



Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

HEALTH REIMBURSEMENT ACCOUNT (HRA) REQUEST FORM

The District agrees to reimburse members \$250 for each outpatient surgical procedure co-pay, \$275 for each inpatient procedure co-pay, \$35 for each Urgent Care co-pay and \$100 for each Imaging co-pay for those members enrolled on the BCBS HMO Blue NE Options plan and the BCBS HMO Blue NE Enhanced Value plan during plan years 2017-2018 and 2018-2019.

The Rules of the HRA are as follows:

- The WRSD shall administer the HRA and reimburse members quarterly in March, June, October and December.
- Members must pay the required co-pay per the plan and will be reimbursed for the payment.
- Members must present their paid receipt and Blue Cross Blue Shield of MA summary of health plan payment to the Director of Human Resources to verify payment.
- Eligible co-pays will be reimbursed up to 90 days after the end of the plan year. **The plan year ends each June 30th.**
- The HRA will be capped at \$50,000 annually for each of the 2 contract years. Any excess money from one year will not be added to the following year's \$50,000 total. Payments will be made on a first come first serve basis and end once the HRA is exhausted.

To process the HRA co-pay reimbursement, please complete the following information. Please complete a separate HRA form for each co-pay reimbursement request. **Members must attach a copy of their paid receipt and a copy of their Blue Cross Blue Shield of MA summary of health plan payment to verify payment.**

Employee/Non-Medicare Retiree Name: _____

Mailing Address: _____

Street, City, State, Zip

Phone Number or Email Address: _____

Claim is for: _____

Employee, Spouse and/or Child Name

Facility Name: _____ Date of Service: _____ Amount Paid: _____

Service type (check one): Outpatient Inpatient Urgent Care Imaging co-pay (CT/PET Scans & MRI's)

Employee/Non-Medicare Retiree Signature _____

Today's Date _____

Please remit form to: Jeffrey Carlson, Director of Human Resources
Wachusett Regional School District
1745 Main Street, Jefferson, MA 01522

Phone: (508) 829-1670 extension 224 Email: jeff_carlson@wrsd.net

Approved Denied

Director of Human Resources Signature

Date

Jefferson School

1745 Main Street, Jefferson, MA 01522
Telephone: (508) 829-1670 Facsimile: (508) 829-1680
www.wrsd.net

A Guide to Your Summary of Health Plan Payments¹

The Summary of Health Plan Payments shows you how we process claims for medical services you've received. This statement is not a bill.



You'll get a Summary of Health Plan Payments if there's a balance remaining after we process the claim and pay our share of the costs. Your provider will send you a bill if you owe any money.

Payment overview*

Allowed amount	\$5,000.00
Amount covered	\$3,700.00
Amount covered you owe by Blue Cross	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
Amount you owe (if any)	\$1,300.00

Copayments
Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider² or fill a prescription. Look for your copay amount on your member ID card.

Deductible
If your plan has a deductible, this is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

Co-insurance
If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

Tip: See the glossary on page 2 of your statement for the meaning of any unfamiliar terms.



1. Medex members receive statements called Explanation of Benefits.
2. Except for certain plans, preventive services are fully covered. Some plans may require co-insurance.



MASSACHUSETTS


Your Summary of Health Plan Payments

Payment Overview Page

SUMMARY OF HEALTH PLAN PAYMENTS FOR JOHN DOE

What is this? Why am I getting this?

This is not a bill. If you owe money, your doctor or medical facility will send you a bill.



MASSACHUSETTS

Summary Date: 01/25/18
Statement Period: 12/29/17 – 01/25/18

Member Information
 Service for: John Doe
 Member ID number: MTN123456789
 Group name: GROUPNAME12345

Individual deductible: \$1,000
 Family deductible: \$2,000

Allowed amount

Amount your health care provider charged	Blue Cross discount	Allowed amount
\$6,400.00	\$1,400.00	\$5,000.00

Your delivery options

Unless you've notified us, we typically deliver statements to the subscriber's address that we have on file. If you have concerns about protecting the privacy of your medical information in these statements, you may be able to have them delivered to a different address. Under certain circumstances, you can also request to not receive these statements for a particular service.

For help updating your delivery preferences, please call Member Service at the number on the front of your ID card, Monday through Friday, from 8:00 a.m. to 6:00 p.m. ET.

Payment overview*

Allowed amount	\$5,000.00
Amount covered	\$3,700.00
What you owe	
Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
	\$1,300.00

*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

Keep for your records
Page 3 of 5

(For a detailed breakdown of your payments, please see page 5) ▶

A The payment overview shows the amount charged to Blue Cross, the amount we covered, and what you owe (if anything).

B Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.

C This section shows how the allowed amount was calculated.

D Your delivery options describes how these statements are delivered and how you can update your preferences.

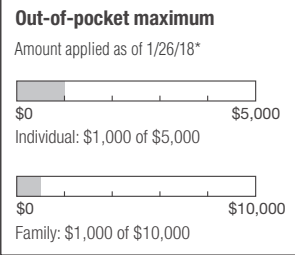
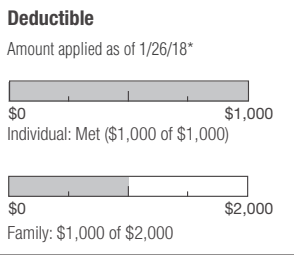


Your Summary of Health Plan Payments

Payment Details Page

HEALTH PLAN PAYMENT DETAILS							F	G					H
							Breakdown of what you owe						
Service date	Service type	Amount charged			Other insurance	Amount covered	What you owe	Copayments	Deductible	Co-insurance	Not covered (see notes)	What you owe	See notes
		Amount your health care provider charged	Blue Cross discount	Allowed amount									
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111 (In-Network)													
1/15/18	Routine Services	\$400.00	-\$180.00	\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1/15/18	X-ray	\$180.35	-\$60.35	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$120.00	
1/15/18	Lab	\$350.00	-\$120.00	\$230.00	\$0.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	
1/15/18	Room & board	\$5,000.00	-\$980.00	\$4,020.00	\$0.00	-\$3,370.00	\$650.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00	
Subtotal		\$5,930.35	-\$1,340.35	\$4,590.00	\$0.00	-\$3,590.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	
Dr. Jake Giovanni, ABC Hospital Patient Name: John Doe Claim #: 22222222222222 (In-Network)													
1/15/18	Lab	\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00	A
Subtotal		\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00	
Grand total		\$6,230.35	-\$1,340.35	\$4,890.00	\$0.00	-\$3,590.00	\$1,300.00	\$0.00	\$1,000.00	\$0.00	\$300.00	\$1,300.00	

I This provider will bill you this amount.



HAVE QUESTIONS?

Call the number on your ID card.

Or log in to your account at bluecrossma.com/myblue

For TTY, call 711

* Includes charges from this coverage period only. Log in to your account at www.bluecrossma.com/myblue for your plan effective date.

- E** Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.
- F** The amount you owe for each service.
- G** How we determined what you owe, including copayments, deductible, and co-insurance.
- H** Additional information on how we processed your claims.
- I** The final amount you'll owe your provider for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.
- J** A detailed breakdown of your deductible and out-of-pocket maximum, including the amounts you've previously applied towards these.

View your plan information and recent claims at bluecrossma.com/myblue.

Questions?

Call us at the number on your ID card or log in to your account at bluecrossma.com/myblue, click **Contact Us**, then enter your question using the **secure inquiry form** in the Member Service section.

