

**Burt County enrolled in the BCBS \$6,100.00 deductible plan,
the County will buy down the Deductible as below:**

**Deductible is \$6,100.00 for SINGLE – County will buy down the deductible to \$1,100
SO, via the HRA... employees will cover the first \$1,100**

Burt County will cover costs of \$5,000.00/ individual

**Deductible is \$12,200.00 for FAMILY – County will buy down the deductible to \$2,200
SO, via the HRA... employee will cover the first \$2,200**

Burt County's cost will be \$10,000.00/ family

County PAID DEDUCTIBLES via ~~Mid-American Benefits~~ n/k/a Point C :

The Blue Cross Blue Shield plan that the County provides to employees is a High Deductible plan with a \$6,100.00 individual/\$12,200.00 family in-network calendar year deductible.

Blue Cross Blue Shield works with Point C to act as a Third-Party Administrator. Point C will receive copies of employees' Explanation of Benefits from Blue Cross Blue Shield. Once each insured individual has met his/her deductible of \$1,100.00 or family deductible of \$2,200.00, Burt County pays the remaining \$5,000.00 deductible per individual or \$10,000.00 deductible per family. This deductible paid by the County is administered through Point C directly and will be paid directly to the provider. Employees will receive a statement from Point C showing what amounts were paid and to whom.

Employees can sign up for online access to Point C to track EOB's, etc.

Employees can also fill out a Direct Deposit form, that way Point C can directly reimburse employees' bank account when/if the situation arises.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Return completed form to sherry.thompson@pointhealth.com

I. Authorization

The member authorizes Point C (through ECHO Health Inc.) to directly deposit benefits payable to the member into the account specified below for eligible Plan expenses. **Please be aware that direct deposit setup will result in all payments to the member being deposited into the member account listed below, including payments for medical claims where we are not authorized to pay the servicing provider.** If you owe amounts to the provider, you will be responsible for forwarding payment to the provider.

II. Activation

First claim payment (through ECHO) will be made by check to the member. After that, direct deposit can be activated.

III. Documentation Requirements

The account specified below must be held by the member.

A voided check must be provided with this form. We cannot accept copies of deposit slips.

IV. Termination of Authorization

This authorization remains in effect until such time as the member notifies Point C, in writing, to terminate direct deposit procedures or the member ceases to be eligible for benefits under their Plan or returns to work from disability status. In the event of a new period of disability, a new agreement form may be required at the discretion of Point C.

V. Changes to Account Information

It is the member's responsibility to notify Point C of any changes to the banking information given on this form or a change of e-mail address. All changes must be in writing and dated and require up to seven (7) business days from receipt to activate.

I hereby authorize direct deposit to my bank account pursuant to the above stipulations.

Member Name (Printed): _____

Member Signature: _____ **Date:** _____

Employer: _____

I have attached a voided check for my checking account

Account Holder Name: _____

Account Holder E-Mail: _____

Bank Name: _____

Checking or Savings: _____

Bank Routing Number: _____

Account Number: _____