

Town of Southborough

***Health
Reimbursement
Arrangement
Information
-HRA-***

Includes July 2017 changes

**Town of Southborough
Treasurer/Collector's Office**

17 Common Street
Southborough, MA 01772
Phone: 508-485-0710 x3013
Fax: 508-480-0161

Town of Southborough
TOWN TREASURER/COLLECTOR

17 COMMON STREET
SOUTHBOROUGH, MA 01772-1662
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To: All Benefit Eligible and Non-Medicare Retirees Participating the Town's HMO or PPO plans through Tufts Health Plus or Fallon Community Health Plan.

From: Town of Southborough Treasurer/Collector's Office

Subject: HRA Reimbursement of Hospital Admission, Out-Patient Surgery, and Hi-Tech Imaging Co-Payments

Dear Participant:

The Town will be continue to offer a Health Reimbursement Arrangement effective July 1, 2017 which will Reimburse each member who incurs an In-Patient Hospital co-pay, Out-Patient Surgery co-pay, or Hi-Tech Imaging co-pay as follows:

Expense Incurred as of July 1, 2017

In-Patient Hospital Admission (Each Admission)	up to \$1,000.00
Out-Patient Surgery (Each Procedure)	\$250.00
Hi-Tech Imaging (Each Service) – <u>SEE ATTACHED</u>	\$100.00

Plan Sponsor: Town of Southborough
Plan Year: July 1, 2017 through June 30, 2018
Eligibility: Requires participation in the Town sponsored health insurance plans.

Process: **Three Items Required –**

1. Complete Health Reimbursement Form (attached) and Sign
2. Copy of Insurance Activity report showing Service rendered or any health provider report showing the service rendered.
3. Copy of payment (check, credit card statement, or other confirmation proving payment was made). **You cannot use your FSA card and then request reimbursement per the IRS – you must pay by cash, check or credit card.**

Please drop these documents off in person or if by mail sealed to the address below within 90 days of the service.

Claims are processed thru Accounting as with any Town payment and may take 2-3 weeks to be mailed to your residence.

Town of Southborough

Definition of high tech imaging for health reimbursements:

HIGH TECH IMAGING – **ELIGIBLE** REIMBURSEMENT

CT Scans (CAT Scans)

Computerized Tomography Angiography (CTA Scans)

MRI's

Magnetic Resonance Angiography (MRA)

Magnetic Resonance Spectroscopy (MRS)

Nuclear Cardiology

PET Scan

LOW TECH IMAGING – **NOT** ELIGIBLE FOR REIMBURSEMENT

X-rays

Mammograms

Bone-density Scans

Echo Cardiograms

Ultrasound

Town of Southborough
HEALTH REIMBURSEMENT FORM
Must be submitted within 90 days of service/procedure

Last	First	Birth Date	
Street Address	City	State	Zip Code
E-Mail	Telephone No.		SS# (Last 4 only)

Date of Service	Medical Provider	Medical Expense Description	Eligible Amount *Documentation Required

TOTAL _____

I certify that the above information is true and that the amount requested has not been reimbursed by any other plan or entity. Expenses listed above qualify for reimbursement by me or by eligible members of my family.

SIGNATURE	DATE
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