

Script For Rush Webinar

Good morning, and thank you for joining me today. My name is Glenn Campos, and I am the District's Benefits Coordinator.

I'm here today to talk about an exciting new program that we've initiated with Rush Health Medical starting May 3. This program will reimburse employees for most out-of-pocket expenses incurred at Rush Health Medical for employees and their dependents who are covered by the District's PPO or HCA medical insurance plans. This program does not cover out-of-pocket expenses incurred for treatment at Rush Medical Emergency rooms, or for expenses reimbursed from a Flexible Spending Account. Also, the start date of this program is May 3. Any claims incurred prior to May 3 will not be reimbursable under this program.

For more information regarding the terms and conditions of this program, please see our Frequently Asked Questions on the SD308 website under the Rush Healthcare Savings Program webpage.

Now that we've covered the basics of this program, I'd like to focus on how you can get reimbursed for eligible out-of-pocket expenses.

Before you can submit for reimbursement, you will need to have two documents.

The first document is an "explanation of benefits." Explanation of Benefit letters are an explanation of the services or treatments provided, the costs that are covered by Blue Cross Blue Shield for those services or treatments, and your out-of-pocket liability. These are typically mailed to your home address within two to three weeks of when the claim was submitted by your doctor's office. In some cases, these can be accessed more quickly by going to the Blue Cross Blue Shield website. If you do not already have an account, for more information on this, please watch my video titled "how to create a blue cross blue shield member account" Rush Healthcare Savings Program webpage.

The second document is a receipt showing that you have paid your out-of-pocket expenses. These are typically provided at the time of payment, or mailed upon receipt of payment if you are billed. Questions regarding receipts must be directed to the Rush affiliated provider, as we are unable to answer any questions about your provider payment.

Once you have your explanation of benefits and your receipt, scan the documents because the electronic versions of these documents are necessary to submit in order for you to get reimbursed for eligible out-of-pocket expenses.

After you've scanned the documents, please access the employee intranet. You must be log in as an employee to access the reimbursement application. Once log in, go to the "human resources" tab, and then select 'insurance benefits'. From the menu on the left, select "Rush Healthcare Savings Program." This will take you to the form that will need to be completed.....Under 'How

it Works' click the link 'form online and submits proof of the services and payment to the district'.

As you can see, the form contains five areas that must be accurately completed "employee information" "patient information" "medical expenses" "payment information" and "verification". Please note the District does not have the capacity to correct forms on your behalf, and any errors will result in the form's rejection. Please know rejected forms will need to be resubmitted, which may delay reimbursement.

In the "employee information" section please type your first name, last name, a phone number where we can reach you, and your work email address. Please take care to ensure that your first name and last name are input as they appear on your most recent paycheck.

In the Patient Information.

Please make sure to reference your explanation of benefits when inputting information into the Patient Information Section. You will need to input the patient name, patient's date of birth, and insurance policy number exactly as they are listed on the explanation of benefits. You will also need to input the relationship that exists between yourself and the patient.

The third area is medical expenses.

Please reference the explanation of benefits to input the date of service, the patient's name, the provider's name, the claim number, and the amount listed in you Explanation of Benefits letter under "Amount you may need to pay your provider" section.

The fourth area is payment information.

In this area, please check the box to confirm that you incurred the expenses on the form that you did not pay with a "Navia" credit card, and have not sought reimbursement through another flexible spending account or FSA or Healthcare Savings Account HSA.

The fifth area is verification.

In this area, please upload the Explanation of benefits document, upload the receipt showing you incurred the expenses, and sign your name.

Once you have filled out the form, please review it and click "submit."

When I receive your form, it will be reviewed for accuracy and completeness, and from there a "check request" will be generated and sent to the Finance Department. The Finance Department will process all check requests received on the 1st through the 15th of each month for reimbursement on the 30th of each month. All check requests received on the 16th through the 31st will be processed for reimbursement on the 15th of the following month. Please note that reimbursement timelines may vary slightly due to weekends and holidays.

I hope this information has been help. If you still have questions or concerns, please contact me at 630.636.3680 or email me at gcampos@sd308.org. Thank you for listing and stay safe.