



UltraBenefits, Inc.

Health Reimbursement  
Arrangement  
For The City of Lowell



THE CITY OF  
**LOWELL**  
THERE'S A LOT TO *like*

# What you will find

- Who is UltraBenefits?
- Information about Health Reimbursement Arrangements
- City of Lowell HRA Plan Details
- What you need to know
- Member portal access
- Helpful tips



# Who is UltraBenefits?

- Third Party Administrator specializing in self-funded employee benefit plans
- Local company - Worcester, MA
- Wholly owned subsidiary of Fallon Health
- Clients include all industries
- Experienced in the Municipal Market



# What is an HRA?

A Health Reimbursement Arrangement, or HRA, is an employer funded supplemental health plan that reimburses employees or their providers for various qualified out-of-pocket medical expenses.

- Health Reimbursement Arrangement (HRA)
  - Employer owned, employer funded
  - Employer determines covered expenses
  - A cost-savings alternative to help reduce the high cost of medical insurance
  - No tax implications for employees
  - An IRS qualified plan

# HRA Plan Overview

- Level 1 – High Cost Co-payment
  - Provider Direct Submit
  - Ex: Inpatient Hospital, Outpatient Surgery, High-Tech Imaging, Emergency Room\* (\*if transported by ambulance)
- Level 2 – Out Of Pocket Expense Reimbursement
  - Employee Manual Submission
  - Track your Out Of Pocket costs and submit for 100% reimbursement once member responsibility is met



# Who is eligible for the HRA?

- If you are either an active City employee or retiree enrolled in one of the City of Lowell's GIC Medical plans you are automatically eligible for the HRA at no cost to you.
- You will not be required to complete any enrollment forms for the HRA as there is a direct eligibility feed with the City of Lowell.

# HRA BENEFIT SUMMARY

## City of Lowell



### Health Reimbursement Arrangement (HRA)

The City of Lowell is providing a supplemental plan called a Health Reimbursement Arrangement (HRA). The HRA will reimburse for eligible out-of-pocket expenses as outlined by the City. This plan will be administered on two levels:

- Level 1 – High Cost Copayment
- Level 2 – Out-of-Pocket Maximum Reimbursement
- Maximum Reimbursement - \$5,000 Ind. / \$10,000 Fam.

**\*\*\*Please note that this HRA runs on a plan year 7/1-6/30. All claims must be submitted for reimbursement by October 31<sup>st</sup> following the end of the plan year\*\*\***

Copayment(s) paid using a Flexible Spending Account (FSA) are not reimbursable through the HRA. HRA reimbursement payments are prepared on the 15<sup>th</sup> and 30<sup>th</sup> of each month.

#### Level 1 – High Cost Copayment

The Health Reimbursement Arrangement will pay for specific high-cost copayments as outlined below. Employees will be provided with an UltraBenefits ID card that should be presented to the doctor and/or facility at the time of service. This will allow the provider to bill UltraBenefits directly for the copayment amount so that employees and their family members do not have to pay out of pocket.

In addition to your health insurance card, you should also present your UltraBenefits ID Card for the following services only:

- Inpatient Hospital Admission
- Outpatient Surgery
- High-Tech Imaging
- Emergency Room – *if transported by ambulance*

You will be required to pay all other copayments up front at the point of service.

#### Level 2 Out-of-Pocket Expenses

*Members are eligible for Level 2 once they have satisfied their out-of-pocket maximum*

The HRA will reimburse 100% for out-of-pocket expenses over \$900 per individual and \$1,800 per family as outlined below:

- Office Visit Copayments
- Specialist Copayments
- Prescription Copayments
- Co-Insurance

#### Excluded Expenses:

- Deductible charges
- Services already reimbursed through Level 1

In order to receive reimbursement, employees will be responsible for tracking their out of pocket expenses and submitting copies of receipts with a claim form to UltraBenefits. They must show that they have incurred their minimum requirement and will then be eligible for reimbursement for any subsequent expenses.

