GENERAL MEDICAL REIMBURSEMENT BENEFIT CLAIM FORM FILING INSTUCTIONS

CWA LOCAL 1180 RETIREE DIVISION

GR «CLAIMNU»

CWA LOCAL 1180 RETIREES BENEFITS FUND
6 Harrison Street, 3rd Floor, New York, NY 10013-2898
Telephone 1-212-966-5353, Out-of-Area 1-888-966-5353

CLAIM FOR GENERAL MEDICAL BENEFIT

PHOTOCOPIES OF THIS DOCUMENT ARE NOT ACCEPTABLE

«Fname» «M» «Lname»
«ADDRESS1»
«ADDRESS2»
«CITY», «ST» «ZIP»

Sample

MEMBER No.: «MEMBERNU»

THE GENERAL MEDICAL BENEFIT will allow you to receive up to $1200 per family, per calendar year for additional medically connected expenditures incurred. You can apply the reimbursement toward un-reimbursed, allowable out-of-pocket medical expenses, deductibles and co-payments as well as you and your spouse's Medicare Part B deductibles. Retirees who receive prescription drug coverage under the City of NY Health Plans (optional prescription drug rider) may claim deductions, co-payments and deductibles for amounts that exceed the $1500 annual Prescription Drug Cost Reimbursement Benefit. Out-of-pocket prescription drug expenses incurred by your eligible dependents covered by Medicare Part D may be claimed for deductibles and co-payments. Please note that Mental Health, Podiatry and Optical Claims are not reimbursable under this benefit.

CLAIMS FOR 2019 EXPENSES MUST BE RECEIVED BY THE FUND OFFICE NO LATER THAN SEPTEMBER 30, 2020. PLEASE RETAIN COPIES OF ALL DOCUMENTS YOU SUBMIT FOR YOUR RECORDS.

I am requesting reimbursement for the following (check off all items that apply):

☐ **1.** **UNREIMBURSED EXPENSES FOR MEDICAL DEDUCTIBLES AND CO-PAYMENTS** $ 50. 00 / $30.00
SUBMIT PHOTOCOPIES OF HEALTH PLAN STATEMENTS AND PAID RECEIPTS SHOWING DEDUCTIBLES AND CO-PAYMENTS FOR OUT-OF-POCKET MEDICAL (NON-PRESCRIPTION) EXPENSES.

☐ **2** **MEDICARE PART B DEDUCTIBLE (NYC HEALTH BENEFITS PROGRAM WILL REIMBURSE YOU FOR YOUR MEDICARE PREMIUMS.)** $ 189.00
SUBMIT PHOTOCOPY OF MEDICARE STATEMENT SHOWING PART B DEDUCTIBLE HAS BEEN MET FOR THE YEAR. (If your spouse is also Medicare eligible submit statements for both.)

Difference between total of PX and $1500

☐ **3** **I HAVE REACHED MY $1500 MAXIMUM PRESCRIPTION DRUG COST REIMBURSEMENT BENEFIT LIMIT AND I AM CLAIMING MY NYC HEALTH INSURANCE PLAN OPTIONAL PRESCRIPTION DRUG RIDER PENSION DEDUCTION, CO-PAYS AND DEDUCTIBLES THAT EXCEED $1500**. SUPPORTING DOCUMENTATION MUST BE FILED WITH YOUR PRESCRIPTION DRUG COST REIMBURSEMENT CLAIM FORM.

☐ **4** **OTHER:**
MY DEPENDENT IS COVERED BY MEDICARE PART D AND I REQUEST REIMBURSEMENT FOR HIS/HER OUT-OF-POCKET DEDUCTIBLES AND CO-PAYMENTS. SUBMIT COPIES OF EXPLANATION OF BENEFITS FROM YOUR DEPENDENTS MEDICARE PART D HEALTH INSURANCE PROVIDER SHOWING PRESCRIPTION DEDUCTIBLES AND CO-PAYMENTS (INCLUDE COPIES OF PROVIDERS' COVER LETTER).

