

Fax completed form to **937-428-9900**, or mail to:

USI Midwest, LLC., ATTN: Elaine Johnson, 10100 Innovation Drive, Suite 220, Dayton, OH 45342

# **Findlay City Schools**

## **HSA Deductible Reimbursement Form**

### **Instruction Sheet**

Findlay City Schools has implemented a new policy for the HSA option in the Health Insurance Benefit Plans. Findlay City Schools has decided to make the HSA plan a “per person” deductible. This means that in a family if one person meets the \$2,000 deductible then Anthem will pay benefits in excess of the deductible for that person. The total family maximum cumulative deductible would be \$4,000.

Anthem does not provide a standardized plan for a \$2,000/\$4,000 deductible HSA plan. The lowest deductible for this type of plan is \$2,600 for a Single Plan and \$5,200 for a Family Plan. In order to maintain the \$2,000/\$4,000 deductible framework for participants Findlay City Schools is implementing a procedure to reimburse the excess deductible. The attached HSA Deductible Reimbursement form (HSA DRF) is to be used to obtain reimbursement for excess deductibles.

For Single plans the attached HSA DRF is to be used when a participant incurs allowable medical expenses of more than \$2,000. Anthem will apply allowable medical expenses toward the deductible until \$2,600 is met and then pay the remainder of the allowable medical expenses in excess of \$2,600. The participant will then complete the form and attach expense documentation. Completed forms and expense documentation can be mailed or faxed to USI Midwest, LLC for verification. Upon verification, Findlay City Schools will reimburse up to \$600 of allowable medical expenses for the Single participant.

For Family plans the procedure is similar. When a family member reaches allowable medical expenses of \$2,000 on his/her own the same procedure applies as with the Single plan participant. Should no family member reach the deductible then Anthem will apply allowable medical expenses toward the deductibles until total allowable medical expenses reach \$5,200. Anthem will then pay the remainder of the allowable medical expenses in excess of \$5,200. Once \$5,200 has been reached in allowable medical expenses the attached form should be completed, expense documentation attached and it should be sent to USI Midwest, LLC for verification. Upon verification Findlay City Schools will reimburse up to \$1,200 for allowable medical expenses for the family participants.

Please call Elaine Johnson at USI Midwest, LLC. with questions. The toll free telephone number is 1-800-851-0526.

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## Findlay City Schools

# HSA Deductible Reimbursement Form

Member ID# \_\_\_\_\_

Employee (please print)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Requested Reimbursements** NOTE: Each item **must** be accompanied by proper documentation. See instructions on next page.

Item	Patient Name	Date of Service	Relationship to Employee	Service Description	Reimbursement Amount
1					
2					
3					
4					
5					
6					
7					

**TOTAL**

### Employee Certification

I certify that the information above is true and correct; that I have paid the provider of service; that the expenses incurred were for myself, spouse, or qualified dependents; and that I have not been reimbursed and will not seek reimbursement from any other source.

Employee Signature

\_\_\_\_\_ Date \_\_\_\_\_

## Instructions

1. This form is to be used for reimbursement after the deductible is met. The maximum reimbursable amount is \$600 for single coverage. The maximum reimbursable amount for a family is \$600 per family member not to exceed \$1,200 for the entire family. See attached sheet for further explanation.
2. Each item **must** be accompanied by **either** an Explanation of Benefits (EOB) from your primary carrier **or** a detailed receipt.
3. Each EOB must show the patient name, the date of service, and the amount paid by your primary carrier.
4. Each receipt must show the amount paid and the specific product or service purchased (for example, a prescription drug).
5. Fax form and documentation to 937-428-9900.
6. **Questions?** Call **Elaine Johnson** at 937-428-3300 or 1-800-851-0526.