For questions on this plan please contact your dedicated Account Representative at UltraBenefits:  
Samantha Letourneau  
Ph: 866.858.7223 ext. 68126

Email: [Samantha@ultrabenefits.com](mailto:Samantha@ultrabenefits.com)  
Fax: 508.438.2519

# Level 1

## High Cost Co-payment

- Covered Copays: Inpatient Hospital, Outpatient Surgery, High Tech Imaging, and \*Emergency room  
\*(if transported by ambulance)
- Employees receive UltraBenefits ID Card
- Present ID Card to Provider at time of service
- UltraBenefits will be billed directly by Provider for HRA-eligible member liability
- HRA payments will be made directly to providers
- EOB sent to members for payment confirmation



# UltraBenefits ID Card

## Card Front

**City of Lowell  
Health Reimbursement Account**

**Plan Number: J15**

For direct reimbursement of eligible member copay responsibility, please send billing statement which includes payment by insurance carrier to:

UltraBenefits, Inc.  
100 North Parkway  
Worcester MA 01605

For Customer Service and Benefits Inquiries: 1-866-858-7223

## Card Back

**Health Reimbursement Account—Plan Design**

The following In-Network copays are covered under this plan:

1. Hospital Inpatient Copay— up to \$1500 per occurrence
2. Outpatient Surgery Copay — up to \$250 per occurrence
3. High Tech Imaging Copay—up to \$100 per occurrence

Benefits Administered by: UltraBenefits, Inc.  
Suite 302  
100 North Parkway  
Worcester, MA 01605

For Customer Service and Benefits Inquiries: 1-866-858-7223

Contact the City's HR department if you do not have one of these generic cards



# LEVEL 1 CLAIM SUBMISSION


**UltraBenefits, Inc.**  
*Benefit from our experience.*  
 Website: [www.ultrabenefits.com](http://www.ultrabenefits.com)  
 Phone: (508) 438-0007  
 (866) UltraBenefits  
 Fax: (508) 438-2519

**HRA CLAIM  
 FORM  
 City of Lowell**

Administered By:  
 UltraBenefits, Inc.  
 100 North Parkway, Suite 302  
 Worcester, MA 01605

EMPLOYEE NAME	Plan # J15
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EMPLOYEE ADDRESS (STREET, CITY, STATE, ZIP)
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<b>IMPORTANT          NOTICE</b> 	<b>TO AVOID DELAYS IN PROCESSING THE ATTACHED MEDICAL CLAIMS, PLEASE ENCLOSE ITEMIZED STATEMENTS WHICH INCLUDE DATE OF SERVICE, TYPE OF SERVICE, AMOUNT CHARGED, DIAGNOSIS AND PATIENT'S NAME ALONG WITH COPY OF EXPLANATION OF BENEFITS FROM YOUR HEALTH PLAN.</b>
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Any person who knowingly and with intent to defraud any benefit plan or insurance company, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.  
**\*\*\*Please note that this HRA runs on a plan year 7/1/-6/30. All claims must be submitted for reimbursement by October 31<sup>st</sup> following the end of the plan year\*\*\***

By signing this form, I hereby authorize UltraBenefits, Inc. to make covered payments directly to the provider of services listed on the attached bill or to the member. If paid to the member, it is solely their responsibility to make any outstanding payments directly to the provider.

SIGNATURE OF EMPLOYEE	SIGNATURE OF PATIENT (if not Employee) or Parent, if minor	DATE
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PROVIDER/SUPPLIER NAME	AMOUNT	PATIENT NAME	SERVICE DATE	PAY PROVIDER?
	\$			Y / N
	\$			Y / N
	\$			Y / N
	\$			Y / N
	\$			Y / N
	\$			Y / N
	\$			Y / N
<b>TOTAL</b>	\$			

To submit any eligible expenses that fall into Level 1 you will need to complete this claim form and submit required documentation.

Required documentation includes your health plan's Explanation of Benefits (EOB). If you want the HRA reimbursement to go directly to the provider, then you also need to include the provider invoice.



