

**POLICE HEALTH INSURANCE REIMBURSEMENT POLICY
TREDYFFRIN TOWNSHIP**



Starting August 1, 2009, the medical plan offered to active and retired police officers shall be AETNA PPO.

Not only is the health care provider changing but also the co-pay levels structured within the plan.

The Township has agreed as part of the Memorandum of Understanding for the 2009 – 2011 contract terms to reimburse eligible active and retired officers as illustrated in the following table.

Service	New Co-pay	Old Co-pay	Reimbursement Amount	
			Retired	Active
Doctor Visits	\$10	\$5	\$5	\$0
Specialist Visits	\$20	\$5	\$15	\$0
Prescriptions for generic	\$10	\$1	\$9	\$5
Prescriptions for brand	\$20	\$1	\$19	\$10
ER deductible	\$100	\$25	\$75	\$0
Out of network services	30%	20%	10%	0%

PROCEDURES FOR REIMBURSEMENT:

- Requests for reimbursement shall be made on a monthly basis for the prior month’s activity by completing a Medical Reimbursement Form along with supporting documentation and submitting it to the Township’s Executive Secretary.
- Accepted supporting documentation:
 - a. Itemized receipt or statement providing the following information from the doctor / specialist / pharmacist / health care professional; or,
 - i. Name of doctor / specialist / pharmacist / health care professional.
 - ii. Patient’s name

- iii. Date (s) of service
 - iv. Dollar amount paid
- b. Medical history documentation from the Aetna website. In order to access this information you need to register on the Aetna website (www.aetna.com).
- i. At the home page within the recent claim section you can select search all claims.
 - ii. The site will take you to another screen where you can generate a listing for medical and pharmacy history.
 - iii. Enter date range for the month you are requesting reimbursement.
 - iv. Review history for accuracy (they typically have updated within 1 week of service – contact member services @ 1-800-308-7344 directly if information is missing or incorrect) and submit a copy of the screen print with the Medical Reimbursement Form (we will not accept a download to excel).
- All payments made under this agreement shall be made directly to the covered officer or retiree requesting reimbursement. The Township will not make direct payments to any provider or dependent.
 - Completed Reimbursement Request Forms along with supporting documentation shall be submitted to the Township's Executive Secretary for payment no later than the 10th workday of each month. Requests which are approved by the Township's Executive Secretary will be submitted to Finance for payment in the next scheduled weekly check run.