

Checklist for
Medical Reimbursement Plan

Person to Contact with Questions: _____

Telephone Number: (_____) _____

Email Address: _____

GENERAL PLAN INFORMATION

Is this Plan considered Grandfathered under the PPACA? _____

Group's Full Name: _____

Group's Address: _____

If above address is a post office box, street address: _____

Group's Telephone Number: (_____) _____

Group's Fax Number: (_____) _____

Internal Group Number or Billing Number (if any): _____

Employer Identification Number (EIN): _____

ERISA Plan Number (*typically 501, 502, etc.*): _____

Plan Year (month to month): _____

Original Effective Date of Plan (month & year): _____

Date of this Restatement (month & year): _____

Type of Plan: Medical Reimbursement Plan _____

Participating Employers: _____

Third Party Administrator:
Name, Address: _____

TPA Phone: _____

TPA Fax: _____

DEFINITIONS

Please list the full name of the primary group health plan being supplemented: _____

BENEFITS

Primary care providers

A current list of *PPO providers* is available, without charge, through the *Third Party Administrator's* website (located at www.[_____] .com).

Primary Care Providers

[For plans and issuers that require or allow for the designation of primary care providers by participants or beneficiaries:] This Plan generally [requires OR allows] the designation of a primary care Provider. You have the right to designate any primary care Provider who participates in the Network and who is available to accept you or your family members.

VARIABLE – KEEP OR REMOVE

[If the plan or health insurance coverage designates a primary care provider automatically, insert:

Until you make this designation, the *Plan* designates one for you.

VARIABLE – KEEP OR REMOVE

OR

[For plans and issuers that require or allow for the designation of a primary care provider for a child:] For children, you may designate a pediatrician as the primary care Provider.

VARIABLE – KEEP OR REMOVE

OR

[For plans and issuers that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, add:] You do not need prior authorization from the Plan or from any other person (including a primary care Provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the Network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator.

VARIABLE – KEEP OR REMOVE

Covered Expenses

This *Plan* will cover health care expenses which are covered under the *participating employer's benefit plan*, and which are not reimbursed due to application of the...

	Deductible
	Copayment
	Coinsurance

...requirements under such *benefit plan*, in accordance with the table below.

You must first satisfy a deductible under this Plan before reimbursement of any covered expenses thereafter. The deductible amount is \$[_____].

	The following types of health care expenses will be reimbursed:
	The following types of health care expenses will be reimbursed [after satisfaction of the participant's share of the costs]: (please list expenses below*)

<i>* please list expenses here:</i>		

LIMITATIONS AND EXCLUSIONS

This *Plan* does not cover the following types of expenses:

	Not applied to [deductible,] requirements under the benefit plan. That have not been filed with and applied to the <i>deductible, copayment</i> or <i>coinsurance</i> required under the <i>participating employer's benefit plan</i> ;
	Not applied to [copayment/requirements under the benefit plan. That have not been filed with and applied to the <i>deductible, copayment</i> or <i>coinsurance</i> required under the <i>participating employer's benefit plan</i> ;
	Not applied to [coinsurance] requirements under the benefit plan. That have not been filed with and applied to the <i>deductible, copayment</i> or <i>coinsurance</i> required under the <i>participating employer's benefit plan</i> ;
	[Prescription drugs. For any charges or copayments for prescription drugs;

HOW TO FILE A CLAIM FOR BENEFITS

The claim must include at a minimum:

	An explanation of benefits (“EOB”) form from the <i>participating employer's benefit plan</i> showing that the health care expense was applied to the [deductible,] required under the <i>benefit plan</i> .
	An explanation of benefits (“EOB”) form from the <i>participating employer's benefit plan</i> showing that the health care expense was applied to the [copayment] required under the <i>benefit plan</i> .
	An explanation of benefits (“EOB”) form from the <i>participating employer's benefit plan</i> showing that the health care expense was applied to the [coinsurance] required under the <i>benefit plan</i> .

When must a claim be submitted?

All claims for reimbursement must be submitted not later than [] days after...

	the date of the Explanation of Benefits (EOB).
	the date on which the expense was <i>incurred</i> .
	the end of the <i>plan year</i> in which they were <i>incurred</i> or, if earlier, within [] days following the termination of a <i>participant's</i> participation in the <i>Plan</i> .

Is there a minimum claim amount?

The minimum amount a *participant* may submit for reimbursement for covered medical expenses shall be \$[], except at the end of the *plan year* in which the expense was *incurred*.

CLAIMS REVIEW PROCEDURE

The...

	<i>third party administrator</i>
	<i>Plan Administrator</i>

...will determine if enough information has been submitted to enable proper consideration of the claim.

HIPAA PRIVACY PRACTICES

Disclosure of Protected Health Information (“PHI”) to the *Plan Sponsor* for *Plan Administration* Purposes

- The following employees, or classes of employees, or other persons under control of the *Plan Sponsor*, shall be given access to the *PHI* to be disclosed (*please list titles ONLY*):
