



July 1, 2014

«First_Name» «Last_Name»
«Address_Line_1»
«Address_Line_2»
«City», «State» «Zip»-«Zip_Ext»

Dear «First_Name» «Last_Name»:

Effective July 1, 2014, the City of Haverhill is continuing the Health Reimbursement Arrangement (HRA) component to the MIAA/Blue Cross and Blue Shield HMO (deductible) and PPO (deductible) Plans. **Eligible participants in this HRA include active employees and non-Medicare Retirees under 65 who are enrolled in the BCBS HMO (deductible) and PPO (deductible) Plans only.**

Participants are eligible for reimbursement of certain copayments after they have incurred individual copayments over \$100 that total more than \$750 for an individual subscriber and/\$1,500 for a family plan subscriber in a plan year.

Participants can submit claims for reimbursement for the following copayments incurred after the out of pocket requirement of \$750 individual/\$1,500 family has been reached:

- Outpatient Surgery Copayments up to \$110 per occurrence
- Inpatient Admission Copayments up to \$700 per occurrence
- Hi-Tech Imaging Copayments up to \$100 per occurrence

For tracking purposes, please retain all receipts and Explanation of Benefits (EOB) statements. Once you have reached your out of pocket requirement, and then incur one of the reimbursable copayments, you may submit all your documentation to Crosby along with a completed HRA Reimbursement Request Form.

Included with this memo is:

- HRA Reimbursement Request form.

To file a request for reimbursement from your HRA:

- Complete the enclosed HRA Reimbursement Request form. Indicate on the form the copayment(s) for which you are requesting reimbursement. The form can also be downloaded online from www.mycrosbybenefits.com. Claim forms will also be available in Human Resources at City Hall and online at the Human Resources employee benefit page.

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- Attach prescription receipts and the Explanation of Benefits (EOB) statements from Blue Cross Blue Shield as proof of your out of pocket expenses as described above and the copayment(s) for which you are requesting reimbursement.
- Fax reimbursement requests and supporting documentation (EOB) to 978-367-9626 or mail to Crosby Benefit Systems, PO Box 25172, Lehigh Valley, PA 18002-5172.

Your proof for HRA expenses must clearly indicate:

- the person receiving the service
- the type of service or supply
- the name of the person providing the service or supply
- the amount charged
- the date the service was rendered

How to Set Up an Account Online:

1. Go online to www.mycrosbybenefits.com (turn off pop-up blockers) and click on the New User link
2. Follow the prompts to set up your user account. You will be asked to provide an Email Address, Date of Birth, Zip Code and your Unique Identifier (SSN)
3. Click Submit
4. An Activation Email will be sent to the Email Address you provided. Follow the instructions to “Activate your Account”. Once activated, you will be directed to the MyCrosbyBenefits.com Lobby.
5. Choose the green “Reimbursement Accounts” button to access your Reimbursement Account information.

If you have any questions, please feel free to contact Crosby Benefit Systems at 866-918-9711 or servicecenter@crosbybenefits.com.

Sincerely,
Crosby Benefit Systems