



# MODA PLANS

## HILLSBORO CLASSIFIED



### 2020-21 Open Enrollment

### August 15th - September 5th, 2020

| Plan Name                                    | In-Network Deductible  | In-Network Max Out of Pocket                                   | Monthly Premium (Before District Cap & Union Contribution for Tier Level) | Monthly Payroll Deduction for Medical Plan with Quartz Vision & Dental 5 (For Full Time Classified Employees)       |
|--|--|--|---|---|
| <b>Moda Plan 5 with HRA (Preferred Plan)</b> | \$350<br>Coordinated Care/<br>Non-Coordinated Care             | \$2,950<br>Coordinated Care<br>\$2,970<br>Non-Coordinated Care | \$1,232.62  | For All Full Time Classified Employee Groups: \$0   |
| <b>Moda Plan 2</b>                           | \$800<br>Coordinated Care<br>\$900<br>Non-Coordinated Care     | \$3,850<br>Coordinated Care<br>\$4,250<br>Non-Coordinated Care | \$1,537.92  | Employee Only: \$0<br>Employee & Spouse: \$159.86<br>Employee & Child(ren): \$110.86<br>Employee & Family: \$304.86 |
| <b>Moda Plan 6* (Optional HSA Allowed)</b>   | \$1,600<br>Coordinated Care<br>\$1,700<br>Non-Coordinated Care | \$6,400<br>Coordinated Care<br>\$6,750<br>Non-Coordinated Care | \$1,299.19  | Employee Only: \$0<br>Employee & Spouse: \$0<br>Employee & Child(ren): \$0<br>Employee & Family: \$66.13            |

\*Please Note: Individual deductible and out-of-pocket (OOP) maximum apply to single coverage only. Family deductible and OOP maximum apply when two or more individuals are covered on the plan. This plan also includes an embedded per member OOP maximum, which is set at the individual OOP maximum amount. Under this plan, deductible must be met before benefits will be paid (please see handbook for further details).

Visit <https://www.modahealth.com/oebb/>  
for more information about Coordinated Care  
and selecting a PCP 360.

## What is the Hillsboro Moda Preferred Plan, And Why Would I Sign Up For It?

In an effort to bring some of the best health benefits for classified employees in Oregon to Hillsboro School District, HCU's Preferred Plans are based on a Group Health Reimbursement Arrangement (HRA) concept. With the Group HRA, the District and HCU reduce the in-network deductible to \$350 per person and the maximum out of pocket to \$2,950 while minimizing or eliminating monthly payroll deductions for employees.

**Please see the back of this sheet for a visual of how the HRA brings a better value to you!**



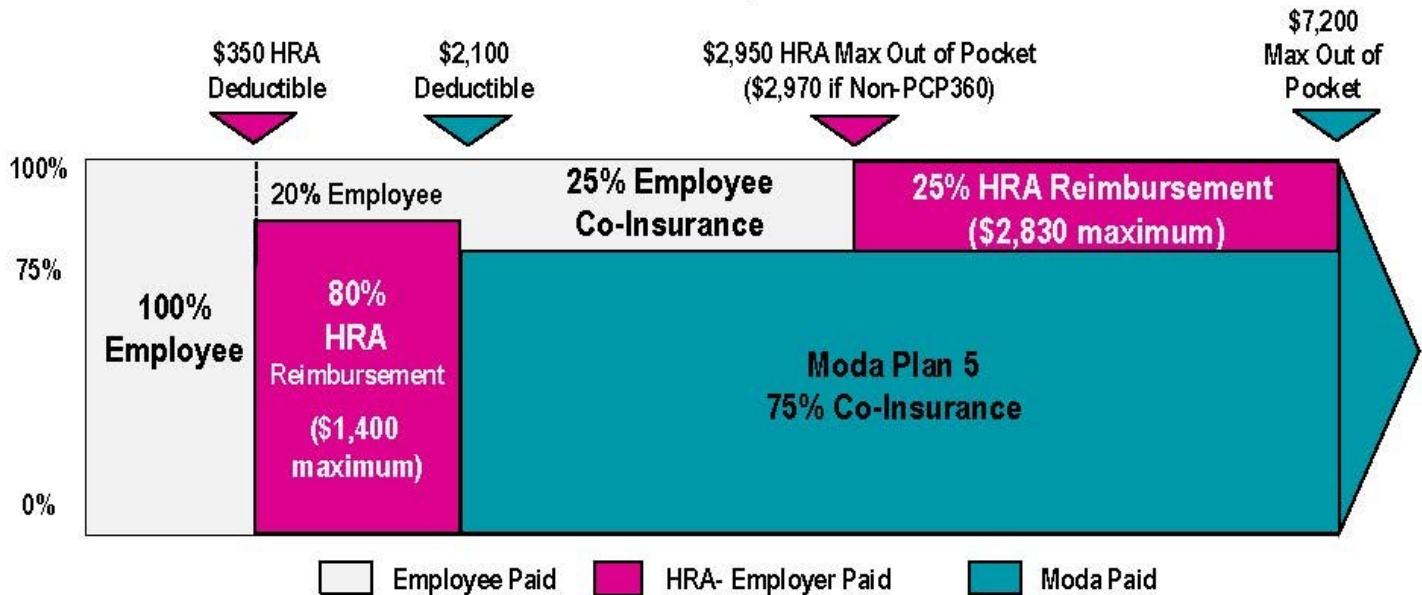
# HILLSBORO SCHOOL DISTRICT MODA PLANS 2020-21



