



OLNEY HAMILTON HOSPITAL

IRC 105 OHHD Medical Reimbursement Request

Employee Name: _____ Incurred Date: _____

Social Security (last 4 digits) XXX-XX-_____

Address: _____ City: _____ State: _____ Zip: _____

I am requesting reimbursement for eligible expenses through the Section 105 Medical Reimbursement Plan. The *following medical expenses have been paid by me and are not eligible for payment by any insurance.* Co-pays of any kind are not eligible for reimbursement. I understand that my plan will pay up to a maximum of \$4,500 per calendar year for any combination of the items below.

- | | | | |
|-----|---------------------------------------|--|-------|
| 1. | Calendar Year Deductibles | (Reimbursed at 80%) | _____ |
| 2. | Coinsurance | (All coinsurance reimbursed @ 50% up to \$1500) | _____ |
| | a. | Coinsurance only. CO-PAYS for Doctor Visits, prescriptions, etc. will not be reimbursed. | |
| 3. | Preventive Care | (100% Medical, Dental, & Vision / \$300 annual max.) | _____ |
| 4. | Prescribed Tobacco Cessation Expenses | (Reimbursed at 100%) | _____ |
| 5. | Prescription Drugs | (70% Generic, 60% Brand name / \$900 annual max.) | _____ |
| | a. | Over the counter medications are NOT reimbursable even if prescribed. | |
| | b. | Supplies for Prescribed DME equipment are reimbursable at the 70% Generic rate. | |
| 6. | Dental Care | (50% / \$1,000 max.) | _____ |
| 7. | Vision Care | (100% / \$200 max.) | _____ |
| 8. | Qualified Premium | (Up to \$300.00 per month or \$900 quarterly) | _____ |
| 9. | Other Non-Covered Services | (50% / \$1,000 max.) | _____ |
| 10. | Cataract/Lasik Eye Surgery | (Reimbursed at 80%) | _____ |

All requests must be signed and submitted with insurance EOB's and receipts for proof of payment showing the participant incurring the claims and the amount of paid expenses.

Fax to: 940-564-3705
or

Mail to: OHHD
P.O. Box 158
Olney, TX 76374

Plan Administrator Contact Information:
Accounting
Phone: 940-564-8155

Employee Signature: _____ Date: _____

Allow 2 weeks to receive payment for approved reimbursements.