# Level 2

## Out of Pocket Expense Reimbursement

- Member Minimum responsibility before any HRA reimbursement – \$900/ individual & \$1,800/family
- Employees Track Out of Pocket costs
  - Explanation of Benefits from your Insurance Carrier
  - Receipts
- Submit manual claim with documentation of out of pocket expenses for HRA reimbursement



# What is a Level 2 Out of Pocket Expense?

- Office Visit Copay
  - Specialist Copay
  - Prescription Copay
  - Emergency room Copay\* (if NOT transported by ambulance)
  - Co-Insurance
- 
- **Excluded Expenses – Any deductible charges & expenses that are reimbursable through Level 1**

Keep your receipts and track your costs as you go!

# City of Lowell Out-of-Pocket Accumulation Attestation



To be completed and submitted by City of Lowell Employees

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

I attest to the accumulation of out-of-pocket expenses, as outlined by the City of Lowell, great or equal to \$900 per Individual or \$1,800 per Family policy and have thus attached substantiated these expenses.

It is understood that this is a requirement in order to be reimbursed for any subsequent out-of-pocket expenses.

\_\_\_\_\_  
First Name (Print)                      Middle name                      Last name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Home address                      City, state                      Zip Code

\_\_\_\_\_  
E-mail address                      Phone

\_\_\_\_\_  
Signature Date                      Date

# LEVEL 2 CLAIM SUBMISSION

## Substantiation

City of Lowell

*Expenses that can accumulate to your minimum out-of-pocket expenses are: Office Visit Copayments, Pharmacy Copayments and Co-insurance.*

Please provide a list of your out-of-pocket expenses that have accumulated towards your minimum out-of-pocket expense requirement and attach corresponding receipts and/or EOB's before submitting to UltraBenefits.

**Employee Name:**

Date of Service	Type of Service	Amount
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
15		\$
16		\$
17		\$

# LEVEL 2 CLAIM SUBMISSION TIP: TRACKING ALL RX COPAYS

\* Member can go to their pharmacy and ask for a detailed claims print-out of all RX for that member / family for dates of service from July 1<sup>st</sup> – June 30<sup>th</sup> rather than submit each RX receipt.

## Medical Expense Report - Confidential

Canceled orders and orders that are still being processed are not included.

Report Date Range Jan 1, 2016 through May 2, 2016  
Created on: May 02, 2016

Dashboard3 Dtest  
6275 marguerite dr  
Newark, CA 94560



Date Filled/ Date Written	Prescription/ Store Number	Drug Name/ National Drug Code	Prescriber	Quantity/ Refill #	Days Supply	Dispense as Written	Patient Paid
02/08/2016	8803320/ 9062	Advanced Formula De Tab/ 41280020051	ABAD JOHN PHILAMER	30/1	30	0	\$999.76
02/08/2016	8803319/ 9062	Advanced Formula De Tab/ 41280020051	ABAD JOHN PHILAMER	30/1	30	0	\$999.76
02/08/2016	8803318/ 9062	Advanced Formula De Tab/ 41280020051	ABAD JOHN PHILAMER	30/1	30	0	\$999.76

\$2999.28

RECEIPT  
**ANY PHARMACY, INC**  
100 Main St.  
Anytown, NY 12345

Rx:100053 Filed:03/31/05  
**SMITH, JOHN Q** (CC)  
123 MOTORPARK WAY  
HAUPPAUGE,NY 11768

OR  
**OPUS PHARMACY**  
1324-106 MOTOR PARKWAY  
HAUPPAUGE, NY 11749  
(631)582-6787

**MYDRUG 120 MG**  
Qty:30 NDC:000000000000

No Refills  
NO AUTHORIZATION REQUIRED

DR.JONES, TOM  
1324 MOTOR PARKWAY, HAUPPAUGE,NY 11768  
AA0000000 (631)582-6787

00078 Filed:05/03/05  
**JOHN** (CC)  
JS LANE  
DIA,NY 11749

**RxPrice:\$xxx.xx**

THIS IS YOUR RECEIPT. PLEASE RETAIN  
FOR YOUR TAX OR INSURANCE.