## How Does It Work?

Through a simple claims process, you can experience the benefits of a lower In-Network Deductible and Max Out of Pocket!

## Moda Plan 5 with Group HRA



## How Do I Sign Up?

- Step #1:** Enroll yourself (and your eligible dependent(s) if applicable) in Moda Plan 5 on the OEBB website.  
**Step #2:** If you are new to the Preferred Plan, be sure to complete the Direct Deposit Application for HRA Reimbursements and return to Mae or the HSD Benefits Department by September 5, 2020.

## Do You Still Have Questions?

- Hillsboro Virtual Benefits Fair will be on **Wednesday, August 26** from 4:30 - 6:00 PM
- Drop in anytime during one of our HRA Information Sessions:  
 Zoom Meeting ID: 759 140 5291 or visit <https://us02web.zoom.us/j/7591405291>
  - **Wednesday, August 19** from 10:00 AM - 12:00 PM
  - **Thursday, September 3** from 3:00 - 5:00 PM
  - **Tuesday, September 8** from 12:00 - 2:00 PM

### Contact:

**Mae Hawkins**  
 Benefits Account Manager  
 Waldo Agencies  
 208-780-1154 direct  
[mhawkins@waldoagencies.com](mailto:mhawkins@waldoagencies.com)







**Co-Insurance & Copays In-network Level:** \$5,100 (maximum 3 per family) \*

**Reimbursement Levels for the Plan Year:**

First \$2,270 per in-network co-insurance & copays: Employee Responsibility

Next \$2,830 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 after you submit the claim and corresponding documentation to DBS.
- 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 a reimbursement.
- 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 Group 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 Group 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](http://www.dbsbenefits.com)



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# 105-HRA

## Section 105 Health Reimbursement Arrangement (HRA) Claim Form

Employee Name (please print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Your Employer (please print): **Hillsboro School District**

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Mail or fax this form to:  
Diversified Benefit Services, Inc.  
P.O. Box 260  
Hartland, WI 53029  
Fax: (262) 367-5938  
For additional claim forms log on at [www.dbsbenefits.com](http://www.dbsbenefits.com)

Indicate here if your address/information has changed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are requesting reimbursement from a section 105 Plan please complete the appropriate information at the right.

**SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT (HRA)**  
**SEE INSTRUCTION GUIDE IN REIMBURSEMENT KIT**

**Who incurred the expense?**  Employee  
(check all that apply)  Spouse  
 Dependent

To expedite you Section 105 reimbursement please complete the top portion of the expense reimbursement claim form and remember to sign your name in the appropriate area.

You must attach proper documentation to this form for reimbursement. An example is an Explanation of Benefits (EOB) report from your medical insurance provider. This report is sent to you by your insurance *after* it has been processed.

OFFICE USE ONLY: A: \_\_\_\_\_ D: \_\_\_\_\_

By signing this form, I certify that the amounts listed are correct and are expenses that represent qualified reimbursable expenses. I will not claim these items on my personal income tax return for medical itemization nor claim any dependent care reimbursement expenses as tax credit. I certify that I will not be reimbursed for the expenses listed below from any insurance company or insurance plan or the following: any other Flexible Benefit Plan, Medical Savings Account (MSA), Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), another reimbursement plan or any other source. I also certify that the expenses have been incurred and dates of service are during the timeframe required by the benefit plan. I will also provide documentation necessary to support the amounts being requested for reimbursement. In addition, by signing this document, I acknowledge and agree that DBS may, in the case of an overpayment (fraudulent, inadvertent or otherwise), offset future expense reimbursements to me to account for such an overpayment. I also agree to immediately inform DBS if I become aware of an overpayment and agree to reimburse the Plan Sponsor to the extent that an offset of future reimbursements is either impossible or inconvenient. Finally, I certify that I am aware that I may be reimbursed from the Plan only for my own expenses, expenses of my spouse, and expenses of my "dependent" children as defined by my employer's Plan.



