

# River Forest District 90 HRA Reimbursement

## Overview

The sole purpose of this Plan is to reimburse a Covered Person's **in-network deductible** under the EBC-River Forest School District 90 **PPO Plan**.

The in-network Calendar Year deductible under the EBC-River Forest School District 90 PPO plan is for a Covered Person with single coverage is \$500. This Plan reimburses the Covered Person with a single coverage up to a maximum of \$500.

The in-network Calendar Year deductible under EBC-River Forest School District 90 PPO plan for family coverage is \$1000. The Plan will reimburse each Covered Person of the family up to a maximum of \$500 each, up to \$1000 maximum for a family.

## Key Points To Remember:

1. All medical claims must first be filed with Blue Cross Blue Shield (BCBS).
2. Upon receipt of an Explanation of Benefits (EOB) from BCBS, a Reimbursement Form should be completed and sent in via email ([flexclaims@alliedbenefit.com](mailto:flexclaims@alliedbenefit.com)), fax, (312-416-2870), or mail (200 W. Adams Street, Suite 500, Chicago, IL 60606). You can screenshot the EOB from the BCBSIL website or use the paper EOB that was mailed to you.
3. It is your responsibility to see that all bills are submitted. Proper reimbursement cannot otherwise be made. The reimbursement amount requested may not have already been reimbursed by provider such as Flex Spending Account.
4. All charges must be submitted within 1 year of the date incurred.
5. You can submit more than one EOB at a time.

## Basic Steps:

1

Create **online** accounts for Allied AND an **online** account for BCBS so you can monitor your accounts.

2

Download the **form** and submit it AND your EOB to Allied, using the information at the top of the form.

3

Once submitted it will take 3-5 business days to process. It will take about 7-10 business days to receive your check in the mail.



[Blue Cross Blue Shield Link](#)



[Allied Account Link](#)

[Allied Form Link](#)

1-800-288-2078



Questions? Contact:

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