



## **FY18 Health Mitigation Fund Frequently Asked Questions**

### ***What is the Health Mitigation Fund?***

It's a fund established by the Westwood Board of Selectmen for employees who participate in the Town's GIC health plans. The fund exists to give financial assistance to employees who experience exceptionally high out-of-pocket costs in a given fiscal year.

### ***How does it work?***

At the end of the fiscal year, employees request statements from their insurance companies showing how much money they spent on their individual or family health plans throughout the year. If their out-of-pocket expenses exceed a certain threshold, employees can receive a partial reimbursement of these high out-of-pocket costs.

### ***What are the thresholds for reimbursement?***

- Individual plans:     \$ 600
- Family plans:        \$1,550

If your GIC healthcare expenses in FY18 – not including payments toward your deductible(s) -- exceeded the threshold amounts above, you may receive a reimbursement of up to 75% of your over-threshold costs.

In past years, employees have received hundreds and even thousands of dollars in reimbursements from the Health Mitigation Fund.

### ***What if I don't want to share my personal medical information?***

The Health Mitigation Fund is administered by an outside consulting firm, so your medical information is protected. No one from Westwood will see what you submit.

### ***How do I get a statement of my expenses from my health plan?***

You can find your health insurance provider's contact information following these FAQs. Contact your health plan to obtain a statement of the out-of-pocket expenses you and your dependents incurred between **July 1, 2017 – June 30, 2018**. Then send a copy of the statements from your insurance company to Colleen LaRosa in one of the following ways:

By Email: [CLaRosa@cookandcompany.com](mailto:CLaRosa@cookandcompany.com)  
By Fax: 781-837-7319  
By Mail: Colleen LaRosa  
Cook & Company Insurance Services, Inc.  
P.O. Box 1068  
Marshfield, MA 02050

### ***What is the deadline for submitting my FY18 expenses?***

Your mailed expenses must be submitted by **October 19, 2018**.

### ***When will I receive my reimbursement from the Health Mitigation Fund?***

If your submitted expenses exceed the thresholds established for FY18, you will receive a payment in the form of an expense reimbursement in one of your paychecks, most likely in November or December, 2018. We will notify you prior to issuing your reimbursement.

### ***Who can I contact with questions about the FY18 Health Mitigation Fund?***

Feel free to reach out with questions to:

Joan Courtney Murray  
Director of Human Resources  
[jcmurray@townhall.westwood.ma.us](mailto:jcmurray@townhall.westwood.ma.us)  
781-320-1028

**See next page for health plan contact information!**

## CONTACT INFORMATION FOR GIC INSURERS

### FY18 Health Mitigation Fund

| PLAN NAME  | PHONE NUMBER          | WEBSITE  | NOTES  |
|--|-----------------------|--|--|
| <b>Fallon Health</b><br><br>Direct Care<br><br>Select Care                             | <b>1-866-344-4442</b> | <b>Fallonhealth.org/gic</b>  | Call to request a statement of claim details for each covered member for the time period of 7/1/17 – 6/30/18. The member will be asked to verify their full account information as part of the process.  |
| <b>Harvard Pilgrim Health Care</b><br><br>Independence Plan<br><br>Primary Choice Plan | <b>1-800-542-1499</b> | <b>Harvardpilgrim.org/gic</b>  | Call to request a Claim Usage Report for each covered member for the time period of 7/1/17 – 6/30/18 <b>OR</b> Create a personal account on the website to view claim information and request activity summaries.  |
| <b>Neighborhood Health Plan</b><br><br><b>NHP Prime</b>                                | <b>1-866-567-9175</b> | <b>Nhp.org/gic</b><br><br><b>In search box, search for “Member Record Request Form”</b>              | Members may email memberservices@nhp.org or they may call 866-567-9175 to request copies of their Explanation of Benefits for the time period 7/1/17 – 6/30/18. These documents will be sent either by mail or by email, depending on the member’s preference <b>OR</b> Members may complete a “Member Record Request Form” for each covered member and submit according to the directions on the form.<br><br><b>Requests may take 2-4 weeks to complete.</b> |
| <b>Tufts Health Plan</b><br><br>Navigator<br><br>Spirit                                | <b>1-800-870-9488</b> | <b>Tuftshealthplan.com/gic</b><br><br><b>In search box, search for “Claims Profile Request Form”</b> | Each covered member on the plan must complete a “Claims Profile Request Form”. Request both Medical and Prescription claims for the time period 7/1/17 to 6/30/18 and submit according to the directions on the form.  |
| <b>UniCare State Indemnity Plan</b><br><br>Basic<br><br>Community Choice<br><br>PLUS   | <b>1-800-442-9300</b> | <b>Unicarestateplan.com</b>  | Members may access the web portal at <a href="https://www.unicarestateplan.com/viewclaims.html">https://www.unicarestateplan.com/viewclaims.html</a> and retrieve Explanations of Benefits for the time period 7/1/17 – 6/30/18. First time users will need to create a user profile <b>OR</b> Call UniCare to request this information.   |