

INSURANCE ADVISORY COMMITTEE
Town of Edgartown
70 Main Street
Edgartown, MA 02539

TO: Town of Edgartown Employees with CCMHG
From: Insurance Advisory Committee
Date: February 6, 2013
RE: Health Care Reimbursement

As part of the state mandated health insurance reform for towns and school districts, we were required to put aside a sum of money for the 2012-2013 school year to assist those members who were disproportionately impacted by the increased deductibles and co-payments. For the Town of Edgartown, this sum of money is \$7,500.

The Insurance Advisory Committee (IAC) comprised of Michael Gazaille, Chairman, Peter Bettencourt, Shelley O'Neil, Cindy Smith and Marilyn Wortman met and developed a process and a form for use in the procedure. The form is on the reverse side of this memo and additional copies are available at the Personnel Office in the Town hall and at the Edgartown School.

If you have any questions, please attend one of the IAC meetings posted on the Town of Edgartown website.

Town of Edgartown
FY13 Health Care Reimbursement Form

Name: _____

Dept: _____

If you reach 50% of the maximum out-of-pocket expense for the benefit year - July 1 to June 30 – (see below), you may apply for reimbursement from a special fund established to assist those disproportionately impacted by the switch to the revised health insurance plan effective on July 1, 2012.

Keep your explanation of benefits (EOB) and/or other receipts and submit copies, along with this form, to Marilyn Wortman in the Personnel office no later than **June 1, 2013**.

The Insurance Advisory Committee (IAC) comprised of Michael Gazaille, Chairman, Peter Bettencourt, Shelly O'Neil, Cindy Smith and Marilyn Wortman will review all applications and grant reimbursements up to the total amount available:

Town of Edgartown - \$7,500

Please check one:

Single 2 Person/Family

Expenses during contract year:

Member: \$ _____
Spouse: \$ _____
Child(ren) \$ _____
TOTAL: \$ _____

Maximum out of pocket expenses:

Single \$2,000
2 Person/Family \$4,000

Other extraordinary expenses

(hotels, travel, etc.) \$ _____

FOR OFFICE USE ONLY

IAC Review Date: _____

Action: _____

SIGNATURE

DATE