



FY19 Health Mitigation Fund Frequently Asked Questions

What is the Health Mitigation Fund?

It's a fund established by the Westwood Board of Selectmen for employees who participate in the Town's GIC health plans. The fund exists to give financial assistance to employees who experience exceptionally high out-of-pocket costs in a given fiscal year.

How does it work?

At the end of the fiscal year, employees request statements from their insurance companies showing how much money they spent on their individual or family health plans throughout the year. If their out-of-pocket expenses exceed a certain threshold, employees can receive a partial reimbursement of these high out-of-pocket costs.

What are the thresholds for reimbursement?

- Individual plans: \$ 600
- Family plans: \$1,550

If your GIC healthcare expenses in FY19 – not including payments toward your deductible(s) -- exceeded the threshold amounts above, you may receive a reimbursement of up to 75% of your over-threshold costs.

In past years, employees have received hundreds and even thousands of dollars in reimbursements from the Health Mitigation Fund.

What if I don't want to share my personal medical information?

The Health Mitigation Fund is administered by an outside consulting firm, so your medical information is protected. No one from Westwood will see what you submit.

How do I get a statement of my expenses from my health plan?

You can find your health insurance provider's contact information following these FAQs. Contact your health plan to obtain a statement of the out-of-pocket expenses you and your dependents incurred between **July 1, 2018 – June 30, 2019**. Then send a copy of the statements from your insurance company to Colleen LaRosa in one of the following ways:

By Email: CLaRosa@cookandcompany.com
By Fax: 781-837-7319
By Mail: Colleen LaRosa
Cook & Company Insurance Services, Inc.
P.O. Box 1068
Marshfield, MA 02050

What is the deadline for submitting my FY19 expenses?

Your mailed expenses must be submitted by **October 31, 2019**.

When will I receive my reimbursement from the Health Mitigation Fund?

If your submitted expenses exceed the thresholds established for FY19, you will receive a payment in the form of an expense reimbursement in one of your paychecks, most likely in November or December, 2019. We will notify you prior to issuing your reimbursement.

Who can I contact with questions about the FY19 Health Mitigation Fund?

Feel free to reach out with questions to:

Joan Courtney Murray
Director of Human Resources
jcmurray@townhall.westwood.ma.us
781-320-1028

See next page for health plan contact information!

CONTACT INFORMATION FOR GIC INSURERS -- FY19 Health Mitigation Fund

PLAN NAME	PHONE NUMBER	WEBSITE	NOTES
AllWays Health Partners Complete HMO	1-866-567-9175	alwayshealthparnters.org/ gic-members	Members may sign in to the member portal on the website to print their Summary of Payments. OR Call (have your member ID number available) and request a Summary of Payments for each covered member for the time period 7/1/18 – 6/30/19. This document will be sent either by mail or by email, depending on the member’s preference.
Fallon Health Direct Care Select Care	1-866-344-4442	Fallonhealth.org/gic	Members may sign in to the member portal on the website and print Explanations of Benefits; OR Members should refer to the Explanation of Benefits dated June 30, 2019 that they receive automatically either through the mail or digitally; OR Call to request a statement of claim details for each covered member for the time period of 7/1/18 – 6/30/19. The member will be asked to verify their full account information as part of the process.
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan	1-888-333-4742	Harvardpilgrim.org/gic	Members may sign in to the member login on the website and print the Activity Summaries found under “More Tasks” OR Call to request a Claim Report for each covered member for the time period of 7/1/18 – 6/30/19.
Tufts Health Plan Navigator Spirit	1-800-870-9488	Tuftshealthplan.com/gic Scroll down and click on “View All Digital Tools” and then In search box, search for “Claims Profile Request Form Commercial”	Members may sign in to the member login on the website and print claim information. OR Each covered member on the plan must complete a “Claims Profile Request Form” which may be printed from the website or call to request the form. Select both Medical and Prescription claims for the time period 7/1/18 to 6/30/19 and submit according to the directions on the form.
UniCare State Indemnity Plan Basic Community Choice PLUS	1-800-442-9300	Unicarestateplan.com	Members may access the web portal at https://www.unicarestateplan.com/viewclaims.html and print Explanations of Benefits for the time period 7/1/18 – 6/30/19. OR Call UniCare to request this information.