

# ACTIVE MEDICAL REIMBURSEMENT

	MEMBER REIMBURSEMENT	UPGRADED REIMBURSEMENT
Premiums	Free up to 4 dependents	Member - \$20.02 Family - \$32.12
Annual Max Per Person	\$1,500	\$2,500
Inpatient Hospital Admission	\$250	\$500
Daily Hospital Benefit	\$50 (3 day wait with 7 day max)	\$250 (1 day wait with 3-day max)
Emergency Room	\$75	\$200
Urgent Care	\$30	\$100
Ambulance	\$50	\$100
Hospital Outpatient	\$100	\$200
Office Visits	\$20 per visit (\$100 max)	\$35 per visit (\$175 max)
Prescriptions	Up to \$20 per prescription (\$160 max)	Up to \$45 per prescription (\$320 max)
Flu	\$20	\$20
Advanced Radiology	-----	\$50 per visit (\$100 max)
Specialist Visits	-----	\$65 per visit (\$130 max)
E-Visits	-----	\$25 per visit (\$50 max)
Out-of-Network Well Woman	-----	\$50
Glasses/Contacts	-----	\$100 per year
Gunshot/Critical Laceration	\$1,000 (Member only)	\$1,000 (Member only)

As of January 1, 2024, all claims must be filed within 6 months of date of service. The previous 12 month filing deadline will still be honored for any claims with dates of service from 2023. It is the member's responsibility to inform HPBT of dependent and marital changes. Note per person and copay limits. Benefit changes for Specialist Visits effective 1/1/24. Restrictions apply. See Policy for details.

## COPAY REIMBURSEMENT CLAIMS FAQ

1. Find your EOBs, pharmacy statements, of office visit statements.
2. Fill out a medical reimbursement claim form. Attach the form to your supporting documentation.
3. Submit your claim in person at the HPOU or email to [claims@hpbt.us](mailto:claims@hpbt.us). You can also mail them to 1600 State St., Houston, TX 77007.
4. An Explanation of Payment or reimbursement check from HSR will be mailed to your address on file.
5. Questions or concerns? Call (832) 200-3410 or email [info@hpbt.us](mailto:info@hpbt.us).

