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Town of Norton

Health Reimbursement Plan (HRA)

July 1, 2017 to June 30, 2018

Following negotiations between the Town of Norton and the Norton Public Employee Committee (PEC) it had agreed that, effective July 1, 2016, the Town would offer a Health Reimbursement Plan (HRA) to its' employees and non-Medicare retirees on the following health plans:

Blue Cross Blue Shield Network Blue New England $250. Deductible Plan and

Blue Cross Blue Shield Blue Care Elect $250. Deductible Plan

To mitigate the impact on subscribers of the deductible and co-pays in those plans, the Town and the PEC have agreed that the Town will sponsor a Health Reimbursement Plan for the reimbursement of the following:

50% of the Deductible (the deductible is $250. per individual/$750. per family)

50% of the Inpatient Hospital Co-pay: (the co-pay for Tier 1 hospitals is $300. and for other hospitals is $700.)

50% of the Outpatient/Day Surgery Co-pay (this co-pay is $150.)

The mitigation arrangement applied to the July 1, 2016 – June 30, 2017 plan year as well as the following three plan years (through June 30, 2020).

Once you have incurred an eligible expense submit a copy of the **Claim Summary/Explanation of Benefits** from your provider or Blue Cross Blue Shield that shows both the date and description of the expense and the deductible amount or co-pay that you paid, along **with a claim form**, to Cafeteria Plan Advisors, Inc.

All payments will be made directly to the participant. All eligible expenses must be incurred within the plan year (July 1 – June 30) and submitted no later than ***60 days*** after the plan year ends. As the Administrator for this Plan, should you have any questions please contact us at:

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