



**TOWN OF ASHLAND**  
**Health Reimbursement Plan**  
**July 1, 2016 – June 30, 2017**

As a part of efforts to keep your medical benefit costs as affordable as possible, the Town is pleased to sponsor a Health Reimbursement Arrangement (HRA). This plan (plan year) runs from July 1, 2016 to June 30, 2017. Eligible expenses must be incurred within the plan year.

Eligibility is limited to employees (and retirees) and their dependents that are participating in a Town sponsored Health Plans. Eligible expenses for reimbursement, after individual/family thresholds have been met, are CO-PAYS for following services:

- Office visits/primary care
- Office visits/specialists
- Emergency Room visits
- In-Patient hospitalization
- Same-day surgery
- Diagnostic imaging
- Physical Therapy
- Prescription drugs/retail
- Prescription drugs/mail order

Once you have incurred an eligible expense simply submit a copy of your **receipt** along with a **claim form**, a copy of which is attached, to Cafeteria Plan Advisors, Inc. at the address below. All payments will be made directly to the participant. **All expenses must be submitted no later than AUGUST 1, 2017 after plan year ends.** As the Administrator for this Plan, should you have any questions please contact us at:

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