

## City of Haverhill – HRA Design and Claim Form Info – Effective July 1, 2017

1. Reimburse 100% of the in-network deductibles under the lowest deductible wide network plan offered for non-Medicare retirees who are over age 65 enrolled in the lowest deductible wide network plan offered (**excludes Fallon Health Direct and Fallon Health Select plans**).
  - **This is a very limited group of retirees; a separate eligibility file (approx. 90 retirees) will be provided for this group. Maximum reimbursement is \$500/individual, \$1,000/family - per plan year.**
2. Reimburse the Inpatient copayment amount over \$700 (the current inpatient copayment) for Tier 3 Hospitals. *For example, if the Tier 3 hospital copayment is \$1,500, the HRA would reimburse \$800 (\$1,500-\$700).* (**Only Fallon Health Select, Harvard Independence, Tufts Navigator and UniCare Plus plans.**)
  - **All employees/non-Medicare retirees who are enrolled in Fallon Health Select, Harvard Independence, Tufts Navigator and UniCare Plus plans would be eligible. Maximum \$800 reimbursement per admission.**
3. Reimburse 100% of the inpatient copayment at Holy Family Hospital in Haverhill or Methuen under any eligible plan. (**Currently the reimbursement would be \$50 for Medicare retirees and \$275 for all others, per admission. If the inpatient co-pay changes next fiscal year, the amounts will change appropriately**)
  - **All employees/non-Medicare retirees and retirees enrolled in the UniCare OME plan are eligible for this. Currently the reimbursement would be \$50 for Medicare retirees and \$275 for all others – per admission. If the inpatient co-pay amount changes next fiscal year, the amounts will change appropriately.**
4. Reimburse 100% of a member's in network out of pocket costs (i.e., copayments, deductibles, coinsurance, but not premiums) that exceed \$2,000 in a plan year (7/1-6/30) for those members enrolled in the lowest deductible wide network plan offered (**excludes Fallon Health Direct and Fallon Health Select plans**). Any amounts that are reimbursable under any HRA(s) would not count toward the out of pocket maximum limit.
  - **All employees and retirees are eligible for this (except those enrolled in Fallon Health Direct and Fallon Health Select plans). The claims would need to be reviewed manually to ensure that any prior HRA reimbursements are accounted for, etc.**
5. Reimburse 100% of a member's in network deductible that exceed \$300 (Single) and \$900 (Family) in a plan year (7/1-6/30) for those members enrolled in the lowest deductible wide network plan offered (**except those enrolled in Fallon Health Direct or Fallon Health Select plans**).
  - **All employees and non-Medicare retirees would be eligible for this (except those enrolled in Fallon Health Direct or Fallon Health Select plans). Maximum reimbursement is \$100 for family plan, \$200 for individual plan.**