Northeast Benefits Management, LLC

To all _____ (insert Company Name) HRA participants:

Opt-out of BCBSVT Data Feed

Blue Cross and Blue Shield of Vermont (BCBSVT) has established a program under which they electronically send claims data to Northeast Benefits Management, LLC (NBM) so HRA (Health Reimbursement Arrangement) claims can be processed on your behalf. The weekly feed reduces the required paperwork the member is obligated to submit to process claims. As a courtesy, along with your NBM HRA plan, you have been enrolled in the data feed program. Without the claims feed, you will be required to provide documentation for each claim you make. The weekly electronic feed only includes information such as your name, provider name and cost of service, similar to the information on an Explanation of Benefits. BCBSVT transmits the Data through a secure file which is then stored on a protected server for Northeast Benefits Management, LLC use only.

Please keep in mind the following:

- Without the information on the data file, you are required to file a manual claim with Northeast Benefits Management, LLC for reimbursement from your Health Reimbursement Arrangement.

If you have any questions about this program please contact NBM at (802) 865-0239.

<u>No action </u>is required unless you want to <u>opt out</u> of this service. If you wish to opt out of the program you may do so by completing, signing and returning this form to the address listed below.

I _____, wish to have my medical claim information as well as the medical claim information of any of my dependents removed from the BCBSVT Data Feed that is being sent to NBM. I understand that I will be responsible for submitting HRA claims to NBM.

_____   _____
            Signature   Date

Please return this form to: Blue Cross and Blue Shield of Vermont
Attn: Marketing Department
PO Box 186
Montpelier, VT 05601-0186

Sincerely,

Northeast Benefits Management, LLC