



TOWN OF WESTON HARDSHIP FUND APPLICATION – JULY 1, 2021 – DECEMBER 31, 2021

APPLICATIONS DUE BY 5:00 p.m. JANUARY 31, 2022

Check one: Weston Active Employee Weston Retiree or Surviving Spouse

Name: _____ Last 4 digits of Social Security Number: _____

Health Plan: _____ Phone: _____ Email: _____

SUBSCRIBERS ON NON-MEDICARE PLANS:

You and/or your enrolled dependents can be reimbursed for these out of pocket co-pay expenses:

- **In-patient hospital co-payments**
 - **\$275, \$500 or \$1500 depending on health plan and hospital tier**
- **Out-patient surgery co-payments**
 - **\$110, \$150 or \$250 depending on plan**
- **High-tech imaging co-payments**
 - **MRI, CT, PET and Nuclear Imaging Scans**
 - **\$100 per scan – max of 1 per day**
- **Tier 2 Specialist office visit – co-pay is \$60 - reimbursement is \$20**
- **Tier 3 Specialist office visit – co-pay is \$60 or \$75 - reimbursement is \$25**
- **Tier 3 Prescription drug co-pays – after \$100 or \$200 deductible**
 - **Co-pay is \$65 - reimbursement is \$30**
 - **Co-pay is \$165 – reimbursement is \$60**

SUBSCRIBERS ON MEDICARE PLANS:

You and/or your enrolled dependents can be reimbursed for these out of pocket co-pay expenses:

- **Tier 3 Prescription drug co-pays**
 - **Co-pay is \$65 - reimbursement is \$30**
 - **Co-pay is \$165 – reimbursement is \$60**

To apply, an **Explanation of Benefits Statement** which clearly shows the co-payment is required for each reimbursement requested; contact your insurance provider for this. For prescription drug expenses contact Express Scripts or Silver Scripts (Medicare plans only). You must also provide **proof of payment**, i.e. a canceled check, a receipt from the provider, or a redacted financial statement. Please only share private information which applies to this application. If you are approved for a reimbursement, the amount may be pro-rated based on the total dollar amount of applications approved.

I verify all information provided by me is complete and accurate:

Applicant Signature: _____

Submit completed applications, EOB statements and proof of payments to:

Weston Town Hall, 11 Town House Road, Weston, MA 02493, Attn: Human Resources



Hardship Fund Application July-December 2021

Only these expenses are eligible: Inpatient hospital copays, Outpatient surgery copays, High Tech Imaging (MRI, CT, PET scans), Tier 2/3 Specialist visits & Tier 3 Prescriptions

Copy this page for additional expenses if necessary

	Date of service 7/1/21 12/31/21 only	Subscriber or Dependent Name	Type of co-pay expense	Co-pay amount	REQUIRED: Explanation of benefits (Y/N)	REQUIRED: Proof of payment (Y/N)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

CONTACT YOUR INSURANCE or PRESCRIPTION PROVIDER WITH QUESTIONS ABOUT YOUR CLAIMS

Attach EOBs and Proof of Payment documentation and mail to:

Weston Town Hall, 11 Town House Road, Weston 02493

Attn: Human Resources