



## HMO

**July 1, 2023 - June 30, 2024**

Your employer, **The Town of North Reading**, has arranged for Reimbursement Specialists, Inc. (RSI) to administer the deductible and select copay portions of your Blue Cross Blue Shield (BCBS) HMO Blue New England Basic Copayment plan. RSI automatically receives claims information from BCBS on claims that have processed toward all eligible expenses. This information is then processed in our system and claims are paid as outlined below.

<b>BCBS Out of Pocket Maximum:</b>	Individual: <b>\$5,000</b>	Family: <b>\$10,000</b>
<b>Member Out of Pocket Maximum Responsibility:</b>	Individual: <b>\$2,000</b>	Family: <b>\$4,000</b>
<b>Plan Out of Pocket Maximum Responsibility:</b>	Individual: <b>\$3,000</b>	Family: <b>\$6,000</b>

### BCBS Health Plan Deductible:

Individual: **\$3,000**      Family: **\$6,000**

### Member Deductible Responsibility:

Member pays the first      Individual: **\$300**      Family: **\$900**

### Plan Deductible Responsibility:

Plan pays the remaining      Individual: **\$2,700**      Family: **\$5,100**

<b>Office Visit:</b>	<b>\$30 copay per visit</b>
<b>Specialist:</b>	<b>\$45 copay per visit</b>
<b>Emergency Room</b> (waived if admitted):	Deductible then \$750 copay
<b>Member Responsibility:</b>	<b>Deductible only; plan pays \$750 copay</b>
<b>Inpatient Hospitalization &amp; Day Surgery:</b>	Deductible then; \$1,000 copay
<b>Member Responsibility:</b>	<b>Deductible only; plan pays \$1,000 copay</b>
<b>High Tech Imaging</b> (MRI, CT Scans, PET):	Deductible then; \$1,000 copay
<b>Member Responsibility:</b>	<b>Deductible only; plan pays \$1,000 copay</b>
<b>Diagnostic Tests, Labs &amp; X-Rays:</b>	Deductible then; \$25 copay
<b>Member Responsibility:</b>	<b>Deductible only; plan pays \$25 copay</b>

### PRESCRIPTION DRUGS– Out of pocket Maximum: **\$1,000 / \$2,000**

Retail - 30 Day Supply	Tier 1: <b>\$20 copay</b>	Tier 2: <b>\$40 copay</b>	Tier 3: <b>\$60 copay</b>
Mail Order - 90 Day Supply	Tier 1: <b>\$40 copay</b>	Tier 2: <b>\$80 copay</b>	Tier 3: <b>\$120 copay</b>

The benefits shown here are a snapshot of the benefits provided by the Town of North Reading.  
For a detailed explanation of your benefits see the BCBS benefit summaries.

## **HOW THE DEDUCTIBLE & COPAY PORTIONS OF THE BCBS HMO BLUE NEW ENGLAND BASIC COPAYMENT PLAN WORK**

- ♦ **You and/or your family visit a provider (doctor, hospital, ER, etc.)**
  - Show your BCBS ID Card to the provider
  - You pay the copay only (if applicable) at the time of the visit
- ♦ **Provider:**
  - Bills BCBS
- ♦ **BCBS:**
  - Adjudicates claim
  - Notifies/pays provider
  - Sends a Summary of Health Plan Payments to you and your provider. The Summary is not a bill and should be saved for your records!
  - Sends a weekly report to RSI on your claim.
- ♦ **RSI:**
  - Issues payment to your provider directly for the Town of North Reading Plan's share of the deductible and select copays applied after the deductible.
  - Notifies you via RSI's Explanation of Benefits (EOB) of what the Town of North Reading Plan has paid.
  - You are responsible to pay your portion of the deductible to your provider as outlined in your RSI EOB.

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Our RSI Client Advocate Claims Team is here to help you. If you or your doctor have a question regarding the plan, a specific claim or a bill please contact us

**Phone: 855-493-9859**  
**E-mail: [claims@rsiadmin.com](mailto:claims@rsiadmin.com)**



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