

**TOWN OF MANSFIELD**  
**Insurance Co-Pay Reimbursement Mitigation Program – All Employees**

Employee Name	Address:
Department	
Employee Number:	Retiree: <input type="checkbox"/> Yes <input type="checkbox"/> No

**HMO BLUE VALUE**

	Number of Receipts	Reimbursement Amt.	Total
Office Visit		X \$10	
Emergency Room Visit		X \$75	
Hospitalization/Admission		X \$500	
Surgery		X \$250	
Imaging: (hospital only)		X \$75	
<b><u>EXPRESS SCRIPT ONLY</u></b>			
Mail Order (generic)		X \$15	
Mail Order (brand name)		X \$30	
Mail Order (non-preferred)		X \$100	

**PPO ENHANCED VALUE**

	Number of Receipts	Reimbursement Amt.	Total
Office Visit		X \$10	
Emergency Room Visit		X \$50	
Hospitalization/Admission		X \$500	
Surgery		X \$250	
Imaging: (hospital only)		X \$75	
<b><u>EXPRESS SCRIPT ONLY</u></b>			
Mail Order (generic)		X \$15	
Mail Order (brand name)		X \$30	
Mail Order (non-preferred)		X \$100	

Total Requested: \_\_\_\_\_

Only prescriptions ordered through Express Scripts are eligible for reimbursements. Subscriber pays \$30, Town reimburses \$15, Subscriber pays \$60, Town reimburses \$30, Subscriber pays \$150, Town reimburses \$100.

- ✓ One form may be used for multiple co-pay reimbursements within one fiscal year.
- ✓ Attach copies of original paid receipts. Receipts must include the date of the visit, doctor/hospital name, patient's name and the amount of co-payment. Other personal information on the receipt should be blacked out.
- ✓ Requests should be submitted within 30 days after payment of the co-payment, but NO LATER than the end of the quarter after payment of the co-payment. Do not hold mitigation requests until the end of the fiscal year.
- ✓ Mitigation requests cannot be submitted for co-payments made via an employee flexible spending account (FSA). FSA dollars set aside for medical/dental & pharmacy expenses are pre-tax dollars. Submitting the same co-payment via a mitigation request is the same as requesting a second pre-tax reimbursement for the same co-payment. This practice is illegal and the Town cannot process mitigation requests submitted for FSA paid co-pays.

Submit to: Treasurer's Office for Town Employees & Retirees. School Payroll Office for School employees.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Payroll Date: \_\_\_\_\_