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**Illinois Eastern Community Colleges  
Deductible Reimbursement Plan  
Effective January 1, 2026–December 31, 2026**

The Health Reimbursement Plan is a separate plan funded by Illinois Eastern Community Colleges for those individuals who have elected coverage under another health plan other than the one offered by Illinois Eastern Community College.

**What portion of the in-network deductible, co-insurance and co-payments is the employee responsible for?**

The employee is responsible for none of the deductible, co-insurance and co-payments.

**What portion of the in-network deductible, co-insurance and co-payments is Illinois Eastern Community Colleges responsible for?**

The remaining \$3,500 per individual per calendar year.

How does the plan work?

1. Your medical provider submits a claim to your medical insurance.
2. Your Insurance will process the claim and send you an EOB (Explanation of Benefits) in the mail.
3. The EOB will indicate if your claim was subject to a deductible.
  - a. If no deductible applies or if services were provided by non-network providers, the Deductible Reimbursement Plan does not apply.
  - b. If a deductible amount is applied and the services were provided by a network provider, you should:
    - Send a copy of the EOB along with a claim form (attached) to TerrillFLEX at the address listed on the claim form.
    - TerrillFLEX will review the EOB and record the amount of eligible expenses that are subject to the deductible.
    - TerrillFlex will remit payment to the member and it's the member's responsibility to pay the provider.



825 Maryville Centre Drive, Suite 200  
Chesterfield, MO 63017

*Fax Completed Form*  
*With Attachments To: 866-731-9932*

Employee Name\* \_\_\_\_\_ SSN\* \_\_\_\_\_  
Patient Name\* \_\_\_\_\_  
Address\* \_\_\_\_\_  
City/State/Zip\* \_\_\_\_\_  
Daytime Phone Number\* \_\_\_\_\_  
Email Address\* \_\_\_\_\_

Employer: **Illinois Eastern Community Colleges**

\*all information must be completed to process your claims

**NOTE:** Deductible expenses that are reimbursable under another group health plan (other than a health FSA) will not be payable under the Deductible Reimbursement Plan. If you have an FSA and a Deductible Reimbursement Plan, charges cannot be reimbursed by both Plans. Charge eligible under your Deductible Reimbursement Plan must be processed through your Deductible Reimbursement Plan first. Any remaining eligible charges that have not been reimbursed can then be submitted to your FSA.

**All claims must be submitted within 12 months of date of service to be eligible for reimbursement**

Expense Description i.e. Deductible, Co-Pay, RX	Date(s) of Service	Amount Requested

**Mail to:** TerrillFLEX  
825 Maryville Centre Drive, Suite 200  
Chesterfield, MO 63017

**Phone:** 1-866-422-8250  
**Fax:** 1-866-731-9932  
**Email:** info@terrillFLEX.com

**Authorization:**

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's current Plan and that these expenses have not been previously reimbursed under this or any other benefit plan. The undersigned fully understands he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim. **Payment will be made directly to the member. It is the member's responsibility to use the reimbursement to pay providers.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date