

How to Qualify

- » The OPEH&W Health Plan will reimburse deductible amounts met in-excess of **50%** of the plan year in-network deductible per covered dependent child per plan year.

Plan Specific Qualification & Reimbursement

- » Qualification and reimbursement amounts vary according to the health plan option the dependent child was enrolled under, as follows:
 - » **Diamond**, meet more than \$**500** and get reimbursed the amount met between \$**500** and \$**1,000**
 - » **Platinum**, meet more than \$**750** and get reimbursed the amount met between \$**750** and \$**1,500**
 - » **Gold**, meet more than \$**1,625** and get reimbursed the amount met between \$**1,625** and \$**3,250**
 - » **Silver**, meet more than \$**1,125** and get reimbursed the amount met between \$**1,125** and \$**2,250**
 - » **Bronze**, meet more than \$**2,125** and get reimbursed the amount met between \$**2,125** and \$**4,250**
 - » **Cobalt**, meet more than \$**2,750** and get reimbursed the amount met between \$**2,750** and \$**5,500**

How to Apply

- » Applications must be made no later than **3-months** after the end of the plan year
- » Complete this form
- » Attach an Explanation of Benefits (EOB) from BlueCross & BlueShield
- » Ensure it shows the total amount of deductible the dependent child met during the plan year
- » Mail this form and the EOB to:

OPEH&W Health Plan
3851 E Tuxedo Blvd, Suite C
Bartlesville OK 74006

- » Reimbursement checks are mailed directly to the Member

Reimbursement Application

Member's Name*

Dependent's Name*

Amount Due* \$, .

Members Signature*

Date*

Administration Use Only

Processed Date / /

Mailed Date / /

Processed By