No Refills  
NO AUTHORIZATION REQUIRED  
DR.TEST, OPUS  
1324 MOTOR PKWY, ISLANDIA,NY 11749  
AA0000000 (631)582-6787

**JANE Q PUBLIC**  
36 SOUTH WABASH AVENUE CHICAGO, IL 60603 DATE: 04/21/15

**IBUPROFEN 800 MG TABLETS**  
MFG. PFCER  
TAKE ONE TABLET BY MOUTH TWICE DAILY AS  
NEEDED FOR PAIN

Rx:1234567-12345 USE BEFORE 09/21/15  
QTY:60 NO REFILLS. DR. AUTH REQUIRED DR. D INTERCOM

**Walgreens**  
16 W ADAMS AVENUE CHICAGO, IL 60603  
(312) 223-0197

VS.

## **LEVEL 2 CLAIM SUBMISSION TIP: TRACKING ALL OFFICE VISIT AND COPAYS**

\* Just as with the RX Copays, a member can go to their medical carrier and ask for a detailed claims print-out of all services for that member / family for dates of service from July 1<sup>st</sup> – June 30<sup>th</sup> rather than submit each Copay receipt.



# UltraBenefits Explanation of Benefits

UltraBenefits, Inc.  
100 North Parkway Ste 302  
Worcester, MA 01605-1400

If you have any questions, please visit us on-line @ [www.ultrabenefits.com](http://www.ultrabenefits.com) or call 1-866-858-7223

Forwarding Service Requested

301803200124

1436 0.3820 A8 0.405 ALL FOR AADC 021  
  
 Member name  
 Member address 9

Claim No.: 100715XXXXXXXX000-MM  
 Group Name: CITY OF LOWELL  
 Employee: MEMBER NAME  
 Patient: PATIENT NAME  
 Patient Acct:  
 Provider:  
 Prepared On: 03/01/2018

ENV 1436 1 OF 1

Patient Responsibility

Amount Not Covered:	185.50
Co-Pay Amount:	.00
Deductible:	.00
Co-Insurance:	.00
Patient's Total Responsibility:	185.50
Other Insurance Payment:	.00

EXPLANATION OF BENEFITS - This is not a bill

Treatment Dates	Proc. Code	Charge Amount	Not Covered	Reason Code	PPO Discount	Covered Amount	UCR Amount	Deductible Amount	Co-Pay Amount	Paid At	Payment Amount
12/21-12/21/2017		100.00	.00		.00	100.00	.00	.00	.00	100%	100.00
12/21-12/21/2017		185.50	185.50	PR	.00	.00	.00	.00	.00	0%	.00
<b>TOTAL</b>		<b>285.50</b>	<b>185.50</b>		<b>.00</b>	<b>100.00</b>	<b>.00</b>	<b>.00</b>	<b>.00</b>		<b>100.00</b>
Other Insurance Credits or Adjustments											0.00
Total Payment Amount											100.00

*This section confirms HRA Payments*

Accumulators:  
 0.00 of Individual Non-Network Deductible met for 2017  
 0.00 of Individual Non-Network Out-of-Pocket met for 2017

Payment To: MEMBER NAME  
 Check No. 33XX  
 Amount 100.00

Service Code  
 HXR HRA XRAY REIMBURSEMENT  
 HRM HEALTH REIMBURSEMENT MEDICAL

Reason Code  
 PR PATIENT RESPONSIBILITY

Messages

THIS HRA PLAN SUPPLEMENTS CERTAIN CO-PAY AND OUT OF POCKET EXPENSES.  
 SHIELDS IMAGING OF LOWELL  
 IF YOU WISH TO APPEAL THIS CLAIM DETERMINATION, SUBMIT AN APPEAL IN WRITING TO ULTRABENEFITS WITHIN 180 DAYS OF THIS NOTICE.  
 FOR COVERED EMPLOYEES: If your claim has been wholly or partially denied, you may appeal this decision. If you wish to appeal any claim determination you should contact Ultrabenefits within 180 days of this notice. Unless special circumstances exist, a decision on your appeal will ordinarily be made within 60 days after it is received. Ultrabenefits, Inc. is processing claims on behalf of the payer.  
 PLEASE RETAIN FOR TAX PURPOSES. COPIES ARE NOT AVAILABLE.

