



**Town of North Attleboro  
Health Reimbursement Arrangement (HRA)  
July 1, 2019 to June 30, 2020**

As a part of efforts to keep your medical benefit costs as affordable as possible, the Town of North Attleboro is sponsoring a Health Reimbursement Arrangement (HRA). The plan year runs from July 1, 2019 to June 30, 2020.

Subscribers participating in the following plans are eligible: Blue Care Elect Preferred (PPO); Network Blue New England (HMO); MEDEX II with Prescription Drug Plan (PDP); and Managed Blue for Seniors with PDP.

**Eligible Expenses include:**

**COPAYMENTS**

- **Inpatient Hospitalization Copayment –  
\$275 general care hospital or \$1,500 higher cost share hospital**
- **Outpatient Day Surgical Copayment - \$250**
- **High Tech Imaging Copayment - \$100**
- **Specialist Office Visit Copayment - \$60**
- **Urgent Care Visit Copayment - \$60**

**ANNUAL DEDUCTIBLE**

- **\$300 Individual / \$900 Family**

Once you have incurred an eligible expense, submit a copy of your Explanation of Benefits / Claim Summary *from the insurance company* and a completed claim form, 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 **60** days after plan year ends.

NOTE: If you are an active employee and have a Flexible Spending Health Care Account, you cannot get reimbursed under both plans.

As the Administrator for this Plan, should you have any questions please contact us at:

*Cafeteria Plan Advisors, Inc.*  
420 Washington Street, Suite 100  
Braintree MA 02184

Phone: 781-848-9848 Fax: 781-848-8477 Email: [info@cpa125.com](mailto:info@cpa125.com) Website: [www.cpa125.com](http://www.cpa125.com)