OPEH&W Health Plan
www.opehw.com

Reimbursement for Dependent Child Deductible

Member's SSN

All fields marked "*" are required. Complete clearly in Blue or Black ink only.

If your covered Dependent Child meets more than $375 of their Plan Year Deductible (In or Out-of-Network) during the Plan Year, you are eligible to apply for a reimbursement for the amount you paid out-of-pocket between $375 up to $750.

- The maximum reimbursement per Plan Year is $375 per child.
- You must apply for the reimbursement no later than 3 months after the end of the Plan Year
- Simply complete this form and mail it to the Plan Administration Office (address at bottom of page) along with a copy of your recent Explanation of Benefits (EOB) from BlueCross and BlueShield, showing the total amount of the Plan Year Deductible which has been met for that Dependent Child.
- Reimbursement checks will be mailed directly to the Member.

Required Information

Member's Name*

Dependent's Name*

Amount Due* $.

Members Signature*

Date*

Attach Relevant Explanation of Benefits (EOB)

For Administration Use Only

Processed Date MM / DD / 20YY

Mailed Date MM / DD / 20YY

Processed By

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