

Town of Middleborough
NEW Co-Pay Health Reimbursement Form
Effective July 1, 2016

QUARTERLEY REIMBURSEMENTS WILL BE ACCEPTED UP UNTIL THE **SECOND WEEK** OF THE FOLLOWING MONTHS: **OCTOBER** (July 1-Sept 30) **JANUARY** (Oct 1-Dec 31) **APRIL** (Jan 1-March 31) **AND JULY** (April 1-June 30).

EMPLOYEE NAME: _____

HOME ADDRESS: _____

CITY, STATE AND ZIP: _____

DEPARTMENT/OFFICE: _____

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 Tier)

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

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

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

Total Reimbursement: \$ _____

YOU MUST SUBMIT THE ORIGINAL RECEIPT WHICH SHOULD INCLUDE THE DOCTOR'S/HOSPITAL'S NAME AND ADDRESS, DATE OF SERVICE AND TOTAL AMOUNT PAID.

ANY REIMBURSEMENT REQUEST OF \$300 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: _____

Appendix A

MITIGATION REIMBURSEMENTS FOR ACTIVE EMPLOYEE PLANS

	DAY SURGERY	MRI CT PET SCANS	HIGH COST HOSPITAL	LOWER COST HOSPITAL	<u>**Tufts Spirit</u> LOWER COST HOSPITAL	SPECIALISTS	EMERGENCY ROOM	TIER 3 DRUGS MAIL ORDER	TIER 2 DRUGS MAIL ORDER
<u>Co-Pay Effective 7/1/2016</u>	\$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