

Oregon CUSD #220 District Reimbursement Plan

Welcome to Northern Illinois Health Plan (NIHP)! We are pleased that we have been chosen to provide district reimbursement administration services for Oregon CUSD #220 and look forward to providing you with quality and responsive customer service. As of January 1, 2017 you will begin to submit copies of your Explanation of Benefits (EOB's) directly to NIHP (*see below). Information about your reimbursement benefits has been included.

These requests can be submitted to NIHP by the following:

Mail:

Northern Illinois Health Plan
P.O. Box 880
Freeport, IL 61032

Fax:

815-599-7059 Attn: District Reimbursement

Email:

NIHPCustomerService@nihp.com
Subject: District Reimbursement

2016 District Reimbursement

Any reimbursement requests for service dates in 2016 can still be submitted until 3/31/2017 along with a copy of the EOB from your insurance carrier.

2017 District Reimbursement

To ensure a timely reimbursement we ask that you enclose a completed reimbursement form along with a copy of the EOB from your insurance carrier.

QUESTIONS

If at any time you have questions about your District Reimbursement Plan or reimbursement request, please do not hesitate to contact your Human Resources Department or the Northern Illinois Health Plan Customer Service Department at (815) 599-7050, toll-free at (800) 723-0202, or via email at NIHPCustomerService@nihp.com. NIHP's normal business hours are 8:00 a.m. to 5:00 p.m. Monday thru Friday. Messages may be left on our confidential voicemail after hours. Messages left after hours will be returned the next business day.

*Q: How do I obtain an EOB?

A: The following are available methods to obtain an EOB:

- These are mailed to members after claims are processed
- Blue Access members can view them online by logging onto www.bcbsil.com



**NORTHERN ILLINOIS
HEALTH PLAN**

773 W. Lincoln Blvd., Suite 402, Freeport, IL 61032
(815) 599-7050 or (800) 723-0202
NIHPCustomerService@nihp.com

Oregon CUSD #220
PPO In-network Deductible Reimbursement Benefit
Calendar Year 2017

Active Employees, COBRA participants, Retirees and their enrolled family members will be reimbursed for medical costs applied towards In-Network deductibles in the following manner:

NPPE2823; \$3,500 Deductible	Paid By:
First \$850.00	Employee
Second \$2,650.00	Oregon CUSD #220

If you incur any deductible that is carry-forwarded from 2016 this dollar amount will not reduce the employee responsibility for the first \$850 of annual deductible expense for 2017. The maximum reimbursement is three in-network deductibles per family.

In order to obtain reimbursement benefits, submit an entire copy of your BC BS of IL Explanation of Benefits (EOB) to NIHP.

EOB's should be submitted by the 20th of the month for reimbursement. All reimbursement checks will be made payable to the insured employee, regardless if the deductible expense is for an insured dependent.

The reimbursement expense request must be for a minimum of \$25. If the amount is less than \$25, the EOB will be retained until additional deductible expenses are submitted for the plan year. However, if following the 90-day run-out period at the end of the calendar year of December 31, 2017, your reimbursement amount owed remains less than \$25; a check will be issued by March 31, 2018.

Coordination of Benefits (COB) applies when you have health care coverage through more than one group program. Before the deductible reimbursement can occur, a copy of the other carrier's EOB must also be submitted.

To be considered, all requests for reimbursement must be submitted by March 31, 2018.

Deductible reimbursement requests should be sent to:

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Freeport, IL 61032

Email: NIHPCustomerService@nihp.com

Fax: (815) 599-7059