



# Reimbursement for Child Deductible

Member's SSN								

## How to Qualify

» The OPEH&W Health Plan will reimbursement 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**, qualify on meeting **\$375** and get reimbursed of amount met from **\$375** to **\$750**
- » **Platinum**, qualify on meeting **\$750** and get reimbursed of amount met from **\$750** to **\$1,500**
- » **Gold**, qualify on meeting **\$1,500** and get reimbursed of amount met from **\$1,500** to **\$3,000**
- » **Silver**, qualify on meeting **\$1,000** and get reimbursed of amount met from **\$1,000** to **\$2,000**
- » **Bronze**, qualify on meeting **\$2,000** and get reimbursed of amount met from **\$2,000** to **\$4,000**

## 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 Blue
- » Ensure it shows the total amount of deductible the dependent child met
- » 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