



## EMPLOYER-FUNDED MEDICAL REIMBURSEMENT PLAN BENEFITS PROGRAM SUMMARY BAY DE NOC COMMUNITY COLLEGE, G-912

### HOW THE PLAN WORKS

The employer has established an Employer-Funded Medical Reimbursement Plan to cover eligible expenses not covered by the employer's group health plan. A participant will file claims with the employer's group health plan. After that plan has processed the claims, the participant's Employer-Funded Medical Reimbursement Plan will reimburse a participant for unpaid eligible expenses as follows:

- up to **\$500** for amounts applied toward the satisfaction of each covered person's in-network deductible (maximum **\$1,000** per family).
- up to **\$500** for amounts applied toward the satisfaction of each covered person's out-of-network deductible (maximum **\$1,000** per family). The covered person must satisfy the first \$500 and the family must satisfy the first \$1,000 of the out-of-network deductible.

### HOW TO FILE A CLAIM

A participant must follow these steps to file a claim under the Employer-Funded Medical Reimbursement Plan:

1. File a claim for health care expenses with the employer's group health plan.
2. Obtain documentation from the employer's group health plan that eligible charges were applied toward that plan's deductible (e.g., an Explanation of Benefits [EOB]).
3. Obtain an Employer-Funded Medical Reimbursement Plan Claim Form and complete it accurately and completely. The Employer-Funded Medical Reimbursement Plan Claim Form is available from the employer or from the Claim Administrator, ASR. You may contact ASR by writing to the address below, calling (616) 957-1751 or (800) 968-2449, or visiting [www.asrhealthbenefits.com](http://www.asrhealthbenefits.com).
4. Sign and date the claim form where indicated, attach the EOB from the employer's group health plan, and submit both to ASR via mail, fax, or e-mail as follows:

Mail: P.O. Box 6392, Grand Rapids, Michigan 49516-6392  
Fax: (616) 464-4458  
E-mail: [submitflexclaim@asrhealthbenefits.com](mailto:submitflexclaim@asrhealthbenefits.com)

Complete and proper claims for benefits made by covered persons will be promptly processed. All information will be reviewed promptly. The employer or ASR may request missing or additional data if needed. The employer or ASR reserves the right to require an original claim form or billing statement.

ASR shall examine each claim for reimbursement and determine whether the claim is for expenses covered by this plan. The Claim Administrator will automatically reimburse the approved portion directly to the participant. The Plan shall not recognize an assignment of benefits. The participant should keep a copy of the claim form and EOB statement(s) for each reimbursement request for his or her own records. Any questions can be directed to the employer or ASR.

#### NOTE:

**This summary represents only a summary of the Employer-Funded Medical Reimbursement Plan as it applies to all eligible employees and dependents. This summary is not the plan document or the summary plan description and shall not be relied upon to establish or determine eligibility, benefits, procedures, or the content or validity of any section or provision of the plan. Please refer to the Employer-Funded Medical Reimbursement Plan document for specific information regarding plan provisions.**