

# RETIRED MEDICAL REIMBURSEMENT

RETIREE PLUS REIMBURSEMENT	
Premiums	Retiree - \$32.05    Retiree+1 - \$44.67 Family - \$59.06
Annual Max Per Person	\$1,500
Inpatient Hospital Admission	\$500
Daily Hospital Benefit	\$100 (3 day wait with 7-day max)
Emergency Room	\$150
Urgent Care	Up to \$60 (\$360 max)
Ambulance	\$100
Hospital Outpatient	\$200
Office Visits	\$30 per visit (\$120 max)
Prescriptions	\$45 per prescription (\$180 max)
Flu Shot	\$20
Out-of-Network Well Woman	\$50
Glasses/Contacts	\$100 per year

As of January 1, 2024, all claims must be filed within 180 days from the date of service. It is the member's responsibility to inform HPBT of dependent and marital changes. Note per person and up to copay limits apply to each category. Benefit changes for Urgent Care effective 1/1/25. Restrictions apply. See Policy for details.

## COPAY REIMBURSEMENT CLAIMS FAQ

1. Find your Explanation of Benefits (EOB) from your primary insurance online or call the 1-800 number on the back of your primary insurance card for an insurance representative to help you find your EOB online or mail a printed copy to you. Ask your pharmacy for a prescription print-out.
2. Fill out a medical reimbursement claim form and attach the form to your Explanation of Benefits and/or pharmacy print-out.
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 and/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).

