

Jefferson County Commission

HRA In-Network Medical Plan Deductible Reimbursement Policy Effective July 1, 2025

Highmark West Virginia will continue as the **PPO** carrier for the 2025-2026 benefit plan year. The Medical Plan's In-Network Deductible will be \$7,500 per Individual and \$15,000 per Family.

The Highmark Medical Plan Deductible Resets on July 1, 2025 and ends on June 30, 2026 for the 12-month Deductible Benefit Period.

The Jefferson County HRA Plan will continue to provide the in-network deductible reimbursement allowance based on the following enrollment structure:

➤ **Deductible Reimbursement for the Employee Only Enrollment:**

The Employee pays the first \$750.00 and the HRA Plan will reimburse the employee for the 2nd portion of the In-Network Deductible met on an individual basis up to a maximum of \$6,750.00.

➤ **Deductible Reimbursement for the Employee + 1 or more Dependents Enrollment:**

The Employee & Dependent(s) pay the first \$1,500.00 and the HRA Plan will reimburse the employee for the 2nd portion of the In-Network Deductible met on a Family Basis up to a maximum of \$13,500.00.

No Individual (employee or dependent) will have a deductible liability of more than \$750.00

Medical Plan Copayments and Prescription Drug Copayments & Deductibles are EXCLUDED from Reimbursement Allowances.

Out-of-Network Expenses are EXCLUDED from Reimbursement Allowances.

Dental Plan Deductible and Out-of-Pocket Expenses are EXCLUDED from Reimbursement Allowances.

In order to receive reimbursement for the In-Network Deductible, copies of the **Highmark West Virginia EOB** (Explanation of Benefits) statements **AND a completed and signed Deductible Reimbursement Claim Form will need to be submitted to Millenium Insurance Group.**

The Reimbursement Claim Form includes a **REQUIRED question to confirm** if there is Other Insurance Coverage for the Employee and for enrolled dependent spouse and child(ren). Your submission will be placed on hold if the answer boxes are blank. For any Claim Form received that has the "Yes" box checked, you will need to complete a **Coordination of Benefits Form** and submit for review and determination if your claims are eligible for reimbursement by the Jefferson County Commission HRA plan.

Due to federal confidentiality restrictions, the claim form must be completed and signed by the employee. All reimbursement requests will be adjudicated based on the In-Network plan specifications. Upon verification of the In-Network deductible claim eligibility and processing, Jefferson County Commission will reimburse the employee. **It is the employee's responsibility to pay all providers associated with this reimbursement.** All submissions will be processed on a weekly basis.

Note: You do not pay taxes on the reimbursed deductible amounts.