

INSTRUCTIONS FOR PRESCRIPTION DRUG EXPENSE REIMBURSEMENT

Once the \$200 out-of-pocket for brand-name prescription drugs has been met, complete this form, attach receipts to the form and turn it in to the Commission office for reimbursement.

Individuals who have not met the \$200 out-of-pocket amount at the end of the year may turn in their receipts for reimbursement no later than the end of January of the next year.

For small sized receipts, please tape them to an 8 1/2 x 11 piece of paper.

Reimbursement will only be provided for individuals & dependents covered under the Local Government Health Plan.

Employees will be eligible for a maximum of \$200 per family reimbursement for prescription drugs each calendar year.

The \$5 co pay for generic drugs does not apply toward the \$200 out-of-pocket amount.

Reimbursement will not be direct deposited, a separate check will be issued by Accounting.

As a reminder: You must complete and submit a Prescription Drug Claim form (CL-94) to BlueCross BlueShield of Alabama to receive credit toward your calendar year deductible. This form can be found on the Marshall County website under the benefits tab or by contacting the Commission office and Personnel.