

## How to Obtain Supporting Documentation from Your Insurer for the Copayment Reimbursement Program

HUCTW members who submit claims for Copay Reimbursement will be asked to provide an itemized list of copayments and receipts documenting those payments. As an alternative to writing out a list, the Copay Reimbursement program will accept an itemized list of all copayments provided by the insurer. Below you can find step-by-step instructions for requesting a list of all copayments from your insurer. You can use this method to request a list of copayments you have paid for doctor's visits (including specialists), hospital visits, ER visits, and high tech imaging appointments. Please note that there are separate instructions for HUGHP insurance members and Harvard Pilgrim Health Care insurance members (both are below).

### ***Instructions for HUGHP members:***

1. Call Blue Cross Blue Shield of Massachusetts at 1-800-262-2583 **at least 3 weeks before the reimbursement deadline**. Ask them to mail you a list of all claims and copays for all family members covered under your plan for the entire calendar year (they will let you know that it will take up to 2 weeks).
2. Print out the reimbursement claim form from [http://hr.harvard.edu/files/humanresources/files/harvard\\_copay\\_claim\\_reimbursement\\_form.pdf](http://hr.harvard.edu/files/humanresources/files/harvard_copay_claim_reimbursement_form.pdf)
3. On the form, fill out your contact information, and identifying information for everyone on your plan for whom you will be requesting reimbursement. On the table where it asks you to list your claims, write "See Attached." Sign the bottom of the form.
4. When your list of claims arrives in the mail, staple the reimbursement form to the front of the packet. Place it in an envelope and mail it to: Benefit Strategies, PO Box 1300, Manchester NH, 03105-1300.
5. Your reimbursement check should arrive in the mail within a few weeks.
6. If you have any questions about your list of claims, you can call HUGHP Member Services: 617-495-2008.

### ***Instructions for Harvard Pilgrim members:***

1. Call HPHC Member Services at 1-888-333-4742 **at least 3 weeks before the reimbursement deadline**. Ask them to mail you a list of all claims and copays for all family members covered under your plan for the entire calendar year. This paperwork is also sometimes referred to as an "Activity Summary." Member Services might transfer your call to the Claims Department.
2. Print out the reimbursement claim form at [http://hr.harvard.edu/files/humanresources/files/harvard\\_copay\\_claim\\_reimbursement\\_form.pdf](http://hr.harvard.edu/files/humanresources/files/harvard_copay_claim_reimbursement_form.pdf)
3. On the form, fill out your contact information, and identifying information for everyone covered on your plan for whom you will be requesting reimbursement. On the table where it asks you to list your claims, write "See Attached." Sign the bottom of the form.
4. When your Activity Summary arrives in the mail from HPHC, staple the reimbursement form to the front of the packet. Place it in an envelope and mail it to: Benefit Strategies, PO Box 1300, Manchester NH, 03105-1300.
5. Your reimbursement check should arrive in the mail within a few weeks.