

FLU SEASON IS IN FULL SWING!

The Relief PPO Medical Plan will cover the **regular and H1N1 flu vaccines for all covered members (and their covered dependents), with no copays, deductibles or coinsurance fees (when administered outside of a doctor's office).**

Where can I get a flu vaccine?

Flu vaccines can be obtained at most large retail pharmacy chains (including CVS, Walgreen's, Wal-Mart, Costco, etc.) as well as many retail grocery stores (Ralph's, Von's, Safeway, etc.). In addition, flu vaccine kiosks have been set up at most major airports. You can also obtain flu vaccines at your physician's office.

How much will the Relief's PPO Medical Plan reimburse?

The PPO Medical Plan will reimburse 100%, up to a maximum of \$30 per vaccine, for you and each of your covered dependents, if your vaccination is administered outside of a physician's office visit. Vaccinations administered at a PPO physician's office may be subject to a \$15 copay.

What if I am retired and covered by Medicare Part B?

If you have Medicare Part B and get your flu shot from a Medicare provider, you pay no coinsurance or deductible. Also, if the person giving the shot agrees not to charge more than the amount Medicare pays, you pay nothing.

How do I get reimbursed?

Reimbursement is easy!! Simply complete the claim form below and, along with your receipt(s), send them to the Relief, by mail, as indicated below. Claim forms are also available online at firemensrelief.org

What if I have questions?

If you have questions, please contact a Relief Customer Service Representative at (323) 259-5200.



LOS ANGELES FIREMEN'S RELIEF ASSOCIATION - FLU VACCINATION CLAIM FORM

(IMPORTANT: YOU MUST ATTACH YOUR RECEIPT(S) IN ORDER TO RECEIVE REIMBURSEMENT)

RELIEF MEMBER INFORMATION			
Full Name	Subscriber # (on PPO Medical Plan ID Card)	DOB	Email

Who is this claim for?	Full Name	Date of Service	Location of Service	Amount Billed	Amount Paid
<input type="checkbox"/> Member				\$	\$
<input type="checkbox"/> Spouse				\$	\$
<input type="checkbox"/> DP				\$	\$
<input type="checkbox"/> Child				\$	\$
<input type="checkbox"/> Child				\$	\$
<input type="checkbox"/> Child				\$	\$
<input type="checkbox"/> Child				\$	\$
<input type="checkbox"/> Child				\$	\$

SUBMIT YOUR CLAIM AND RECEIPT(S) TO:

LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

P. O. Box 41903

Los Angeles, CA 90041