

Management Benefits Fund Superimposed Major Medical Plan (SMMP) Claim Form

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ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY FUND OR INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING FALSE, OR MISLEADING INFORMATION, MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE BY LAW.

Please refer to the SMMP section of the MBF Benefits Booklet available on MBF's Web site at nyc.gov/html/olr for a general list of covered expenses, exclusions, limitations and maximums for both SMMP and Adult Wellness Benefit.

The **SMMP** provides supplemental coverage for qualifying out-of-pocket medical expenses, which remain after all other health coverage allowances have been applied.

The **Adult Wellness Benefit** provides coverage for members and their spouse/domestic partner for periodic routine physicals and screening examinations to promote prevention, early detection, and early intervention of disease. In keeping with this philosophy, services covered under the Adult Wellness Benefit Program will not be subject to a deductible.

Please note: If you have basic coverage for certain services through in-network providers only and/or if you must precertify services, you must comply with the provisions of your basic plan. If you do not, your coverage under the SMMP will be affected.

HOW CLAIMS SHOULD BE SUBMITTED: Out-of-pocket covered medical expenses should be submitted as they are incurred or within 24-months from the date of service(s).

Please note: The SMMP claim form must be completely filled out and submitted with the necessary documentation. Failure to complete the claim form properly may result in the pending of the claim. Only actual remaining out-of-pocket expenses will be considered for payment. Proof of payment, or verification of remaining out-of-pocket expenses if proof of payment cannot be obtained, is required. Payment will be made to the member, NOT to the provider.

1. Submit medical bills to your health plan(s) (primary, secondary, etc) for payment (or to apply charges toward a deductible or coinsurance). Computer generated forms from a provider may not be acceptable.

Please note: If you are a participant in the Health Benefits Buy-Out Waiver Program, you are covered for primary health benefits either under your spouse's/domestic partner's plan or through other employment. Medical expenses must first be submitted to the other plans for payment.

- 2. If you are covered under both the City's Health Benefits Program and a spouse's/domestic partner's plan (or a plan through other employment), medical bills must be submitted to **both** plans before you submit the bill under the SMMP.
- 3. Compile all itemized bills generated from your health care provider related to claims.
 - a) Your documents must include the diagnosis codes and CPT procedure codes. These codes must be identified with the procedure and other required information on the claim form in Section C-"Claim Information." If they are not included, your claim will be pended until this information is received.
 - b) Outpatient mental health claims also require all of the information requested in Section C "Claim Information" on the claim form. Incomplete statements of rendered services submitted on provider letterhead are not acceptable and will be pended until the required information is received.
 - c) IF AN ITEMIZED STATEMENT FROM THE PROVIDER CONTAINING ALL THE INFORMATION REQUIRED IS ATTACHED, THEN IT IS NOT NECESSARY TO COMPLETE SECTION C.
- 4. Compile the Explanation of Benefits (EOB) statements provided by all health plan(s) under which you have coverage in reference to the above itemized bills.
- 5. If you have prescription drug coverage through one or more of the health plan(s) under which you are covered, please include a copy of each drug card.
- 6. Include proof of payment (i.e., receipts and cancelled checks) for out-of-pocket expenses.
- 7. Submit claim form and all documentation to:

MBF SMMP CLAIMS
Administrative Services Only (ASO), Inc.
P.O. Box 9005
Lynbrook, NY 11563
Toll free: (877) 844-SMMP (7667)