



HARRISON TRUST

A FAMILY HEALTH PLAN

WWW.HARRISONBENEFITS.ORG

Harrison Massage Benefit, Medical Plan Q&A's

Q: What is my massage benefit?

A: Acupuncture and massage benefits are limited to 26 total visits per calendar year. Payment not to exceed \$75 per visit.

Massages performed by a licensed massage therapist, are payable after your deductible has been met;

- If your provider is in network, your benefit will be paid at 80% of allowed charges.
- If your provider is out of network, your benefit will be paid at 60% of allowed charges.
- Once your yearly out pocket maximum is met, your benefit will be paid at 100% of allowed charges.

Q: When I have a massage performed by a Chiropractor is that paid under my massage benefit?

A: No, if the massage is rendered as part of the chiropractic visit and by the Chiropractor, the massage will be paid under your chiropractic benefit. You are allowed a maximum of 26 chiropractic visits per calendar year.

Q: If I see a massage therapist that bills insurance, who do they bill?

A: Your provider should submit your massage claim to Cigna at the address provided on the back of your ID card. If your provider is contracted with American Specialty Health (ASH), your provider should submit your massage claim to ASH.

Q: If I see a massage therapist that does not bill insurance and pay out of pocket for the services, how do I submit a claim for reimbursement?

A: You will need to complete and submit a [Trust Medical Plan Claim form](#), which is available on the [Active Employees Document tab](#) on the Harrison Participant Website. You will need to include a copy of an itemized statement which shows the following:

- Provider Information (provider name and address)
- Date of Service
- Procedure Codes
- Diagnosis Codes
- Charge amount for each service line

Trust Medical Plan Claim forms can be submitted via:

- Mail to:

Harrison Electrical Trust Claims
5331 S Macadam Ave Suite 258, PMB 116
Portland, OR 97239

- Email to: dGROUP_Portland_AIBClaims@benesys.com
- Fax to: 503-208-9224

Q: How do I indicate payment should be made to me?

A: On the Trust Medical Plan Claim form in box 13, Authorization to Pay Benefits to Provider, indicate payment should be made to member.

13.	AUTHORIZATION TO PAY BENEFITS TO PROVIDERS	
IF PAYMENT IS TO BE MADE TO PROVIDER SIGN BELOW		
I hereby authorize payment of benefits directly to any providers of services, but not to exceed the usual, reasonable and customary charge for those services. I understand that I am financially responsible for any charges not covered by this authorization.		
X _____	PAY MEMBER	DATE
EMPLOYEE		

Q: How will payment be made to me from my Harrison Medical Plan?

A: You will be reimbursed by paper check.

Q. Who do I contact if I have a question regarding my claim or reimbursement?

A. You can reach out to our Member Service Team via:

- Phone at 503-224-0048
- Email at: portlandmsr@benesys.com
- Participant Portal: www.harrisonbenefits.org

Harrison Massage Benefit, Flexible Benefits Plan Q&A's

Q: Now that my claim has been considered under my medical plan, how do I request reimbursement from my Harrison Flex Plan for massage deductible and or co-insurance?

A: After the massage claim has been considered under your medical plan, you will need to provide a [Flexible Benefit Claim form](#), which is available on the [Flexible Benefits Document tab](#) on the Harrison Participant Website. You will need a copy of your explanation of benefits (EOB), or an itemized provider statement showing the insurance payment.

Q: Where do I submit my Flex Claim form?

A:

- Mail to:
Harrison Electrical Trust Claims
5331S Macadam Ave Suite 258, PMB 116
Portland, OR 97239

- Email to: pdxflexclaims@benesys.com
- Fax to: 503-208-9223

Q: How will payment be made to me from my Harrison Flex account?

A: You can be reimbursed by direct deposit into your checking or savings account. The [Flex Direct Deposit form](#) can be found on the [Flexible Benefits Document tab](#) on the Harrison Participant Website. If you do not have direct deposit, you will receive a check.

Q: Can I submit a Flex Claim form for reimbursement for massage visits after my medical calendar year maximum of 26 visits has been reached?

A: Yes, you can be reimbursed for massage visits after your yearly visit limit has been maxed out. You will need to provide a copy of your EOB showing your yearly visit limit has been reached.

Q: Who do I contact if I have a question regarding my claim or reimbursement?

A. You can reach out to our Member Service Team via:

- Phone at 503-224-0048
- Email at: portlandmsr@benesys.com
- Participant Portal: www.harrisonbenefits.org