



# TOWN OF MAYNARD

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## MASSACHUSETTS

### **INSTRUCTIONS FOR SUBMISSION OF HRA CLAIMS**

- The purpose of establishing the HRA reimbursement program is to assist employees with the satisfaction of a portion of the **new** Deductible established effective July 1, 2025. The following instructions detail the information you need to know about both the new Deductible plan with Blue Cross Blue Shield and the submission rules regarding the HRA Plan.
- The Plan Year (July 1, 2025, through June 30, 2026) Deductible is \$500 per Individual and \$1,000 for the Family. No one person will ever have to satisfy more than \$500. The \$1,000 Family Deductible amount can be satisfied by multiple family members. If the family has only two (2) members, each person will have a \$500 deductible to satisfy.
- The HRA reimbursement is limited to plan deductible expenses under the:

**BCBS of MA Network Blue \$500/\$1,000 Deductible**  
**Blue Care Elect PPO \$500/\$1,000 (In-Net) Deductible**

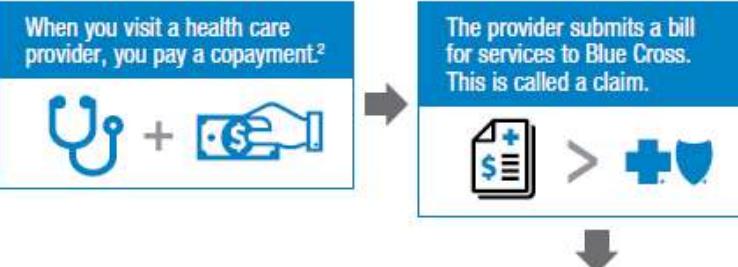
- a. The Town shall reimburse participants with a family plan up to \$500 of the deductible, beginning when combined payments reach \$250.
- b. The Town shall reimburse participants with an individual plan up to \$250 of the deductible once combined payments have reached \$250.
- c. For those participants that do not reach \$250 in deductibles, reimbursement for the payment(s) less than \$250 amount should be submitted at the end of the fiscal year in the month of June.
- d. The Town will issue these payments upon receipt of a member's BCBS Summary of Health Plan Payment(s) (*see next page*) which is mailed to the member at the end of each month when a cost share is incurred **OR** members can establish a Member Login at BCBSMA.com to download an "Activity Summary".
- e. If a participant incurs a claim that is not finalized by BCBS prior to June 30<sup>th</sup> of the current fiscal year, upon submitting proof of the claim date, the participant will be allowed until September 30<sup>th</sup> of the next fiscal year to submit for reimbursement.

- Claims will not be considered if they have already been submitted to and/or paid by the Cafeteria Advisors FSA plan (*per IRS Guidelines*).

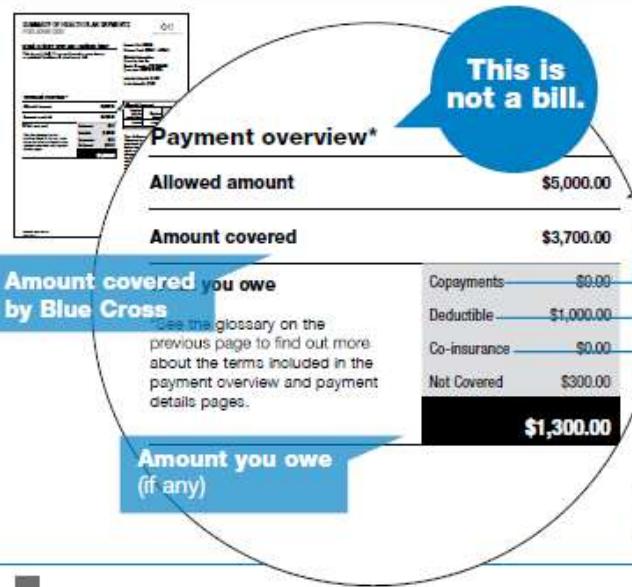
# A Guide to Your Summary of Health Plan Payments<sup>1</sup>

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

## How the Payment Process Works



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.



### Copayments

Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider<sup>3</sup> 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.

The provider sends you a bill.  
(if you owe money)



You pay your provider.



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.

### Financial accounts can help cover costs.

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses and dental services.



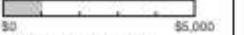
MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association.

**SAMPLE SUMMARY for SUBMITTAL:**

## Your Summary of Health Plan Payments

### Payment Details Page

HEALTH PLAN PAYMENT DETAILS							F				G				H	
E	Service date	Service type	Amount charged		Other insurance	Amount covered	What you owe	Breakdown of what you owe				What you owe	See details			
			Amount you owe	Blue Cross amount				Allowed amount	Co-insurance	Net amount you owe						
Dr. Jacqueline Smith, ABC Hospital - Patient Name: John Doe - Claim #: 1111111111111111 (In-Network)																
1/1/11	Routine Services	\$100.00	-\$100.00	\$100.00	\$1.00	-\$100.00		0.00	0.00	0.00	0.00					
1/2/11	Visits	\$100.00	-\$100.00	\$100.00	\$1.00	-\$100.00		0.00	0.00	0.00	0.00					
1/3/11	Lab	\$100.00	-\$100.00	\$100.00	\$1.00	-\$100.00		0.00	0.00	0.00	0.00					
1/4/11	Room & Board	\$1,000.00	-\$1,000.00	\$1,000.00	\$1.00	-\$1,000.00		0.00	0.00	0.00	0.00					
<b>Subtotal</b>		<b>\$1,100.00</b>	<b>-\$1,100.00</b>	<b>\$1,100.00</b>	<b>\$1.00</b>	<b>-\$1,100.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>\$1,100.00</b>				
Dr. John Cleveron, ABC Hospital - Patient Name: John Doe - Claim #: 2222222222222222 (In-Network)																
1/5/11	Lab	\$100.00	-\$100.00	\$100.00	\$1.00	-\$100.00		0.00	0.00	0.00	0.00					
<b>Subtotal</b>		<b>\$100.00</b>	<b>-\$100.00</b>	<b>\$100.00</b>	<b>\$1.00</b>	<b>-\$100.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>\$100.00</b>				
<b>Grand total</b>		<b>\$1,200.00</b>	<b>-\$1,200.00</b>	<b>\$1,000.00</b>	<b>\$1.00</b>	<b>-\$1,000.00</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>\$1,200.00</b>				
<b>J</b> <b>Deductible</b> Allowed amount as of 1/1/11*  \$0 <b>\$1,000</b> Individual: Met (\$1,000 of \$1,000)  \$0 <b>\$2,000</b> Family: \$1,000 of \$2,000							<b>Out-of-pocket maximum</b> Amount applied as of 1/1/11*  \$0 <b>\$5,000</b> Individual: \$1,000 of \$5,000  \$0 <b>\$10,000</b> Family: \$1,000 of \$10,000				<b>HAVE QUESTIONS?</b> <b>F</b> Call the number on your ID card. <b>G</b> Or log in to your account at <a href="http://www.bluecrossma.com/myblue">bluecrossma.com/myblue</a> . <b>I</b> For TTY, call 711.					
* Includes charges from this coverage period only. Log in to your account at <a href="http://www.bluecrossma.com/myblue">www.bluecrossma.com/myblue</a> for your plan effective date.																
<b>E</b>	Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.						<b>H</b>	Additional information on how we processed your claims.								
<b>F</b>	The amount you owe for each service.						<b>I</b>	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.								
<b>G</b>	How we determined what you owe, including copayments, deductible, and co-insurance.						<b>J</b>	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](http://bluecrossma.com/myblue).

### Questions?

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