Out of Network Care

Using Bright Horizons Back-Up Care



Home	Reservations	Providers	Benefit	Care Profile	Resources	Notifications		My Account Help	
BACK-U	P RESERVATIO	N			re cipients 2 &	When 3 Car Where Opt	e 4 Verify linfo	5 Review Details	
AVAILAB	LE CARE OPTION	S							
Center-Based Care In-Home Care Request Reimbursement									
			You have Bright H home.	e the option to use, lorizons will reimbur	and be reimbursed se you up to \$100	for, care that you secu per day for care in a c	ure on your own using C center and up to \$100 p	out-of-Network Care. er day for care in your	
			Appropi submitte	riate forms must be ed within 10 days of	completed prior to using care in order	using Out-of-Networ to be reimbursed.	rk Care; requests for rei	mbursement must be	
			🗌 l an	electing to use Out	-of-Network Care				
			Back					Continue	
				-					

- You have the option to secure your own care and be reimbursed \$100/day
- Choose Request Reimbursement by clicking the corresponding button

Home	Reservations	Providers	Benefit	Care Profile	Resources	Notifications	ALERTS	My Account Help
RESER	VATION	#CAS-I)37612(0-M9M4W	/9	Home // Res	ervations // Res	ervation #CAS-10376120-M9M4VV9
OUT-C	F-NETWO	RK CARE						
					I	Cancel Entire F	Reservation	Cancel Care Sessions
Care Se	sions							
Date		Time				Care Recipien	t(s)	

How Out-of-Network Care Works

If Bright Horizons® is unable to secure care for you through our back-up care network, your employer has authorized Bright Horizons to reimburse you for your use of Outof-Network Care. Out-of-Network Care is back-up care provided by a caregiver of your choice who resides outside of your household and who does not provide services within the Bright Horizons Back-Up Care™ network.

Bright Horizons will reimburse you \$100/day regardless of the number of care recipients.

You may use Out-of-Network Care only if authorized in advance by Bright Horizons for specified dates.

The use of Out-of-Network-Care will count towards all annual limits established by your employer and Bright Horizons for your use of Bright Horizons Back-Up Care. Use of Out-of-Network Care is applied upon the submission of a Request for Reimbursement.

How to Get Reimbursed

1. Complete Confirmation and Release. Prior to the use of Out-Of-Network Care, ensure you have completed the online Confirmation and Release form.

VIEW FORM ON FILE

2. Submit Request for Reimbursement. Within ten days after the last date Out-of-Network Care is used, complete and submit the Request for Reimbursement form. We are not able to reimburse you for Out-of-Network Care until you submit the Request for Reimbursement form.

GO TO REIMBURSEMENT FORM

How Payments Work

Receiving your Out-of-Network Care reimbursement payment is quick and easy with J.P. Morgan Chase Bank Corporate Quickpay (CQP)

- 1. You'll receive an email from Chase Payments (donotreplyChasePayments@jpmorgan.com) within five business days of submitting your Request for Reimbursement. Please check your email spam or junk folder if you have not received it within five business days.
- 2. Follow the instructions outlined in the email to have your reimbursement transferred directly to your bank account through Zelle- it's fast, safe, and easy. You'll receive your reimbursement on the next business day.

3. Should you decline to accept payment through Zelle, a check will be sent to the home address in your Back-Up Care profile.

You will be prompted to fill out a Confirmation and Release Form and a Reimbursement Form.

Confirmation and Release Form

Confirm and Release Form

Employee Name

City, State Zip

Employee Address

Employer

Acknowledgement and Release

I acknowledge that I intend to arrange for a child care center or caregiver identified and selected by me to provide back-up care to my child(ren) or adult(s) on my behalf. I agree that I am solely responsible for determining whether the child care center or caregiver identified and selected by me is qualified and appropriate for the needs of my child(ren) or adult(s). I agree that neither my employer nor Bright Horizons, or their respective employees or agents, are responsible for my use of any back-up care provided, or any child care center or caregiver providing back-up care, under Out-of-Network Care. In consideration of the administration of Out-of-Network Care and the reimbursement of a portion of the cost of the back-up care provided, I hereby fully release and discharge both my employer and Bright Horizons, and their respective officers, directors, employees and agents, from any claim for liability or damage arising out of any use of back-up care, or the actions or inactions of any child care center or caregiver providing back-up care, as part of Out-of-Network Care. I agree that the information and representations provided above are accurate, and that I will fully comply with all requirements applic-ble to the use of Out-of-Network Care.

Employee Full Name

Date 1/4/2022

Print This Page

- Complete the release form.
- Read the acknowledgement and enter your name and today's date
- Submit. This is a one-time only form that you can view or print at any time.

