

City of Taunton

MEDEX Prescriptions

Health Reimbursement Form

Plan Year: 2015

Part I. Subscriber Information

(Check if new address)

MEDEX Subscriber's Name: _____	MEDEX #: - _____
<i>Last</i> <i>First</i> <i>Middle Initial</i>	
Mailing Address: _____	_____
<i>Street</i> <i>City</i> <i>State</i> <i>Zip</i>	
Phone: (_____) - _____ (home cell) Email Address: _____	

Part II. Instructions for submitting form (Please Read Carefully)

To qualify for the reimbursement, retirees or their eligible spouses must provide proof of payment of out of pocket prescription costs totaling over \$563.00 for those individuals enrolled in MEDEX 2. The City will reimburse employees for out of pocket costs until the HRA account funds have been exhausted for the given plan year.

1. Complete Part I on this form and make sure to indicate if your mailing address has changed.
2. Complete Part III detailing member name, date of service, type of service, description of service, and amount paid. All expenses must be incurred in the plan year commencing **1/1/15** and ending **12/31/15**. **You have up to 30 days after the end of a plan year to submit prescription co-pay expenses that are eligible for reimbursement.**
3. All **prescription co-pay receipts or invoices** supporting your request for reimbursement must be attached. This supporting documentation must show prescription number, date of prescription, amount paid, member name showing a zero ("0") balance.
4. Eligible retiree participant must sign Part IV certifying authenticity of expenses.

Examples of Eligible Expenses

Prescriptions: Only co-pays for prescription medications are eligible for reimbursement.

Part III. Detail of Out of Pocket Costs Prescription Costs (attach paid receipts)

Name of MEDEX Subscriber	Date of Service (mm/dy/yr)	Prescription Rx #	Amount Paid to Provider

(Additional space on back)

Part III. Detail of Out of Pocket Costs (cont.) *Make copies of this page if additional space is needed.*

Name of MEDEX Subscriber	Date of Service (mm/dy/yr)	Prescription Rx #		Amount Paid to Provider

Total out-of-pocket prescription co-pay costs _____

Part IV. Signature

The above statements and submitted information for reimbursement are true. I am only submitting for reimbursement for eligible expenses that I incurred for myself. I further certify that I will not claim these expenses as a tax deduction. *Please note: All claims submitted are subject to approval by the Human Resources Department.*

Subscriber's Signature: _____ Date: / /

<p>HR Office Use Only Human Resources Department 141 Oak Street Taunton, MA 02780 Attn:Noreen (508)821-1060</p>	<p>Less Employee Threshold: \$563.00</p>
	<p>Amount to be reimbursed: <input type="text"/></p>

CITY OF TAUNTON
HEALTH REIMBURSEMENT ACCOUNT FOR MEDICARE ELIGIBLE RETIREES

The Insurance Advisory Committee has voted to recommend the adoption of a NEW medical plan for Medicare Eligible Retirees to replace the existing BCBS Medex 3 plan. The only difference between the new Medex 2 plan and the existing Medex 3 plan is how prescription drugs are handled. The new Medex 2 plans use the more standardly recognized three tier co-pay program. The new prescription drug co-pays are to be:

Retail Prescription Drugs (30 day supply): Tier 1 - \$5 / Tier 2 - \$10 / Tier 3 - \$25
Mail Order Prescription Drugs (90 day supply): Tier 1 - \$10 / Tier 2 - \$20 / Tier 3 - \$50

The savings to the Retirees for going to this plan of benefits will be \$563.00. The Insurance Advisory Committee recommended that the City offer some sort of protection for high utilizers of prescription drugs in the form of a Health Reimbursement Account. The City has agreed to provide this benefit through the Human Resource and Treasurer's Office. The program will be administered as follows:

1. The City will begin to reimburse current retirees from a Health Reimbursement Account after the retiree has documented out-of-pockets prescription drug co-pay expenses that exceed his or her base year calculation, as defined below. This savings is per subscriber, not per employee.
2. For plan year 2015 (January 1, 2015 through December 31, 2015), the base calculation will be the difference between the Medex 3 rate, which is \$502.99 and the Medex 2 rate, which is \$331.97. This number, \$171.02 times your contribution percentage of 25% equals \$42.76 per month. There are twelve months in the year so the individual savings will come to \$513.12 (\$513.00) + \$50.00 for the deductible, for which retirees will no longer be responsible, for a total of \$563.00 per subscriber.
3. For future plan years the base year calculation will be based on the Medex 3 rate for the calendar year indexed to the inflation rate of the Medex 2 rate on a year to year basis to account for healthcare inflation, multiplied for a full 12 months. The amount will be announced with the renewal rate for each January 1st.
4. The maximum amount to be funded by the Health Reimbursement Account in each plan year shall be an aggregate of \$200,000 for all city retirees. In future plan years, this maximum amount shall be adjusted by the same percentage described in paragraph three, above; provided however, that in no event shall this amount increase by more than two and one-half percent (2.5%) in any one year. When this amount is exhausted the Health Reimbursement Account shall be closed for the remainder of the plan year. Either party may request the other party to meet to revisit this funding amount on an annual basis, and upon such written request the parties shall meet in good faith for the purpose of ensuring that the amount of the Health Reimbursement Account is both adequate and not excessive; provided, however, that the terms of this agreement shall control until such time as a mutual written modification is reached.
5. The retiree will make the request for reimbursement using the Claim Form attached to this document and available on the City's website. All requests for reimbursements must be received by January 31st.
6. All requests for annual reimbursements must be submitted to the Human Resources Department, 141 Oak Street, Taunton by January 31st.

Revised 2/04/15