

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: 01.951.465201.0.0 ACCT NAME: EMPLOYEE HEALTH INSURANCE MITIGATION FUND

VENDOR: _____ VOUCHER: _____

AMOUNT: _____ APPROVED BY: _____

Town of Middleborough
Mitigation Reimbursements for Active Employee Plans

Appendix A

Effective July 1, 2017

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