

# Marathon County

## Section 105 Health Reimbursement Arrangement

### Employee Instruction Sheet

**Marathon County** is continuing a Section 105 Health Reimbursement Arrangement (HRA) to help provide better health care coverage to employees and their families. HRAs are 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:

#### Deductible & Coinsurance Expenses

- You and/or your family members utilize your health plan as you normally would. When you use your health plan, 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.
- An Explanation of Benefits form (EOB) will *also* be sent electronically from the insurance company to DBS stating the amount of services applied toward the deductibles and coinsurance.
- As DBS receives the electronic information, the deductible and coinsurance amounts **will be paid directly to the vendor/provider** based on your employer's HRA reimbursement plan parameters.
- **There are no claim forms to file for the Deductible & Coinsurance Expenses.** (However, if you have dual health coverage, you must submit EOB forms from the secondary insurance carrier manually along with a signed claim form for reimbursement.)

#### Office Visit, Emergency Room and Gastric By-Pass Copay Expenses

- You and/or your family members utilize your health plan as you normally would. You may have to pay your copay at the time of service and the insurance company will process your claim.
- When you receive a receipt, affix a completed 105-HRA claim form to the receipt(s) and send a **copy** of the documents to DBS. Receipts must indicate the date of service, service provided and cost of the service. The forms may also be faxed to DBS at 262-367-5938, submitted online, or by mobile phone app for processing.
- Copay expenses will then be reimbursed directly to you based on the HRA schedule.

#### Prescription Drugs & Smoking Cessation Expenses

- You and/or your family members will purchase prescription drugs and smoking cessation items as you normally would.
- When you receive a receipt, affix a completed 105-HRA claim form to the receipt(s) and send a **copy** of the documents to DBS. Receipts must indicate the date of service, service provided and cost of the service. The forms may also be faxed to DBS at 262-367-5938, submitted online, or by mobile phone app for processing.
- The DBS Claims Department reviews the claim. Prescription Drugs and Smoking Cessation expenses are reimbursed directly to you based on the schedule below.
- Any reimbursements due for claims received by Friday (9:00 a.m. CST) will be issued the following Friday.



## HRA Reimbursement Schedule

|                                  |   |
|----------------------------------|---|
| <b><u>Plan Year:</u></b>         | 01/01/2026 – 12/31/2026   |
| <b><u>Eligible Expenses:</u></b> | In and Out of Network Deductibles<br>In and Out of Network Coinsurance<br>Office Copays<br>Prescriptions Drugs<br>Emergency Room Copay<br>Gastric By-Pass Copay<br>Smoking Cessation Expenses |

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| <b><u>Reimbursement Levels for the Plan Year:</u></b> | <b>Single Coverage / \$750</b><br><b>Employee + 1 Coverage / \$1,125</b><br><b>Family Coverage / \$1,500</b> |
|---|--|

**Rollover:** Participants may rollover 100% of their unused Funding Level dollars listed above.

**Balance Maximum:** The total amount you can accumulate in your HRA (Balance Maximum) is \$3,750 / **Single**, \$5,625 / **Employee + 1**, and \$7,500 / **Family**. The Balance Maximum includes the Funding Level amounts and Rollover amounts.

Additional funding may be available upon completion of an approved wellness program sponsored by the employer.

## Additional Information:

- Employees are eligible for the HRA when they are eligible for and covered under the employers' group health plan. Employees not covered under the employers' group health plan are not eligible for the HRA.
- At the end of each Plan Year there will be a **90**-day run-out period in which your claims with dates of service within the plan year will be electronically submitted.
- 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.
- 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.
- Reimbursements are tax-free on your behalf.
- You have the right to waive participation in the HRA program for you and your family. You must waive participation each Plan Year and the waiver must be completed prior to the Plan Year beginning. Please see your Human Resource department for a waiver form.
- Your employer assumes the cost for the Plan's administration.
- 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.**

**DBSbenefits.com**



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