



RUSH Health Medical Reimbursement Program Frequently Asked Questions:

1. Which plans are affected by this new program:

Both PPO plans. You must be enrolled in either the PPO Plus or Blue Edge HCA plans to get reimbursed under this program. If you are in the HMO Blue Advantage you are unable to participate in this reimbursement program.

2. How do I find a doctor that is eligible under the Rush Health Medical program?

Employees that want to use a RUSH Health reimbursable provider can use the links below to find eligible RUSH Health Medical providers.

a. This link includes current Rush Health Medical providers searchable by Specialty and Location:

https://doctors.rush.edu/?_ga=2.209268245.628019359.1618414512-1864951974.1618270289

b. This link includes both independent RUSH Health Medical reimbursable providers as well as non-eligible reimbursable participating providers. Providers or doctors that indicate they are associated with Riverside Health Systems are not covered under the reimbursable agreement:

<https://providers.rush-health.com/?Index=2>

c. Use this link to find RUSH Health Medical sites and locations by department and specialty:

<https://www.rush.edu/locations>

3. Can we use Benefit Value Advisor (BVA) to find an in-network Rush Health Medical Provider?

No. Benefit Value Advisor works with all BCBS members to find value physicians and facilities for the entire BCBSIL PPO network. BVA does not work in coordination with RUSH Health and is not aware of program. If you use BVA services, they can direct you to any Provider in the PPO network (not just RUSH Health).

4. Which types of Medical services are reimbursable?

The Rush Health Medical program will reimburse employee claims for all services and that are currently covered under the BCBS PPO plans (**with the exception of emergency room services**), provided that the service(s) were performed by a Rush Health Provider covered under this program.

5. Is Telehealth Covered under this program?

Yes. As long as the Provider bills you as a Rush Health Medical provider, the claim will be reimbursable under this program.

6. What information is needed to process my reimbursement?

You will need 1) A copy of your paid Receipt from Rush Health Medical, and 2) A copy of your Explanation of Benefits that reflects your paid amount.



7. What is an Explanation of Benefits (EOB)?

Your EOB is a statement from BCBSIL that includes your claim #, patient name, the Medical Provider (RUSH Health), date of service and the amount payable. EOB letters are mailed to the member's home after the claim has been processed and submitted by your doctor to BCBSIL. Employees may also download a copy of the EOB sooner from the BCBS members site, if they already have a BCBS member account.

8. Do I need a BCBS member account for reimbursement?

No. However, it may be quicker to download an Explanation of Benefits sooner if you have one. If you want to register for a BCBS member account, you can create one by going to <https://members.hcsc.net/wps/portal/bam/registration> and following the prompts.

9. What if the amount on my Explanation of Benefits is different than the amount I paid, or that is my receipt?

You can only get reimbursed for the cost or amount you paid. If the amount on your receipt is less than the amount on your Explanation of Benefits letter, you will only get paid for the amount on your receipt (that was paid). If the amount on your receipt is greater than your out-of-pocket liability on your Explanation of Benefits letter, you can only get reimbursed up to the amount on the corresponding Explanation of Benefits letter.

10. How do I get a paid receipt for my Doctor's visit?

It depends on how and when you pay your doctor. If your doctor or provider requires you to pay at the time of service, please be sure to request a receipt at the time of your payment. If your doctor or provider bills you after your visit, you will need to get or request a copy of your bill from your doctor after you have paid your bill. Please note, questions regarding receipts must be directed to the Rush affiliated provider, as we are unable to answer any questions about your provider payment.

11. Do I have to pay the doctor at the time of service?

Yes, if the Provider requires payment, you must pay at the Point of Service (POS).

12. What if there is no cost associated with the services I received from the Provider?

If there is no charge associated with your visit or services you received, you cannot submit a claim for out of pocket expenses.

13. Can I use a Flexible Spending Account (FSA) card, Health Savings Account (HSA) to pay my RUSH Medical Health bill?

You cannot use a FSA or HSA card to pay your RUSH Health Medical bill and also get reimbursed under this program. If you have, you cannot get reimbursed under this program. You must also acknowledge that you have not sought or will receive payment from any other source when you complete your reimbursement application.



14. How do I submit my bill for reimbursement?

Once you have your Explanation of Benefits (EOB) from BCBSIL and copy of your paid receipt for the amount being reimbursed:

- A. Log on to the SD308 Employee Intranet.
- B. From the Human Resources drop down menu select 'Insurance Benefits'.
- C. Next scroll down and open the 'RUSH Healthcare Savings Program' webpage.
- D. Under 'How it Works:' click the link that says form online and submits proof of the services and payment to the district, and enter the information below:
 - i. Employee Information: enter your Name, best phone number to be reached, and SD308 email.
 - ii. Patient information: enter the patient name, patient DOB, relationship to employee, and BCBS member number (insurance Policy #).
 - iii. Medical Expenses: provide the Date of Service, Patient Name, Provider Name, Claim#, and Total Charges.
 - iv. Payment Information: In this area, please check the box to confirm that you incurred the expenses and did not pay with a "Navia" credit card, or have not sought reimbursement through another Flexible Spending Account or Healthcare Savings Account HSA.
 - v. Verification: download a copy of our EOB and Paid Receipt and sign the application.

15. Are my reimbursements still applied to my annual PPO Plus or Blue Edge HCA deductible?

Yes. All Medical expenses will continue to be processed by BCBSIL the same as before. However, your RUSH Health Medical expenses are reimbursed to you as well as applied to your out-of-pocket liability. Regardless of whether you use RUSH Health Medical or any other medical provider, all of your eligible out of pocket expenses are applied to your deductible until it is met, and thereafter your Out-of-Pocket maximum.

16. What is the Annual Out-of-Pocket maximum and is it also reimbursable under this program?

The Out-of-Pocket maximum is the amount that you are required to pay after you have met your deductible. Generally, you continue to pay 20% of all claims, up to an annual maximum after you have met your deductible. If you use RUSH Health Medical, any applicable out of pocket cost will also be reimbursable to you as well as applied to your annual out-of-pocket.

17. I have the Blue Edge plan and the plan pays the first \$500 of annual claims. Do I still need to submit anything for reimbursement?

No. If you do not have to pay an out of pocket expense, you cannot get reimbursed.

18. What if I have already fulfill my annual deductible and out-of-pocket for the year?

If you have fulfill your annual deductible and Out-of-Pocket for this year already, BCBS will paid 100% of any remaining claims for the year. No claims would be reimbursable under this program if you no longer have a deductible or Out-of-Pocket to fulfill.



19. Is the Rush Healthplex Fitness Center fee reimbursable under this the program?

No. Costs associated with the Healthplex are not reimbursable. However, SD308 employees can receive a 30% discount when signing up under the corporate membership plan. Employees interested in a membership for themselves or family, please visit the Healthplex Fitness center at <https://www.rush.edu/rush-copley-healthplex-fitness-center> for more member information.

20. How long will does it take to get reimbursed?

Reimbursements can be processed quickly, if there are no errors on your medical application reimbursement or 'Explanation of Benefits' or receipt of payment. Check requests received and processed between the 1st to the 15th are reimbursed on the 30th of the same month. Applications processed between the 16th and 31st are reimbursed on the 15th of the following month.