

**City of Everett
Health Reimbursement Arrangement (HRA)
Claim Voucher**

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

(781) 848-9848 (Phone)
(781) 848-8477 (Fax)
info@cpa125.com (Email)

EMPLOYEE: _____ SS#: xxx-xx-_____
MAILING ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ PHONE: () _____ E-MAIL: _____

Plan Year: JULY 1, 2021 - JUNE 30, 2022

Reminder: All expenses must be incurred within the plan year. Once you have incurred an eligible expense simply submit a copy of your Explanation of Benefits/Claim Summary from your insurance company along with a completed claim form.

| Copayments below are reimbursed at 50% per occurrence | Date of Service | Copay Amount | Total Reimbursement (@ 50%) |
|------------------------------------------------------------------------|------------------|--------------|-----------------------------|
| <i>Example:</i> | 7/1/21 – 7/11/22 | 100.00 | \$50.00 |
| Outpatient Surgery Copay (up to \$75 per occurrence) | | | |
| In-patient Hospital Admission Copay (up to \$350 per occurrence) | | | |
| High Tech Imaging Copay MRI, CT, PET Scans (up to \$50 per occurrence) | | | |

TOTAL CLAIM AMOUNT: \$ _____

This is to certify that I have incurred the expenses listed above that qualify for reimbursement under the City of Everett Health Reimbursement Arrangement. I have not been reimbursed from any other source including insurance programs or other programs offered by my employer. None of these expenses have previously been submitted. I understand and agree that since these expenses are to be reimbursed, they may not be claimed as deductions for income tax purposes. I hereby request reimbursement for these claims. All medical claims must be submitted within 30 days after the plan year ends and require copies of the Explanation of Benefits/Claim Summary from your insurance company.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

420 WASHINGTON STREET ♦ SUITE LL8



BRAINTREE MA 02184 ♦ (781) 848-9848

**City of Everett
Health Reimbursement Plan (HRA)
Plan Year July 1st 2021 – June 30th 2022**

The City of Everett will be sponsoring a Health Reimbursement Arrangement (HRA) again this year! The new plan year will be from July 1, 2021 through June 30, 2022. Eligible expenses must fall within the plan year. It was the intent of the City that the HRA Plan provides mitigation of the added out-of-pocket health care expenses that subscribers may incur as a direct result of the implementation of the July 1, 2012 health plan design changes. *Eligibility is limited to Active Employees and Retirees who were subscribers in the City's sponsored plans effective July 1, 2012.*

The Plan provides each eligible subscriber with the opportunity to be reimbursed 50% for the following eligible Co-pay expenses:

Outpatient Surgery Copayments - up to \$75 per occurrence

Inpatient Hospital Admission Copayments – up to \$350 per occurrence

High Tech Imaging Copayments – up to \$50 per occurrence

Once you have incurred an eligible expense simply submit a copy of your **Explanation of Benefits/Claim Summary from your insurance company** along with the enclosed claim form to Cafeteria Plan Advisors, Inc. at the address below. All payments will be made directly to the participant.

As a reminder for the current plan year (July 1, 2020– June 30, 2021) expenses must be submitted no later than 30 days after plan year ends. Should you have any questions please contact:

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