

Vicars Medical Reimbursement Policy

Vicars are reimbursed for covered medical expenses incurred during a *calendar year* as follows:

- Vicar pays the first \$250 in medical expenses applied to a family members individual **deductible** (maximum \$500 for a Family)
 - WELS will reimburse the Vicar for the next \$750 in medical expenses applied to a family members individual **deductible** (maximum \$1,500 for a Family)
- Vicar pays 15% of the next \$8,887 in medical expenses applied to a family members individual **co-insurance** (maximum \$17,773 for a Family)
 - WELS will reimburse the Vicar 15% of the next \$4,446 in medical expenses applied to a family members individual **co-insurance** (maximum \$8,893 for a Family)

Below is a **Cost-Sharing Illustration** to help visualize how medical expenses are coordinated between the Vicar, WELS and WELS VEBA.

Cost Sharing Illustration

Employee ONLY Coverage (In-Network)			
Covered Medical Expenses	Vicar	WELS	WELS VEBA
First	\$250	100%	
Next	\$750	100%	
Next	\$8,887	15%	85%
Next	\$4,446	15%	85%
Over	\$14,333		100%
Total Paid by Vicar	\$1,583		
Family Coverage (In-Network)			
Covered Medical Expenses	Vicar	WELS	WELS VEBA
First	\$500	100%	
Next	\$1,500	100%	
Next	\$17,773	15%	85%
Next	\$8,893	15%	85%
Over	\$28,666		100%
Total Paid by Vicar	\$3,166		

Please use the below information as a guideline in determining when it is appropriate to submit medical reimbursement requests to WELS.

- Annual **deductible** and **out-of-pocket** limits are tracked and indicated at the bottom of an **Explanation of Benefits (EOB)** document issued by Anthem (see example below).
- Please monitor your **deductible** and **out-of-pocket** limits each calendar year and submit reimbursement requests to WELS once your limit(s) fall within the following ranges:
 - ✓ You have met **\$251 - \$1,000** of your annual Individual Deductible
 - ✓ You have met **\$501 – \$2,000** of your annual Family Deductible
 - ✓ You have met **\$2,334 - \$3,000** of your annual Individual Out-of-Pocket
 - ✓ You have met **\$4,667 - \$6,000** of your annual Family Out-of-Pocket

SEE BACK FOR EXPLANATION OF COLUMNS					YOUR LIABILITY					
SERVICE DATE	DESCRIPTION	AMOUNT CHARGED	ALLOWABLE CHARGES	OTHER INSURANCE	APPLIED TO DEDUCTIBLE	COPAY	COINSURANCE	OTHER AMOUNTS NOT COVERED	AMOUNT PAID	CODE
PATIENT:	[REDACTED]									
PROVIDER:	[REDACTED]									
CLAIM:	[REDACTED]									
09/01/2015		\$1,065.00	\$610.90	\$0.00	\$0.00	\$0.00	\$91.64	\$0.00	\$519.26	
Totals---		\$1,065.00	\$610.90	\$0.00	\$0.00	\$0.00	\$91.64	\$0.00	\$519.26	

PAYMENT WAS MADE TO PROVIDER

YOU HAVE MET \$1000.00 OF YOUR 2015 INDIVIDUAL ANNUAL IN-NETWORK DEDUCTIBLE (Y002)
 YOU HAVE MET \$2638.19 OF YOUR 2015 INDIVIDUAL ANNUAL IN-NETWORK OUT-OF-POCKET (Y022)
 YOU HAVE MET \$1618.33 OF YOUR 2015 INDIVIDUAL/FAMILY ANNUAL IN-NETWORK DEDUCTIBLE (Y102)
 YOU HAVE MET \$3590.34 OF YOUR 2015 FAMILY ANNUAL IN-NETWORK OUT-OF-POCKET (Y122)

- Please include copies of your **Explanation of Benefits (EOB's)** from Anthem when submitting your reimbursement request. **Reimbursements will not be processed without copies of the EOB's – copies of medical bills will not be accepted.**

All medical reimbursements are processed through payroll as taxable income. Your medical reimbursement will be grossed up so you receive your total reimbursement after taxes.