

# Jefferson County Commission

## HRA In-Network Medical Plan Deductible Reimbursement Policy Coordination of Benefits Provision

As your HRA submission indicated that You and/or your Enrolled Dependent(s) may have Insurance Coverage (Primary or Secondary) other than the Jefferson County Commission Group Medical/Rx Plan & the Jefferson County Commission HRA Policy.

In order to comply with IRS Regulations and the guidelines of the Jefferson County Commission Plan Policy Guidelines, additional information is required to determine if the claims you submitted are eligible for reimbursement by the Jefferson County Commission HRA plan.

Please complete the following for the Other Insurance:

Confirm Type of Insurance:

- Medicare – Part A and Part B
- State Medicaid or Medical Assistance
- Employer Group Health Plan or Retiree Plan

Name of Carrier \_\_\_\_\_

- Confirm If the Plan is an HSA/Qualified High Deductible Health Plan

List Who is Covered on the Insurance Plan Indicated Above:

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Provide the Effective Date of the Insurance Coverage Indicated Above: \_\_\_\_\_

Sign and Date where indicated below acknowledging that you may be required to present additional documentation to verify the Insurance Plan's Individual/Family Deductible as well as the EOB statements for the claims you submitted to the Jefferson County Commission HRA so that calculations can determine if the required \$750/\$1,500 Deductible Responsibility will be offset by the primary/secondary insurance coverage.

\_\_\_\_\_  
Employee Confirmation Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Signature

**Please submit this form to Millenium Insurance Group to review. You will be notified in writing if additional detail or documentation is required in order for your HRA Submission to be processed for the allowable reimbursement allowance by the Jefferson County Commission HRA policy.**