be submitted for reimbursement whether or not payment has been made. Distributions from the Group HRA can be viewed either as funds to help you pay your medical expenses with, or reimbursement if the expense has already been paid.

**What if my coverage terminates or I terminate employment?**

Your participation in the Group HRA ends the same day your coverage under your employer's Group Health coverage ends. However, you and your covered eligible family members have 90 days after the termination of health insurance coverage to submit claims for qualifying expenses incurred while you were covered by the plan.

**A claim is showing up in red on my online account with DBS. Why is this?**

Claims that show up in red on DBS' website indicate that DBS was unable to process the claim without additional information. Examples of this include claims identified as a duplicates, documents such as invoices or professional billing statements rather than EOB documents, no amount identified as going towards the deductible or coinsurance/copay category, etc. If you are not sure why a claim is still pending, please contact DBS Customer Service.

**How do I submit multiple page EOBs on the DBS mobile app?**

If you select 'Take Photo' on the DBS app, the app will allow you to take one picture to submit. If you have multiple EOBs or multiple page EOBs, please take pictures of the EOBs on your phone first, then log in to the DBS app and select 'Use Existing Photo'. This will allow you to select multiple images to submit to DBS all at once.

**How can I change what account my disbursements are sent to?**

In order to change the account your Group HRA disbursements are sent to, please return an updated Direct Deposit Application via fax to DBS at (262)367-5938. Please be sure to mark 'Change Account' in the 'Check Box for New Account/Change/Cancel' section. The form asks that you attach a voided or cancelled check- that step is not necessary so long as your handwriting is legible.

**What do I do if DBS' website doesn't recognize me when I try to create my account?**

If you are unable to create your account on DBS' website, please call their customer service line for additional support. It is possible that the information they have on file for you does not match what you entered when you attempted to create your account.

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