☐ **5** **I HAVE MISCELLANEOUS ALLOWABLE OUT-OF-POCKET EXPENSES TO CLAIM.**
SUBMIT STATEMENTS OR PAID RECEIPTS DOCUMENTING EXPENSES INCURRED TO SUPPORT AMOUNTS CLAIMED.

BENEFIT YEAR _____ **TOTAL AMOUNT OF CLAIM** $_____

RETIREE'S EMAIL:_____ HOME PHONE NO.: _____

RETIREE'S SIGNATURE _____ DATE _____

** See reverse side for additional Instructions

ONE TIME SUBMISSION PER CALENDAR YEAR ONLY
$1200 MAXIMUM BENEFIT PER FAMILY

MENTAL HEALTH, PODIATRY AND OPTICAL EXPENSES ARE NOT ELIGIBLE FOR REIMBURSEMENT UNDER THIS BENEFIT

To help speed up processing your claim:

1. Please arrange all supporting documents by date of service within each category (see below).

   a) Cancelled checks are not acceptable. We require copies of itemized paid-in-full receipts on providers' letterhead.
   b) You must provide *all required documentation* and a copy of any statements reflecting reimbursed amounts that you may have received from other group plans.

2. Documents to submit

Category 1: MEDICAL DEDUCTIBLES AND CO-PAYMENTS

- Submit copies of NYC Health Plan statements (Explanation of Benefits) showing deductibles and co-payments.

Category 2: MEDICARE PART B DEDUCTIBLE

- Submit copies of Medicare statements showing Part B deductible has been met for the year.

Category 3: I HAVE REACHED MY $1500 MAXIMUM PRESCRIPTION DRUG COST REIMBURSEMENT BENEFIT AND MY NYC HEALTH INSURANCE PLAN OPTIONAL PRESCRIPTION DRUG RIDER PENSION DEDUCTIONS, CO-PAYMENTS AND DEDUCTIBLES EXCEED $1500.

- Complete and submit a **Prescription Drug Cost Reimbursement claim form** and attach all supporting documentation.
- Amounts exceeding $1500 will automatically rollover to the General Medical Benefit.

Category 4: OTHER:

MY DEPENDENT IS COVERED BY MEDICARE PART D AND I REQUEST REIMBURSEMENT FOR HIS/HER OUT-OF-POCKET DEDUCTIBLES AND CO-PAYMENTS.

- Add claimed amounts of Medicare Part D deductibles and co-payments and enter total on the line where indicated.
- Submit copies of explanation of benefits from your dependents Medicare Part D Health Insurance Provider showing deductibles and co-payments (include copies of the providers' cover letter that was attached to the statement).

I HAVE MISCELLANEOUS ALLOWABLE OUT-OF-POCKET EXPENSES TO CLAIM.

- Attach statements or paid receipts documenting expenses incurred to support amounts claimed. Cancelled checks are not acceptable.

3. The entire form must be completed, (total the entire amount of your claim and enter it where indicated) ***signed and dated***.

4. You must submit your completed claim form and required documents for 2019 expenses ***no later than September 30,*** **2020.** Late claims will be denied.

The General Medical Reimbursement required documents:

Line 1: Medical deductibles co-payments:

- $5/$15/$30 Copayments
- $50.00 GHI deductible
- $300 Blue Cross Hospital deductible (with Hospital receipt marked paid)
- $250 Hospital Co pay (HIP VIP) (with Hospital receipt marked paid)

Line 2: Medicare Part B deductible:

- Medicare Summary Notice only showing Medicare deductible met.

Line 3: Reached the $1500 maximum of the Prescription Drug Cost- Rolls over automatically

Line 4 Other: Your Dependent's Medicare Part D prescription Co payments

- Prescription history from plan
- Prescription history from pharmacy or Mail Order

Line 5 Miscellaneous allowable out of pocket expenses to claim

- Submit statements or paid receipts to support amounts claimed