



Measure #: 2024-021

## TOWN COUNCIL MEASURE SUBMITTAL

Date: 09/06/2023

Submitted By: Human Resources

Telephone #: 508.643.2175

### MEASURE DESCRIPTION:

Authorization of an FY23 Invoice in the amount of \$1,499.97 for MIIA May adjustment for Health Insurance.

Signed: \_\_\_\_\_

### PURPOSE AND JUSTIFICATION:

Authorization of an FY23 Invoice in the amount of \$1,499.97 for MIIA May adjustment for Health Insurance. This adjustment is a result of the transition to direct pay.

Due to the transition to direct pay we may continue to receive invoices for any adjustment(s) for coverage prior to July 1, 2023.

I respectfully request the Town Council approve the payment of prior year FY23 \$1,499.97 invoice.

SPECIAL REQUIREMENTS:

ATTACHMENTS:

REFER TO SUB-COMMITTEE:

MIIA HEALTH BENEFITS TRUST  
Medical Invoice Summary  
September 2023

North Attleboro

Invoice Date: August 30, 2023  
Invoice Number: 40524-0823

Billing Period: September 2023  
Due Date: September 20, 2023

<b>Total Headcount</b>		<b>Total Regular Charges</b>	<b>\$0.00</b>
<b>Total Changes</b>	<b>1</b>	<b>Total Adjustments</b>	<b>\$1,499.97</b>
		<b>Total Due</b>	<b>\$1,499.97</b>

**PLEASE NOTE:**

Please be sure to use the account information shown below for all payments.

**Lockbox:**

MIIA Health Benefits Trust, PO Box 49014, Baltimore, MD 21297  
Account # 4670290450  
Capital One Bank

**Wire Transfer/ACH Transfer Instructions:**

Payee: MIIA Health Benefits Trust, 3 Center Plaza, Suite 610, Boston, MA 02108  
Phone: 617-426-7272 x 263

**Bank Account:**

Capital One, PO Box 85139, Richmond, VA 23238  
Phone: 866-561-2580  
ABA Routing: 255071981  
ACH Routing: 065000090  
Account # 4670290450

Please include a copy of this invoice summary with your payment.

**Town Active: All Groups & Plans**

Coverage	Headcount		
Individual	0		\$0.00
Total Headcount	<u>          </u>		
		Total Regular Charges	<u>\$0.00</u>
		Adjustments and Changes: (1)	\$1,499.97
		<b>Total for Department</b>	<b><u>\$1,499.97</u></b>

Group, Plan	Coverage	Headcount	Rate
4064486	Individual	0	\$0.00
	Total Headcount	<u>          </u>	
			Regular Charges <u>\$0.00</u>
			Adjustments and Changes: (1) \$1,499.97
			<b>Total for Group <u>\$1,499.97</u></b>



Nonprofit  
Locally based  
Member driven

Serving Massachusetts communities since 1982

MIIA Health Benefits Trust  
3 Center Plaza, Suite 610  
Boston, MA 02108  
800-374-4405  
617-426-7272

**MIIA HEALTH BENEFITS TRUST**  
**Detail of Medical Adjustments & Changes**  
**September 2023**

**North Attleboro**

**Total Changes**

**1**

**All Departments, Plans & Groups**

**Total Adjustments**

**\$1,499.97**

<b>Changes</b>	<b>Town Active: All Plans &amp; Groups</b>	<b>Adjustments</b>
1		\$1,499.97

<b>Changes</b>	<b>Town Active</b>	<b>Adjustments</b>
1	4064486	\$1,499.97

Subscriber	Explanation of Changes & Adjustments	Charges or Credits	Net Adjustment
<b>Cooper, Holly A.</b>			
964-34-3574	Effective 7/1/2023: Town Termed		\$1,499.97
Active	Effective 5/27/2023: Add Member		
Family	add newborn for dob		
	Plus 34 days @ HMO Blue Benchmark \$300/\$900 May-23	\$2,425.40	
	Family rate		
	Less 34 days @ HMO Blue Benchmark \$300/\$900 May-23	-\$925.43	
	Individual rate		