
Instructions for the Catastrophic Coverage Special Payments Benefit

A Medicare Supplemental Prescription Drug Benefit

The Catastrophic Coverage Special Payments Benefit is for participants with high prescription drug expenses. This benefit provides additional funds to reimburse you for prescription drug out-of-pocket expenses once you meet the catastrophic coverage threshold.

This threshold amount changes each year as directed by the Center for Medicare Services (CMS). The threshold is calculated by your Medicare prescription drug plan and documented on your Explanation of Benefits (EOB) statement. The threshold is defined as the true out-of-pocket cost (TrOOP).

When do I submit a reimbursement request?

Once you have met the threshold, you must submit a Catastrophic Coverage Special Payments Reimbursement Request Form each time you incur a prescription expense. You will need to provide supporting documentation with the form, such as an EOB statement from your Medicare prescription drug plan. All requests for reimbursement must be received by March 31 of the following year. Eligible prescription drug expenses incurred in the calendar year are reimbursable for participants with an active Health Reimbursement Arrangement.

How am I reimbursed?

Once your reimbursement request is approved, you will receive a prorated amount of your eligible prescription drug out-of-pocket expenses incurred after the date you meet the catastrophic coverage threshold. The threshold is calculated by your Medicare prescription drug plan and documented on your Explanation of Benefits (EOB) statement. The proration is based on a fund provided by your former employer (sponsor). These funds are released the first part of April of the following year.

Example: Your sponsor has provided a catastrophic coverage fund of \$100,000. However, there is a total of \$200,000 of approved reimbursement requests at the end of the year. Each reimbursement request will be paid at 50% (\$100,000 divided by \$200,000). If your reimbursement request is for a total of \$100 you will receive \$50 (50%) of your eligible expenses.

What else do I need to know?

Prescription drug expenses that qualify toward the catastrophic coverage threshold are the same expenses that apply toward your Medicare Part D Stage 4 catastrophic coverage. These expenses include the amounts paid by you for deductibles, coinsurance and copays for the cost of your prescription drugs. Your Medicare prescription drug plan will calculate the threshold amount and provide you with a monthly EOB statement. Medications not covered by your Medicare prescription drug plan are not eligible expenses and will not be included in the summary.

Fermilab Catastrophic Coverage Special Payments Benefit



The reimbursement of your prescription drug expense is limited to the cost of drugs incurred after the date you meet the catastrophic coverage threshold. Prescription drug plan premium payments, and prescription drug expenses reimbursed from any other source, are not eligible for reimbursement.

How do I access these funds?

Once you have met the catastrophic coverage threshold, complete the two steps below to receive reimbursement. You must submit a Catastrophic Coverage Special Payments Reimbursement Request Form each time you incur a prescription request. You can download the form from the Via Benefits website or call Via Benefits and ask to be mailed a reimbursement request form. While you are on the phone, a representative will be happy to answer any questions you have on completing your request. The form generally takes about 10 days to be received through the mail.

Step 1: Qualification Documentation

Your EOB statement will document the date you met the catastrophic coverage threshold. Look for your year-to-date out-of-pocket drug cost. **Your EOB is the only document that can be used to qualify for this benefit.**

Step 2: Reimbursement Documentation

After you have met the threshold, you can use two different documents for reimbursement. You can use your EOB statement or you can provide prescription drug receipts for prescription expenses incurred after the catastrophic coverage threshold qualification date. We encourage you to submit your monthly EOB as reimbursement documentation. Drug manufactures that offer discounts on some prescription drugs may be included in your EOB and may not be included in your prescription drug receipts. The EOB may be used for both qualification and requesting your reimbursement.

Complete and sign the Catastrophic Coverage Special Payments Reimbursement Request Form and return it with the supporting documents.

Additional Information

If you have lost a necessary document, contact your Medicare prescription drug plan carrier.

Reimbursement decisions will be made in accordance with the provisions of the plan. For more details, refer to your Summary Plan Description.

Once your reimbursement request is approved, you will receive payment within 14 days of the request approval.

When you are nearing your qualification threshold for the year, contact Via Benefits Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time, to request a Catastrophic Coverage Special Payments Reimbursement Request Form. A customer services representative will be happy to help you complete your request or answer any questions on accessing these funds.