



TOWN OF SCITUATE

Health Reimbursement Plan

JULY 1, 2011 – JUNE 30, 2012 (FY12)

The Town of Scituate will sponsor a Health Reimbursement Arrangement (HRA) for FY12. This plan runs from July 1, 2011 to June 30, 2012 (concurrent with the medical plan year). Eligible expenses must be incurred within the plan year. Plans are administered on a year-by-year basis. Future plan specifics will be subject to action by Mayflower Municipal Health Group (MMHG).

The Plan provides each eligible employee (**only those participating in Network Blue HMO, or Harvard Pilgrim Health Care HMO**) with the opportunity to be reimbursed only for the increase portion of the co-pays that was voted by Mayflower Municipal Health Group.

Medical expenses eligible for reimbursement and the amounts include:

	<u>Network Blue (HMO)</u>	<u>HPHC (HMO)</u>
Office visits	\$10.00	\$5.00
ER	\$50.00	\$25.00
Retail Prescriptions Tier 1	n/a	\$5.00
Retail Prescriptions Tier 2	n/a	\$5.00
Mail Order Prescriptions Tier 1	\$10.00	\$15.00
Mail Order Prescriptions Tier 2	\$20.00	\$25.00
Mail Order Prescriptions Tier 3	\$35.00	\$70.00

Once you have incurred an eligible expense for yourself, your spouse, or your dependents, simply submit a copy of your co-pay receipt or bill along with a claim form, a copy of which is attached, to Cafeteria Plan Advisors, Inc. at the address below. All payments will be made directly to the participant. All expenses must be submitted no later than **90** days after the plan year ends on 6/30/12. As the Administrator for this Plan, please contact us directly with questions at:

Cafeteria Plan Advisors, Inc.

420 Washington Street, Suite 100

Braintree MA 02184

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