

Town of Wellesley Health Reimbursement Arrangement Claim Form
EXPENSES MUST BE OCCURRED BETWEEN JULY 1, 2025 TO JUNE 30, 2026

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EMPLOYEE: _____ **SS#:** XXX -XX - _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** () _____ **E-MAIL:** _____

Reimbursement for subscriber and family members enrolled in the Benchmark Health Insurance plans.

HRA PLAN #1 MEDICAL CARE CO-PAYMENTS UP TO \$200 INDIVIDUAL OR \$600 FAMILY
Reimbursements must be filed by July 31, 2026

Medical Care Co-Payment Expense: <i>(*deductible expenses not eligible*)</i>	Reimbursable Co-Payment Amount	# of Co-Payments	Dates of Service	Total Reimbursement <i>(# times reimbursable \$)</i>
Example:		2	1/1+5/31	\$60
Office visit—Specialist Care (\$60+)	\$30 per visit			
Urgent Care (No ER Co-payments)	\$20 per visit			
Same-day Surgery	\$100 per incident			
High Tech Imaging Copay (\$100) (MRI, CAT, PET SCANS--not diagnostic)	\$50 per incident			
Mail Order Prescriptions (\$75+)	\$25 per rx			

TOTAL CLAIM AMOUNT: \$ _____

HRA PLAN #2 ELIGIBLE TRAVEL EXPENSES (see reverse) UP TO \$200 INDIVIDUAL OR \$600 FAMILY
Reimbursements are 'first-come-first serve' based on a budget and must be filed by July 31, 2026

Type Of Travel Expense	Provider	Amount Requesting	Dates of Service	Total Reimbursement
Mileage into/back to Network Area (2025 IRS medical mileage is \$.21)				
Parking for medical appointments				
Travel on Common Carrier (train/bus/train/plane/other carrier)				
Rental Car to/from Network Area (*up to \$50/day)				

TOTAL CLAIM AMOUNT: \$ _____

This is to certify that I have incurred the expenses listed above that qualify for reimbursement under the Town of Wellesley Health Reimbursement Arrangement. I have not been reimbursed for the portion claimed above from any other source including insurance programs or other programs offered by my employer, such as FSA. 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 claims require a copy of your Explanation of Benefits/Claim Summary from the insurance company showing both the date and description of the copayment and/or detailed travel receipts along with a completed claim form.***

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

HRA #2 Health Reimbursement Arrangement (HRA) Travel Expense

Travel reimbursement fund for all Town of Wellesley employees and their dependents who incur travel costs to bring a covered individual in to the network coverage area from out of the network area to receive medical care from a qualified provider. The network coverage area is defined as MA, RI, CT, NH, ME and VT. Covered expenses include: surgical procedures, hospitalizations and high tech imaging (MRI's , CAT and PET scans). **Routine medical care (annual physicals, specialist visits and wellness visits) are not covered.**

Health Reimbursement Arrangement (HRA) Travel Expense Stipulations

1. Travel on a Common Carrier

- Expenses incurred for travel via airplane, train, bus, or other common carriers are reimbursable providing the travel is directly related to bringing the covered individual into the network coverage area to receive medical care from a qualified provider.
- Documentation required: Receipts, itinerary, and proof of medical appointment.

2. Rental Car

- Rental car expenses are eligible for reimbursement when the vehicle is used for travel directly related to bringing the covered individual into the network coverage area to receive medical care from a qualified provider.
- Only the rental cost for the duration of the medical-related travel is covered; personal use or extended rentals beyond the necessary travel dates are not reimbursable. In situations where a car is rented for longer than needed to get the covered individual to medically eligible visits, no more than \$50 a day will be reimbursed for the days to travel home if out of the network area and to the medical appointments only.
- Documentation required: Rental agreement, payment receipt, and proof of eligible medical appointment that coincides with the date of the rental.

3. Mileage

- Personal vehicle mileage expenses are reimbursable at the IRS-approved medical mileage rate when bringing the covered individual into the network coverage area to receive medical care from a qualified provider.
- Mileage reimbursement is calculated based on the shortest reasonable route.
- Documentation required: A mileage log including date of travel, destination, purpose, number of total miles driven and proof of eligible medical appointment that coincides with the date of the mileage incurred.

4. Parking

- Parking fees incurred at medical facilities to bring a covered individual into the network coverage area to receive medical care from a qualified provider.
- Documentation required: Receipt for parking fees and proof of an eligible medical appointment that coincides with the date of the mileage incurred.