



JUDY M. MacDONALD
TREASURER AND COLLECTOR

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To: Employees of the Town of Middleborough

From: Judy M. MacDonald/ Treasurer & Collector

Date: August 28, 2017

Re: Health Care Reimbursements

Dear Employees,

The Town is implementing a **NEW POLICY** in which to submit your Health Care Reimbursements. Starting **NEXT QUARTER** (July 1, 2017 – September 30, 2017), you will be required to submit a Summary of Benefits **ONLY**, which can be obtained by logging into your GIC Health Insurance Website. The Website for your plan can be found on the back of your insurance card.

The Summary of Benefits should be printed out for each month within the quarter **AND** for every member of your family. You are only to submit this form. We will no longer be accepting receipts.

This will streamline the process and it should be less confusion for everyone.

If you have any questions, please call Sue @508-946-2420 ext. 1127.

Town of Middleborough
NEW Co-Pay Health Reimbursement Form
Effective July 1, 2017

QUARTERLY REIMBURSEMENTS WILL BE ACCEPTED UP UNTIL THE SECOND WEEK OF THE FOLLOWING MONTHS: **OCTOBER** (Jul 1-Sep 30) **JANUARY** (Oct 1-Dec 31) **APRIL** (Jan 1-Mar 31) AND **JULY** (Apr 1-Jun 30)

EMPLOYEE NAME: _____

HOME ADDRESS: _____

CITY, STATE AND ZIP: _____

Day Surgery: _____ @ \$150.00 per visit = \$ _____
#visits

MRI, CT, and PET Scans: _____ @ \$75.00 per visit = \$ _____
#scans

High Cost Hospitals: _____ @ \$1,100.00 per admission = \$ _____
of admissions

Low Cost Hospitals: _____ @ \$75.00 or \$300.00 per admission = \$ _____
of admissions (Tufts Spirit**\$100.00 or \$400.00)

Specialists: _____ @ \$30.00 or \$60.00 per visit = \$ _____
(Depends on Tiers)

Emergency Room: _____ @ \$50.00 per visit = \$ _____

Tier 2 Drugs: _____ @ \$25.00 per prescription = \$ _____

Tier 3 Drugs: _____ @ \$90.00 per prescription = \$ _____

TOTAL REIMBURSEMENT: \$ _____

NEW: WE NO LONGER WILL BE ACCEPTING RECEIPTS. YOU WILL BE REQUIRED TO SUBMIT A SUMMARY OF BENEFITS ONLY, PRINTED OUT FOR EACH MONTH WITHIN THE QUARTER. THIS IS BE OBTAINED BY LOGGING ONTO YOUR GIC HEALTH INSURANCE WEBSITE.

ANY REIMBURSEMENT REQUEST OF \$300.00 OR ABOVE SHALL BE PROCESSED UPON RECEIPT.

DATE: _____ WARRANT: _____

INVOICE: _____

ACCT. NO: 01.951.315202.0.0 ACCT NAME: EMPLOYEE HEALTH INSURANCE MITIGATION FUND

VENDOR: _____ VOUCHER: _____

AMOUNT: _____ APPROVED BY: _____

Appendix A

MITIGATION REIMBURSEMENTS FOR ACTIVE EMPLOYEE PLANS

	DAY SURGERY	MRI CT PET SCANS	HIGH COST HOSPITAL	LOWER COST HOSPITAL	<i>**Tufts Spirit</i> LOWER COST HOSPITAL	SPECIALISTS	EMERGENCY ROOM	TIER 3 DRUGS MAIL ORDER	TIER 2 DRUGS MAIL ORDER
<i>Co-Pay Effective 7/1/2017</i>	\$250.00	\$100.00	\$1,500.00	\$275.00 or \$500.00	<i>**\$300.00 or \$700.00</i>	\$30/\$60/\$90	\$100.00	\$165.00	\$75.00
Reimbursement	\$150.00	\$75.00	\$1,100.00	\$75.00 or \$300.00	<i>**\$100.00 or \$400.00</i>	\$0/30/60	\$50.00	\$90.00	\$25.00
Cost to Employee	\$100.00	\$25.00	\$400.00	\$200.00	<i>**300.00</i>	\$30.00	\$50.00	\$75.00	\$50.00