## HRA Benefits Information Online

UltraBenefits, Inc. is pleased to welcome you to your online self-service tool. You can view your claims and eligibility, access forms and documents and submit request via our Member Portal. Take a minute and review the exciting online services now available.

### How do I access this information?

#### SIGN-UP

You will need your *CITY OF LOWELL* Group number and the employee/subscriber's Social Security number to sign up.

Go to: [www.ultrabenefits.com](http://www.ultrabenefits.com). Once there, click on "For Members" then under "Medical/Dental Member Portal" select "LOG INTO THE MEMBER PORTAL". You will be redirected to a login screen. Skip down to 'MEMBERS' section and "Create a new member account". You must then read and agree to the "License Agreement" to get to the next step. Enter the employee/subscriber's Date of Birth, First Name, Last Name, City of Lowell's Group Number (J15) and your SSN (no dashes). Select "NEXT" to create your account.

#### CREATE YOUR USER NAME & PASSWORD

Follow the simple instructions to complete the form as it relates to you. Please be sure to include an email address. We will use your email address to contact you or respond to your inquiries, unless directed otherwise.

#### OF NOTE:

- ❖ Username must be at least 3 characters long and start with a letter.
- ❖ Enter your full email address. (ex, [name@domain.com](mailto:name@domain.com))
- ❖ Password must be at least 8 characters and contain at least one each/Alpha-numeric and one special character ( !#\$%&\*@~^!/?/+ )
- ❖ Password Hint: Choose a question from the dropdown menu and enter the answer in the space provided.

#### SIGN-IN

Once the sign up process is complete, you will have access to check your claims and eligibility online.

#### Online features allow members to:

- ❖ Change Request- To update your home address.
- ❖ My Claims and EOBs- Review the processed claims for yourself and your dependents.
- ❖ My Eligibility Status- Review information for your enrolled dependents.
- ❖ Online Customer Service – Allows you to submit requests and provides answers to some frequently asked questions.
- ❖ Other Links and Documentation-Access Forms and Documents.
- ❖ Messages (customer service/enrollment requests) are viewed through the Messages link on the top right of the page.

If you have any questions or comments, please call our customer service team at 866-858-7223, option 3, then 2.

#### Frequently Asked Questions

##### How current is the information?

Paid claim and eligibility information are updated daily.

##### Is the information secure?

The claim and eligibility information and your profile are managed in a system that meets the requirements as set forth by HIPAA for Privacy and Security of Personal Health Information.

# Member Portal Access thru UltraBenefits:

# Easy on-line access to view your EOB's, update address information, etc.

# **NO DOUBLE-DIPPING ALLOWED!**

For those of you who also have a Flexible Spending Account, you can not use your FSA for expenses that are reimbursable under the HRA plan.



## **FSA & HRA Benefit Coordination**

If you have both a Health Reimbursement Account (HRA) and a Flexible Spending Account (FSA) it is important that you never “double-dip” the same expense through both benefit accounts. This is against Federal regulations.

For example, do not submit claims under your FSA that have been (or will be) reimbursed by your HRA and vice-versa.

Please refer to your employer’s HRA announcement summary to determine what expenses are covered by your HRA plan before using your FSA funds to pay for any benefit expenses.



**Double-dipping is ok for an ice cream but not for your HRA and FSA benefits!**

# Noteworthy

- Reimbursement checks are prepared on the 15<sup>th</sup> and 30<sup>th</sup> of each month
- ALL HRA-eligible expenses MUST be submitted to UltraBenefits BY October 31<sup>st</sup> following the end of the plan year
- Plan year runs from July 1<sup>st</sup> thru June 30<sup>th</sup>
- Do NOT use your FSA card for any HRA-eligible expenses

# Things to Keep in Mind

- You may receive bills from doctors or facilities
- Confirm your payment responsibility first
- If required to pay High-Cost co-pays at time of service, HRA reimbursement will be made directly to you
- Keep copies of *all* receipts and statements
- For any questions, contact your UltraBenefits Dedicated Account Representative with questions at 866-858-7223 x 68126 or email: [Samantha@ultrabenefits.com](mailto:Samantha@ultrabenefits.com).

