

Jefferson County Commission

2025-2026 Plan Year

HRA In-Network Medical Plan Deductible Reimbursement Policy {COB} Coordination of Benefits Provision

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.

To comply with IRS Regulations and the guidelines of the Jefferson County Commission Plan Policy, you are required to provide additional information 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 Only
- Medicare – Part A and Part B
- State Medicaid or Medical Assistance
- Secondary Employer Group Health Plan or Retiree Plan

Name of Carrier _____

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

List Members Covered on the Insurance Plan Indicated Above:

Provide the Effective Date of the Insurance Coverage Indicated Above: _____

Sign and Date as 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 a primary and/or a secondary insurance coverage.

Employee Confirmation Signature

____/____/_____
Date of Signature

If requested, please submit this form to Millenium Insurance Group to review. You will be notified in writing if additional details or documentation is required for your HRA Submission to be processed for the allowable reimbursement allowance by the Jefferson County Commission HRA policy.