

**St. Petersburg College**  
**DIECTIONS FOR FILING A CLAIM**  
**Cancer/Dread Disease Medical Expense Reimbursement Plan (MERP)**

January 1, 2022 through December 31, 2022

**How do I file a claim? Ensure eligibility first: Coverage is limited to SPC budgeted employees, spouses, domestic partners, dependents, and surviving spouses covered by one of the college's health insurance plans.**

1. The Member/Subscriber must first file with any and all health insurance carriers that provide coverage, both primary and supplemental carriers. Once it is determined what your insurance carrier(s) will pay and what your out-of-pocket expense will be for services rendered, you may then file your claim.
2. Complete the "Itemized Expenses Form" and attach copies of receipts for which you have incurred an out-of-pocket expense due to the treatment of Cancer or one of the other 17 Dread Diseases covered.
3. Receipts must be on the Provider's letterhead or receipt book. **Handwritten receipts** on plain paper will **not** be accepted. All receipts must state:

Patient's Name	Date of Service
Provider's Name	Amount of co-pay
Type of Services Rendered	Purpose of Visit

4. Prescriptions (Rx) are only reimbursed if health insurance has paid a portion. All Rx receipts must state:

Name of the Drug
Amount of Co-pay
Date Filled

5. Submit a "Claim Form" that has been completed and signed by both you and your treating physician.
6. The "Claim Form" must state that the cancer or covered dread disease is "active" in order for you to be reimbursed.
7. The MERP is a reimbursement plan designed to pay after all insurance benefits are paid, and the Member/Subscriber pays any remaining balance. Custom Benefit Services payments are "reimbursements" directed to the Member/Subscriber. Reimbursement will not be paid when the procedure/service is not a covered benefit under the group health plan.

St. Petersburg College  
Cancer/Dread Disease Medical Expense Reimbursement Plan (MERP)  
Claim Filing Process

January 1, 2022 through December 31, 2022

8. The Member/Subscriber **must** provide a copy of their Explanation of Benefits (EOB) from his/her insurance carrier(s). The EOB should be matched to the itemized bill from the provider of service. To get your personalized EOB from Aetna, go to [www.aetna.com](http://www.aetna.com), logon to their website and print the EOB(s) you need. If this is not included, your paperwork *will be* returned to you unprocessed.
9. **Retirees on Medicare:** Medicare becomes primary, your supplemental becomes secondary, and the Medical Expense Reimbursement Plan becomes tertiary. In this situation, the following are required:
  - a. an EOB (Explanation of Benefits) from Medicare;
  - b. an EOB (Explanation of Benefits) from your supplemental carrier; and
  - c. a matching itemized bill from the medical provider of service.
10. **It is the Member/Subscriber's responsibility to request any information needed to process the claim. Incomplete requests will be returned to the member for correction of any missing information, or to obtain the missing information.**
11. **Claims must be submitted within 180 days of the date the expense is incurred.**

**Please allow 15-30 days (after receipt of claim) for processing. Thank you.**

**Where do I send my claim? Please mail, fax or email to:**

Cornerstone Benefit, LLC  
PO BOX 2553, Ocala, FL 34478  
Phone: 1-800-809-8161  
Fax: 352-291-6690 or 352-369-9461

You may also email the clearly scanned in documentation to [tom@cornerstonebenefitsfl.com](mailto:tom@cornerstonebenefitsfl.com) however please be aware that your email may not be secure and contains private, medical information.

Any person who knowingly and with intent to file a fraudulent claim or files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.