Medicare

MLB members who are age 65 and older, or under 65 years of age and disabled, may be eligible for reimbursement of their Medicare premiums. To determine eligibility, schedule an appointment with one of our Benefits Coordinators and submit a copy of your Social Security Benefit letter.

Reimbursements

Circle of Health adheres to a 6-month timely filing policy.

Any submission for reimbursement must be less than 6 months old to be considered for payment.

Allow 2-6 weeks for processing before contacting Circle of Health to inquire about reimbursement status.

Appeals & Concerns

Please contact the Circle of Health Benefits Manager if you feel that your claim was processed incorrectly, or if you would like to voice a concern.

Roberta Lemieux — 320-532-7723

roberta.lemieux@hhs.millelacsband-nsn.gov

Who can help me?

Questions regarding insurance contact:

Benefits Coordinators:

Shelly Day – 320-532-1759 shelly.day@hhs.millelacsband-nsn.gov

Ann Mitchell – 320-532-8929 ann.mitchell@hhs.millelacsband-nsn.gov

Amber Benjamin-Dorr — 320-532-8932 amber.benjamin-dorr@hhs.millelacsband-nsn.gov

If you have questions regarding premiums, claims, or reimbursements:

Claims Processors

Last Names A-L: Deb Smith

320-532-8903

deb.smith@hhs.millelacsband-nsn.gov

Last Names M-Z: Bonnie John

320-532-8904

bonnie.john@hhs.millelacsband-nsn.gov





To promote physical and mental well being in all of our communities by assisting Mille Lacs Band members to acquire health coverage and eliminate barriers to health care access.

Onamia Office

18562 Minobimaadizi Loop Onamia, MN 56359 320-532-7741 800-491-6106

Fax: 320-532-4354

Hinckley Office

502 Weber Ave. Suite 103 Hinckley, MN 55037 320-384-4603

Fax: 320-384-4663

What is Circle of Health?

Circle of Health **is not** an insurance company. It is a unique benefits program for enrolled Mille Lacs Band members which supplements a primary insurance and assists with other out-of-pocket expenses.

Circle of Health is the payer of last resort. All other means of health care insurance or third-party payment must be exhausted before Circle of Health will make payment.

Eligibility

MLB members must have or obtain a primary health insurance to be eligible to enroll. We will pay for single or family medical/dental premiums.

Circle of Health will pay/reimburse insurance premiums, deductibles, co-pays, and coinsurance on covered services.

First-Line Descendants

Circle of Health will pay out-of-pocket costs for MLB First-Line Descendants under the age of 18, or a full-time student age 18-23. Proof of full- time student status must be provided to the Circle of Health office every semester/quarter.

How Do I Begin?

Contact Circle of Health to request enrollment forms. These forms should be completed and returned with all necessary documentation. Circle of Health will issue an identification card once the enrollment has been processed. All enrollments must be updated annually in order to avoid loss of benefits.

MLB Entity Employee

MLB members working for a MLB entity may be eligible to have their insurance premiums direct-billed to Circle of Health. We direct-bill non-MLB entities as long as the employer is willing to accept our checks and payments for the employee.

Enrolled Band Member Only Benefit

Eyewear Up to \$250 per fiscal year DME Up to \$1,000 per fiscal year Hearing aids Up to \$1,000 every ten years Orthodontia Up to \$3,000 per lifetime (Dentures included)

** The fiscal year begins Oct 1st and ends Sept 30th. Please contact your claims processor for pre-approval of any fiscal year benefits. **

F a x

COBRA Coverage

COBRA premiums are no longer paid or reimbursed by Circle of Health. Contact one of our Benefit Coordinators if you expect to lose employer sponsored coverage, or have lost it within the past 60 days.

Need Insurance?

Our Benefit Coordinators can assist you in obtaining health coverage through the Federal or State Health Insurance Exchange.

Self-Employed?

Any MLB member who is self-employed, or has coverage through a self-employed spouse, must meet with a Benefits Coordinator in order to determine eligibility for benefits.