

# City of Taunton

## MEDEX Prescriptions

### Health Reimbursement Form

Plan Year: 2017

#### Part I. Subscriber Information

(Check if new address)

MEDEX Subscriber's Name: _____	MEDEX #: - _____
<i>Last</i> <i>First</i> <i>Middle Initial</i>	
Mailing Address: _____	
<i>Street</i> <i>City</i> <i>State</i> <i>Zip</i>	
Phone: (      )      -      (      home      cell)      Email Address: _____	

#### Part II. Instructions for submitting form (Please Read Carefully)

To qualify for the reimbursement, retirees or their eligible spouses must provide proof of payment of out of pocket prescription costs totaling over **\$622.00** for those individuals enrolled in MEDEX 2. The City will reimburse employees for out of pocket costs until the HRA account funds have been exhausted for the given plan year.

1. Complete Part I on this form and make sure to indicate if your mailing address has changed.
2. Complete Part III detailing member name, date of service, type of service, description of service, and amount paid. All expenses must be incurred in the plan year commencing **1/1/17** and ending **12/31/17**. **You have up to 30 days after the end of a plan year to submit prescription co-pay expenses that are eligible for reimbursement.**
3. All **prescription co-pay receipts or invoices** supporting your request for reimbursement must be attached. This supporting documentation must show prescription number, date of prescription, amount paid, member name showing a zero ("0") balance.
4. Eligible retiree participant must sign Part IV certifying authenticity of expenses.

#### Examples of Eligible Expenses

**Prescriptions:** Only co-pays for prescription medications are eligible for reimbursement.

#### Part III. Detail of Out of Pocket Costs Prescription Costs (attach paid receipts)

Name of MEDEX Subscriber	Date of Service (mm/dy/yr)	Prescription Rx #	Amount Paid to Provider

(Additional space on back)

