

**Application for Out-of-Pocket for Eligible Employees
Brady Public School District #56-0006**

The 2014-15 negotiated agreement provides for up to \$250.00 per employee and/or covered dependent or spouse for out-of-pocket expenses with a maximum of \$500.00.

During the term of this agreement the Board will pay the following four tier premiums per month for health insurance (\$750 deductible) for each teacher with a full-time teaching position: Employee Only-\$526.64, Employee and Child(ren)-\$974.31, Employee and Spouse-\$1,105.96, Employee and Family-\$1,485.02 and \$51.17 for Single Dental Insurance.

A pool of money designated for reimbursement of out-of-pocket medical expenses up to \$250 for employee-only and up to \$250 per person with a maximum of \$500 per policy holder will be established in a separate checking account. These funds will be available after \$500 has been applied to the employee-only deductible and up to two employee or dependant deductibles. Application for these funds will be made on approved forms for this fund and with the “explanation of benefits” from the insurance company as proper documentation. Reimbursement will be made to the employee from this separate checking account by school authorities including the bookkeeper.

Certified staff that are ½ time (.5 FTE) but less than full-time shall receive health insurance benefits that are pro-rated according to their full-time equivalency (FTE). Full-time certified staff who ask to have their teaching time reduced shall receive health insurance benefits that are pro-rated according to their new FTE if it is more than .5. Should a Board of Education activated reduction-in-force be necessary, certified staff would continue to receive health insurance benefits equal to their pro-rated FTE before the reduction-in-force if they are .5 FTE or more.

To apply for the reimbursements, eligible employees (those who are covered by Blue Cross Blue Shield-EHA Plan) must present this form with a signature and a copy of the “Explanation of Benefits” from Blue Cross Blue Shield that shows what has been applied to the deductible since September 1, 2014.

<u>Patient name</u>	<u>Provider Name</u>	<u>Description of Services</u>	<u>Date of Service</u>	<u>Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

Signature

Social Security Number

Date