

Hillsboro Preferred Plan (HRA)

FAQ Sheet 2018-19



What is an HRA?

Moda Dogwood PPO, Kaiser 2, or Kaiser 3 is combined with a Health Reimbursement Arrangement (HRA) to increase employee benefits minimizing the premium expenses, payroll deductions, deductible liability for employees and the maximum out of pocket expenses. Please see "Employee Instruction Sheet" for HRA plan design.

What is eligible for reimbursement?

- **Moda:** The HRA is for medical reimbursements only, so there is no need to turn in dental, vision, or prescription expenses.
- **Kaiser 2:** The HRA is for in-network medical reimbursements only, so there is no need to turn in dental, vision, or prescription expenses.
- **Kaiser 3:** The HRA is for in-network 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 Online, with the App, via Mail, or Fax. Please see "Claims Filing Options" document for further information.

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

Submit any medical EOB that shows an amount in the "deductible" or "coinsurance/copay" column. For instance, you do not need to submit 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 EOBs for both plans when you submit your claim. Please wait until you have both and submit the two EOB documents together.

Do I need to submit receipts?

- **Moda and Kaiser 2:** No, please do not submit receipts for HRA claims, only EOBs.
- **Kaiser 3:** Please submit EOBs for medical expenses, and prescription tags or prescription receipts for prescription expenses.

How does the 'reimbursement' money get to me?

Once your claim has been approved according to plan design, reimbursements will be deposited into your account 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 EOB. This should allow for adequate time to receive 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 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, 2019 for the 2018-19 Plan Year).

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

No. Please submit EOBs for yourself and covered dependents as soon as you receive them so that DBS may track spending and once you have met your reduced HRA deductible you will begin receiving HRA reimbursements.

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.

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

You may choose either the 'Deductible' or 'Coins/Copay' option and a claims processor at DBS will make sure that expenses are allocated properly.

Still Have Questions? Contact:

DBS Customer Service
(800)234-1229
Monday – Friday
6:30 AM – 3:00 PM Pacific

OR

Mae Hawkins, Benefits Account Manager
Waldo Agencies
(208)780-1154 direct
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