

Office of Management and Budget
Statewide Benefits Office
CDH – Gold Plan HRA Fund End-of-Plan Year Claim Processing
Plan Year = July 1 to June 30
Health Care Carrier (Carrier) = Aetna or Highmark Blue Cross Blue Shield Delaware
(Highmark Delaware) formerly known as Blue Cross Blue Shield of Delaware

A significant component of the CDH-Gold Plan is the State-funded Health Reimbursement Arrangement (HRA) Fund for an individual at \$1,250 and family at \$2,500 per plan year. The carriers of the CDH-Gold plan are Aetna and Highmark Delaware. The following scenarios show the impact on the Fund based on when and how claims are incurred and paid.

- If subscriber **continues enrollment** in CDH-Gold from one plan year to the next, continues to enroll with the same or different carrier **and has used all Fund dollars** as of end of plan year, then Fund dollars for new plan year are re-set at \$1,250 for individual or \$2,500 for family. If claims incurred in the previous plan year are submitted after the start of the new plan year, the subscriber is responsible for paying the remainder of the deductible, if any, from the previous plan years before the plan begins to pay a portion of the subscriber's expenses. The deductible amounts are \$1500 single and \$3000 family. After the deductible is satisfied, the CDH –Gold then pays 90% for in-network claims and 70% for out –of-network claims. Funds for the new plan year cannot be used to pay the previous plan year expenses.
- If subscriber **continues enrollment** in CDH-Gold from one plan year to the next, continues to enroll with the same carrier **and has not used all Fund dollars** as of end of plan year, then unused Fund dollars from the previous plan year are added to Fund dollars for the new plan year. If outstanding claims incurred in the previous plan year are submitted to the carrier within 90 days after the start of the new plan year, the allowable claim expense will be automatically deducted from the available Fund first. The subscriber is then responsible for paying the rest of the deductible, if any, before the CDH–Gold begins to pay a portion of the subscriber's expenses. For the plan year, the deductible amounts are \$1500 single and \$3000 family. After the deductible is satisfied, the CDH-Gold then pays 90% for in-network claims and 70% for out-of-network claims.
 - For Highmark Delaware - Claims for reimbursement from the Fund will not be paid if submitted more than 90 days after the end of the plan year in which the claim was incurred.
 - if the subscriber wishes to apply the prior year's HRA dollars to a claim incurred in prior year and submitted after September 30 for processing, the subscriber must contact Statewide Benefits Office, at 1-800-489-8933 or 739-8331, to request transfer of prior year Fund dollars to the prior year's claim for payment.
 - For Aetna – Claims for reimbursement from the Fund can be made more than 90 days after the end of the plan year in which the claim was incurred. Only funds available from the applicable plan year in which the claim was incurred will be applied to the claim.

- If subscriber **does not continue enrollment** in CDH-Gold from one plan year to the next, **has used all Fund dollars** as of end of plan year and outstanding claims incurred in the previous plan year are submitted to the carrier after the start of the new plan year, then the subscriber is responsible for any any balance of the \$1500 single deductible and \$3000 family deductible. Once the deductible is satisfied, then the CDH–Gold plan pays 90% for in-network claims and 70% for out-of-network claims.

- If subscriber **does not continue enrollment** in CDH-Gold from one plan year to the next, **has not used all Fund dollars** as of end of plan year and outstanding claims incurred in the previous plan year are submitted to the prior year carrier after the start of the new plan year, the allowable claim expense will be automatically deducted from the available Fund first. The subscriber is then responsible for paying the any remainder of the deductible before the CDH–Gold begins to pay a portion of the subscriber’s expenses. For the plan year, the deductible amounts are \$1500 single deductible and \$3000 family The CDH-Gold then pays 90% for in-network claims and 70% for out-of-network claims. Claims for reimbursement from the Fund must be received within 90 days of the plan year end (rule does not apply to Aetna).

- If subscriber is enrolled in CDH-Gold with Aetna and the following plan year enrolls in CDH-Gold with Highmark Delaware, or vice-versa, and
 - ✓ if unused Fund dollars are available and claim incurred in the previous plan year is submitted to prior year carrier before September 30, the allowable claim expense will be automatically deducted from the available Fund first. The subscriber is then responsible for paying any remainder of the deductible before the CDH–Gold begins to pay a portion of the subscriber’s expenses. For the plan year, the deductible amounts are \$1500 single and \$3000 family. The CDH-Gold then pays 90% for in-network claims and 70% for out-of-network claims; or

 - ✓ if unused Fund dollars are available and claim was incurred in the previous plan year is submitted to prior year carrier after September 30, then the claim is processed as if no Fund dollars are available as Fund dollars have been transferred as of September 30 to the current year’s carrier; or

 - ✓ if the subscriber wishes to apply the prior year’s HRA dollars to a claim incurred in prior year and submitted after September 30 for processing, the subscriber must contact Statewide Benefits Office, at 1-800-489-8933 or 739-8331, to request transfer of prior year Fund dollars to the prior year’s claim for payment.

Information on CDH-Gold, current Fund balances, deductible, status of claims may be obtained by contacting the subscriber’s provider: Aetna Customer Services at 1-877-542-3862 or www.Aetna.com or Highmark Delaware’s Customer Services at 429-0260 or 1-800-633-2563 or www.Highmarkbcbsde.com