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## **Medical Assistance Plan Program Criteria & Form**

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### **Medical Assistance Plan Implementation**

The College recognizes that medical out-of-pocket (OOP) expenses may pose a financial burden to some employees. To help alleviate the rising cost and OOP expenses of our current high deductible medical plan, the Benefits and Policy Advisory Committee (BPAC) and the Administration will implement a medical assistance program for college employees.

#### **I. Medical Assistance Program Criteria**

The criteria of the medical assistance plan is as follows:

- Limited pool available for assistance with OOP costs is \$21,500 this year. Availability of assistance will be based on college fund resources, which will be evaluated annually. Also, due to limited resources, it is not guaranteed that you will receive the full amount of assistance requested
- The assistance will be adjusted based on family income
- Employees would have to provide their W-2 and tax returns to establish their adjusted gross income as a single individual or family as well asset verification
- The employee would have to show proof of their current medical explanation of benefits, which will show their medical costs and proof that they've met their deductible
- Any medical assistance the employee receives would be an after-taxed deduction, which would run through payroll
- Maximum funding is \$3000 for singles and \$6000 for family

## **II. Medical Assistance Process**

- Complete a Medical Assistance Request (MAR) Form
- Submit MAR to Office of Human Resources along with supporting documentation
  - W-2 and tax returns (Individual for single person/Joint for married person)
  - Asset status/bank statement (if applicable)
  - Current Benefits of Explanation (BOE) from UHC to confirm if deductible and/or out-of-pocket expense has been met
- HR will consider the request and supporting documentation quarterly (Sept. 30 , Dec. 31, Mar. 30 and June 30) with the Chief Financial Officer in comparison with together requests and availability of reserves and will notify employees of the amount provided within 15 days after the end of each quarter to determine eligibility
- Once approved, amount will be sent included in the next available pay check for the employee

BRYN ATHYN  
COLLEGE



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**Medical Assistance Request Form**

**Employee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

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|                       | <u>IN NETWORK</u> |               | <u>OUT OF NETWORK</u> |               |
|-----------------------|-------------------|---------------|-----------------------|---------------|
|                       | <b>Single</b>     | <b>Family</b> | <b>Single</b>         | <b>Family</b> |
| <b>Deductible:</b>    | \$2,000           | \$4,000       | \$5,000               | \$10,000      |
| <b>Out-of-Pocket:</b> | \$6,250           | \$12,500      | \$15,000              | \$30,000      |

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How much of your deductible has been met? \_\_\_\_\_

How much of your out-of-pocket expense has been met? \_\_\_\_\_

Amount of Assistance Requested: \_\_\_\_\_

Provide Support Documentation: \_\_\_\_\_

*Office of Human Resources & Chief Financial Officer*

Approved

Unapproved