

Town of Brookline

Health Reimbursement Arrangement (HRA)

For Employees & Retirees enrolled in Non-Medicare Health Plans

Effective July 1, 2013 through June 30, 2016, the following GIC co-payments incurred by the Subscriber or an enrolled family member are eligible for reimbursement at the following rates:

- **Out-patient Day Surgery co-payments** – applicable to surgery and related anesthesia in an ambulatory surgical facility, hospital or surgical day care unit. Surgery and anesthesia in an office setting will be subject to the regular office visit co-payment.
- **Inpatient Hospital Admission co-payments** – applicable to any overnight hospital stay including admission for substance abuse, alcoholism or mental health.
- **Emergency Room co-payments** – applicable to any Emergency Room visit in which the patient is not admitted to the hospital.
- **High-tech Imaging (MRI, CT Scan, PET Scan) co-payments** – applicable to any member requiring three or more high-tech imaging services that result directly from a serious and/or chronic medical condition. The reimbursement shall apply to the third co-payment for high-tech imaging services and any subsequent high-tech imaging services that occur within the same plan year.

Co-payments	FY 2014	FY 2015 – FY 2016
	July 1, 2013 – June 30, 2014	July 1, 2014 – June 30, 2016
Out-patient Day Surgery	\$150	\$150*
Inpatient Hospital Admission	\$500	\$500*
Emergency Room	\$50	\$50
High-Tech Imaging	\$100	\$100

*Maximum of four reimbursements per plan year per each subscriber

Procedure

➤ Eligibility

- This policy is applicable to employees and retirees who are enrolled in a Non-Medicare group health plan through the GIC/Town of Brookline as well as any family members who are enrolled under their plan.

When the Subscriber or an enrolled family member incurs one of the eligible co-payments, the Subscriber must submit the following paperwork in order to be reimbursed:

➤ Reimbursement for Inpatient Hospital Admission, Out-patient Day Surgery or Emergency Room co-pays:

- A copy of the original invoice or receipt
 - It must be clear on the invoice that the services incurred were for an Inpatient Hospital Admission, Day Surgery or Emergency Room Visit and list the co-payment due.

- A Completed Co-Payment Reimbursement Form
- Reimbursement for High-Tech Imaging co-payments:
 - Copies of the invoices/receipts for at least three separate dates of services that clearly state that the services incurred were for high-tech imaging (MRI, CT Scan, PET Scan) and the diagnostic reason for the scan (such imaging must be for the same serious and/or chronic medical condition). All high-tech imaging services must occur within in the same plan year.
 - A Completed Co-Payment Reimbursement Form
- Administration by CPA, Inc.
 - In order to maintain a high level of confidentiality, the above listed documents must be submitted to Cafeteria Plan Advisors, Inc. (CPA, Inc.), which is the Third Party Administrator the Town has contracted with to process the reimbursements. CPA, Inc., 420 Washington St., Suite LL8, Braintree, MA 02184.
- Timeliness of Claim Submission
 - The required documents must be sent to CPA, Inc. within 60 days of the billing date or date of service, whichever is clearly indicated on the invoice/receipt. Reimbursements will be issued in the form of a check made payable to the Subscriber and mailed at the end of the month in which the claim was submitted.
- Approval
 - CPA, Inc will continue to send to the Town Benefits Supervisor, a list of names of employees who have submitted claims. The Town Benefits Administrator will then approve reimbursements based on whether or not the claimant was enrolled in the plan at the time the claim was incurred.