



TOWN OF MAYNARD

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 30th of the current fiscal year, upon submitting proof of the claim date, the participant will be allowed until September 30th 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 Payments¹

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

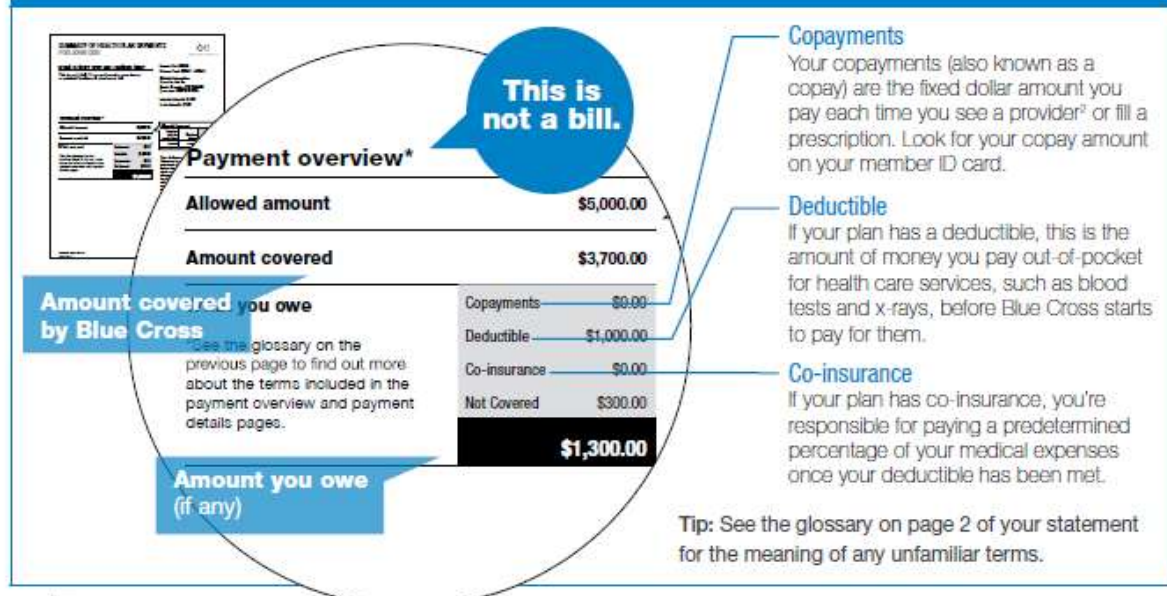
When you visit a health care provider, you pay a copayment.²



The provider submits a bill for services to Blue Cross. This is called a claim.



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.



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



You pay your provider.



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.

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.

Your Summary of Health Plan Payments

Payment Details Page

HEALTH PLAN PAYMENT DETAILS

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		Amount charged			Other insurance	Amount covered	What you owe	Breakdown of what you owe					See notes
Service date	Service type	Amount paid by health plan provider charge	Blue Cross discount	Allowed amount				Co-payments	Deductible	Co-insurance	Net covered (plan offset)	What you owe	
Dr. Josephine Smith, ABC Hospital - Patient Name: John Doe - Claim #: 111111111111 (In-Network)													
1/1/15	Therapy Services	\$400.00	-\$100.00	\$300.00	\$0.00	-\$300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1/15/15	Phys	\$100.00	-\$50.00	\$50.00	\$0.00	-\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1/15/15	Lab	\$200.00	-\$100.00	\$100.00	\$0.00	-\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1/15/15	Exam & consult	\$1,000.00	-\$400.00	\$600.00	\$0.00	-\$600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subtotal		\$5,000.00	-\$1,300.00	\$4,000.00	\$0.00	-\$4,000.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
Dr. John Cleveland, ABC Hospital - Patient Name: John Doe - Claim #: 222222222222 (In-Network)													
1/15/15	Lab	\$200.00	\$0.00	\$200.00	\$0.00	-\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal		\$200.00	\$0.00	\$200.00	\$0.00	-\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Grand total		\$5,200.00	-\$1,300.00	\$4,000.00	\$0.00	-\$4,200.00	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00

This provider will bill you this amount.

Deductible

Allowed amount as of 11/1/15*

\$0 \$1,000
Individual: Met (\$1,000 of \$1,000)

\$0 \$2,000
Family: \$1,000 of \$2,000

Out-of-pocket maximum

Amount applied as of 11/1/15*

\$0 \$5,000
Individual: \$1,000 of \$5,000

\$0 \$10,000
Family: \$1,000 of \$10,000

HAVE QUESTIONS?

Call the number on your ID card.

Or log in to your account at
bluecrossma.com/myblue.

For TTY, call 711

* Includes charges from this coverage period only.
 Log in to your account at www.bluecrossma.com/myblue for your plan effective date.

- E** Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.

F The amount you owe for each service.

G How we determined what you owe, including copayments, deductible, and co-insurance.
- H** Additional information on how we processed your claims.

I 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.

J 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.

Questions?

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