

Green Bay Area Public School District

Section 105 Health Reimbursement Arrangement

Employee Instruction Sheet

Green Bay Area Public School District 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:

- Your employer implements changes to your Group Health Insurance Plan.
- You and/or your family members utilize your health plan as you normally would. 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, and the portion of the claim you are responsible for paying.
- You submit a claim to DBS along with a photo or copy of your EOB form or CVS Summaries. The claim can be submitted online, via mobile phone app, by fax (262-367-5938) or by mail. If submitting by fax or mail you will need to complete a HRA claim form to submit with a copy of your documentation.
- DBS staff reviews the claim. Eligible expenses are reimbursed directly to you based on the schedule below.
- If you provide your email address to DBS, all notifications including claims received, reimbursements issued and requests for additional information will be sent to you via email.
- Any reimbursements due for claims received by Friday (9:00 a.m. CST) will be issued the following Friday.

HRA Reimbursement Schedule

<u>Plan Year:</u>	07/01/2026 – 06/30/2027
<u>Eligible Expenses:</u>	Medical Deductibles incurred under the Employer Sponsored Group Health Plan
<u>Deductible In-network Level:</u>	\$1,500 (maximum 2 per family)



Reimbursement Levels for the Plan Year:

First \$750 per in-network deductible expenses:

Employee Responsibility

Next \$750 per in-network deductible expenses:

Reimbursed by the HRA

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.

Eligibility:

Active employees and retirees, in which the employer subsidizes the cost of the health insurance plan, are eligible for the HRA if they elect the \$1,500 High Deductible Employer Sponsored Group Health Plan option.

Incentive Dollars:

Effective 7/1/2026, employees/retirees may no longer earn incentive dollars. Any incentives that were earned prior to this date can still rollover from year to year.

Rollover Dollars:

Effective 7/1/2026, employees/retirees may no longer rollover any current year unused HRA funding into the Rollover bucket.

Employees/retirees will still be allowed to rollover up to \$1,000 for single coverage and \$2,000 for family coverage of 2025/2026 plan year unused HRA funding into the Rollover Bucket. The accumulation maximum for the Rollover Bucket for 2025/2026 is \$3,000 for single coverage and \$6,000 for family coverage.

(If a plan participant since inception in 2014, maximum HRA is set at \$3,550 single/\$6,850 family. Once a plan participant, who has been on since inception in 2014, utilizes HRA funds and his/her balance drops below the current maximum, the current plan maximum becomes applicable.)

Rollover dollars can be used for any out of pocket expenses (deductibles, coinsurance, copays and prescription drugs) incurred under the \$1,500 High Deductible Employer Sponsored Group Health Plan option. These maximums apply to this rollover bucket only.

Retirees:

Retirees who drop their coverage in the \$1,500 High Deductible Employer Sponsored Group Health Plan will be terminated from the HRA. Retirees will have 90 days to submit claims for expenses incurred prior to the date of the dropped coverage. Any unused dollars will be forfeited at the end of the runout period.

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
- 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.
- 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.
- **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.
- 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.
- 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 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