# Hillsboro School District Group HRA FAQ Sheet 2020-21



## **What is an HRA?**

Moda Plan 5, Kaiser Plan 2 or Kaiser Plan 3 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?**

- **Moda and Kaiser 2:** The Group HRA is for medical reimbursements only, so there is no need to turn in dental, vision, or prescription expenses.
- **Kaiser 3:** The Group 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 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?**

- **Moda and Kaiser 2:** No, please do not submit receipts for HRA claims, only medical 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, 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, 2021 is the deadline for the 2020-21 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.

## **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  
[mhawkins@waldoagencies.com](mailto:mhawkins@waldoagencies.com)

## **Hillsboro School District** **Group HRA FAQ Sheet 2020-21**



### **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 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' or pharmacy receipts for Kaiser 3 participants 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.

### **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  
[mhawkins@waldoagencies.com](mailto:mhawkins@waldoagencies.com)

**Hillsboro School District**  
Health Reimbursement Arrangement  
**Employee Online Account Viewing Setup**  
(Provided by Diversified Benefit Services, Inc. (DBS))

As a Plan Participant, you have access to your account information through the DBS online account viewing system known as **A.S.A.P.**® - Advanced Strategic Administration Program. This system allows you to view your claim and reimbursement information related to your Plan.

**To begin viewing your information you will need to create your personal online account.** (All information provided is securely encrypted and protected.)

**CREATING YOUR ONLINE ACCOUNT**

1. Go to the DBS website at [www.dbsbenefits.com](http://www.dbsbenefits.com)
2. Click 'User Login' located on the top right of your screen.
3. On the Login screen, click on "Create New Account"
4. Enter your employer PIN: **HillsboroSD** (then click the red arrow)
5. Enter the New Account Information requested.
  - a. Your Email address is required.
  - b. You may choose any combination of characters (minimum of 8 characters) when entering your Login Name
  - c. You may choose any combination of characters, 1 upper case, 1 lower case and 1 numeric when entering your Password.
6. When you are finished click "submit". A message will indicate that your account has been successfully created. You will also receive an email confirmation.
7. You may now logon with your Login Name and Password and view your current account information.

**Still Have Questions? Contact:**

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



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**Participant Information (please print):**

Employer Name: Hillsboro School District

Participant Name: \_\_\_\_\_ Last Four Digits of SS#: 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Participant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Check Box for New Account/Change/Cancel (please select one):**

New Account                       Change Account                       Cancel Direct Deposit

**Plan that you will Participate in for Direct Deposit**

Section 105 Health Reimbursement Arrangement

**Participant Banking Information:**

I would like my reimbursements to be deposited to the account listed below:

Financial Institution: \_\_\_\_\_

Routing # (nine digits): \_\_\_\_\_ (is usually between the **⦿** symbols on your check)

Account #: \_\_\_\_\_ (is usually between the **||** symbols on your check)

Account Type:

- Checking (attach a voided or cancelled check)
- Savings (Please DO NOT attach a deposit slip. Most deposit slips have the bank's *internal* routing number. Please obtain the proper routing number from your financial institution.)

**Please Read the Terms and Sign Below**

I hereby authorize Diversified Benefit Services, Inc. (DBS) to reimburse amounts owed to me by initiating credit entries to my account at the financial institution listed above. Additionally, I hereby authorize the financial institution to accept and to credit any credit entries initiated by DBS to my account. I acknowledge and agree that in the event DBS deposits or credits funds incorrectly to my account, and/or in the case of an overpayment (fraudulent, inadvertent, or otherwise), I authorize my employer to debit my account for an amount not to exceed the original amount of the incorrect credit. I also agree to immediately inform DBS if I become aware of an overpayment and agree to reimburse the Plan Sponsor. I understand that DBS is responsible for the successful transaction of funds into my account. I agree to hold DBS harmless from loss and to indemnify DBS, limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement, if not resolved through other methods, shall be determined in accordance with the laws of the State of Wisconsin.

This authorization is to remain in full force and effect until my employer and financial institution have received written notice from me of its termination. The written notice shall be delivered in such a manner as to afford my employer and financial institution reasonable time to implement the change.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_