



## House Staff Out-of-Pocket Medical Expenses Supplemental Fund

The House Staff Out-of-Pocket Medical Expenses Supplemental Fund (FUND) was established to help alleviate the financial burden of house staff with high out-of-pocket medical expenses for themselves and covered family members when those expenses are applied to the out-of-pocket maximum of the Learner Health Program (Wellfleet).

The Wellfleet out-of-pocket limit is \$3,000 per individual with a cap of \$9,000 per family each plan year (July 1 – June 30). The FUND will reimburse the member for deductibles and coinsurance amounts for eligible expenses paid by the member exceeding \$1,000 per person or \$3,000 per family that are applied to the plan's out-of-pocket maximum. This means that the FUND will reimburse the house staff member up to \$2,000 for an individual or \$6,000 for a family per plan year (July 1 – June 30).

If you have paid for inpatient or outpatient medical care for yourself or an eligible family member during the plan year and the amount you paid exceeds \$1,000 for an individual or \$3,000 for the family, you can apply for reimbursement from the FUND. Claims for review and approval can be submitted to the FUND claims office any time during the plan year but no later than December 31st following the end of the plan year. The plan year begins on July 1 and ends on June 30.

The plan's out-of-pocket limit does not include charges that exceed the Allowed Benefit amount, balance billing charges for out-of-network providers, prescription co-payments, expenses not covered by the Wellfleet insurance plan, and penalties for failure to obtain pre-authorization when required by the plan. Even though you may have paid these expenses, they do not count towards the plan's out-of-pocket maximum.

To apply for reimbursement, you must submit the plan's Explanation of Benefits (EOB) for all claims incurred during the plan year with proof that you paid those expenses to the providers. Reimbursement claims are processed by the Student Health & Well-Being Primary Care (SHWB Primary Care) on behalf of the FUND. For more information about how to access this benefit, please contact SHWB by calling 410-516-3311. To submit your request for reimbursement from The FUND please email [shwbprimarycare@jh.edu](mailto:shwbprimarycare@jh.edu).