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## Dennis-Yarmouth Regional Schools Health Reimbursement Arrangement (HRA) July 1, 2024 to June 30, 2025

As a part of efforts to keep your medical benefit costs as affordable as possible, the Dennis-Yarmouth Regional Schools is pleased to sponsor a Health Reimbursement Arrangement (HRA). This plan (plan year) runs from July 1, 2024 to June 30, 2025. Eligible expenses must be incurred within the plan year. The Plan provides each eligible employee (participating in Cape Cod Municipal Health Group "Rate Saver Plan") with the opportunity to be reimbursed for certain portions of your co-pays/deductible. The maximum amounts to be reimbursed are:

\$400	-	Individual
\$1,000	-	Family

<u>Eligible Medical Expense:</u>	<u>Reimbursed up to:</u>
Office visit co-pay of \$20 (including physical therapy)	\$10.00
Office surgery - level 1 \$20 co-pay	\$10.00
- level 2 \$45 co-pay	\$22.50
Office Specialist copay of \$45	\$22.50
Emergency Room visit co-pay of \$100 (no admission)	\$50.00
High Tech Imaging-MRI/CT/PET co-pay of \$100	\$50.00
In patient co-pay of \$500 (per admission)	\$250.00
Same day Surgery co-pay of \$250 (per incident)	\$125.00
Retail Prescriptions - tier 2 \$30 co-pay	\$15.00
- tier 3 \$65 co-pay	\$32.50
Mail Order Prescriptions - tier 1 \$25 co-pay	\$12.50
- tier 2 \$75 co-pay	\$37.50
- tier 3 \$165 co-pay	\$82.50

Plan Year Deductible Maximum Reimbursement: \$125 Ind / \$375 Family

Once you have incurred an eligible expense, submit a copy of the Explanation of Benefits/Claim Summary from your insurance company showing both the date and description of the service/expense along with a claim form to Cafeteria Plan Advisors at the address below. All payments will be made directly to the participant. All expenses must be submitted no later than **30 days** after plan year ends. As the Administrator for this Plan, should you have any questions please contact:

Cafeteria Plan Advisors An Alera Group Company 120 Longwater Drive, Suite 102 Norwell, MA 02061 Phone: 781-848-9848 Fax: 781-848-8477 www.cpa125.com