Home	Reservations	Providers	Benefit	Care Profile	Resources	Notifications ALERTS	My Account Help
RESE	VATION #	¢CAS-10	376120)-M9M4W	/9	Home // Reservations // Re	zservation #CAS-10376120-M9M4W9
OUT-C	F-NETWOR	RK CARE					
						Cancel Entire Reservation	Cancel Care Sessions
Care Se	ssions						
Date		Time				Care Recipient(s)	
1/4/2022		06:00 pm	- 11:00 pm				

How Out-of-Network Care Works

If Bright Horizons® is unable to secure care for you through our back-up care network, your employer has authorized Bright Horizons to reimburse you for your use of Outof-Network Care. Out-of-Network Care is back-up care provided by a caregiver of your choice who resides outside of your household and who does not provide services within the Bright Horizons Bock-Up Care[®] metwork.

Bright Horizons will reimburse you \$100/day regardless of the number of care recipients.

You may use Out-of-Network Care only if authorized in advance by Bright Horizons for specified dates.

The use of Out-of-Network-Care will count towards all annual limits established by your employer and Bright Horizons for your use of Bright Horizons Back-Up Care. Use of Out-of-Network Care is applied upon the submission of a Request for Reimbursement.

How to Get Reimbursed

I. Complete Confirmation and Release. Prior to the use of Out-Of-Network Care, ensure you have completed the online Confirmation and Release form.

VIEW FORM ON FILE

2. Submit Request for Reimbursement. Within ten days after the last date Out-of-Network Care is used, complete and submit the Request for Reimbursement form. We are not able to reimburse you for Out-of-Network Care until you submit the Request for Reimbursement form.

GO TO REIMBURSEMENT FORM

How Payments Work

Receiving your Out-of-Network Care reimbursement payment is quick and easy with J.P. Morgan Chase Bank Corporate Quickpay (CQP)

- I. You'll receive an email from Chase Payments (donotreplyChasePayments@jpmorgan.com) within five business days of submitting your Request for Reimbursement. Please check your email spam or junk folder if you have not received it within five business days.
- Follow the instructions outlined in the email to have your reimbursement transferred directly to your bank account through Zelle- it's fast, sale, and easy. You'll receive your reimbursement on the next business day.

3. Should you decline to accept payment through Zelle, a check will be sent to the home address in your Back-Up Care profile.

- Access the Reimbursement Form. This allows the customer to detail who provided care and request reimbursement.
- This form must be filled out after the last date of care is complete (the button will be greyed out until then) and within 10 days from the last date of care.
- The employee should ensure Primary Email Address and Home Address on their Back-Up Care Profile are correct.

Home	Reservations	Providers	Benefit	Care Profile	Resources	Notifications	ALERTS •	My Account Help
OUT-OF	-NETWORK CA	ARE		Home // <u>Reservation</u>	s // <u>Reservation #</u>	CAS-10376120-M9M4	4W9 // Out-of-Netwo	rk Care : Reimbursement Form
Please comp	lete this request for n	eimbursement befo	ore 1/14/2022.1	n order to be eligible	for reimbursemen	t, your request must	be received by this d	ate.
								All Fields Required
Where	did care tak	e place?						
O My home	2							
O My careg	giver's home							
O Childcan	e center							
○ Camp								
								<u>Back</u>

 You will first be asked to confirm where care took place.

Who provided Care?
Caregiver's Full Name
Caregiver's Email Address
Caregiver's Mobile Phone Number
Does this caregiver live with you?
○ Yes
○ No

Were you	working at	the	time	this	care	took	place?
----------	------------	-----	------	------	------	------	--------

11-	
0	V
\sim	les

O No

When was care provided?

Date	Time	Care Recipient(s)	Action
1/4/2022	06:00 pm - 11:00 pm		Remove
Reimburse	ment total \$ 100		
Confirmat	ion		
I, Full Name	, certify the above	information is true and accurate. I am requesting reim	bursement for Reservation [CAS-10376120-M9M4W9]
I understand reimb	ursement requests will be subject to audit, and t	hat any suspected inappropriate reimbursement requ	ests will be denied and reported to my employer.
Date			
MM/dd/yyyy			
Request Reir	nbursement		
			Ba

- Provide the caregiver's name and contact information, confirm that you were working and confirm dates of care.
- Complete the form and click on Request Reimbursement.

The Reimbursement Process



- 1. Confirm that you have the correct work/primary email address and home mailing address on file in your back-up care profile.
- 2. After submitting your Request for Reimbursement, you'll receive an email from Chase Payments (donotreplyChasePayments@jpmorgan.com) within ten business days. The subject line will read "BRIGHT HORIZONS has sent you a payment." Please check your email spam or junk folder if you have not received it within ten business days.
- 3. Follow the instructions outlined in the email to have your reimbursement transferred directly to your bank account through Zelle. You'll receive your reimbursement on the next business day.
- 4. Should you decline to accept payment through Zelle, a check will be sent to the home address in your back-up care profile.