



**Town of Wellesley**  
**Health Reimbursement Plan – July 1, 2025 to June 30, 2026**

As a part of efforts to keep your medical benefit costs as affordable as possible, the Town of Wellesley is pleased to sponsor a Health Reimbursement Arrangement (HRA) for eligible expenses incurred within the plan year of July 1, 2025 - June 30, 2026.

**Health Reimbursement Arrangement (HRA) Plan #1 Medical Care Co-Payments**

The Plan provides each eligible employee participating in the Benchmark Health Insurance plans the opportunity to be reimbursed up to \$200 for an Individual plan and up to \$600 for a Family plan for the following CO-PAYMENT expenses:

Specialist Office Visit Co-payment (\$60+)	\$30 per visit
Urgent Care Co-payment ( <i>no ER Co-Payments</i> )	\$20 per visit
Same Day Surgery Co-payment	\$100 per surgery
Imaging Co-payment (\$100) ( <i>MRI, CAT SCANS, PET SCANS—not diagnostic</i> )	\$50 per visit
Mail Order Prescription Co-payment (\$75+)	\$25 per prescription

**Health Reimbursement Arrangement (HRA) Plan #2 Travel Expenses**

The Plan provides each eligible employee participating in the Benchmark Health Insurance plans the opportunity to be reimbursed up to \$200 for an Individual plan and up to \$600 for a Family plan for travel costs to bring a covered individual into 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.

Expenses include parking, mileage and/or travel on a common carrier, such as train/bus/plane/ferry or other carrier/car rental where necessary for appointments that include: surgical procedures, hospitalizations and high tech imaging (MRI, CAT and PET scans). **Routine medical care (annual physicals, specialist visits and wellness visits) are not covered.** (See the detailed stipulations of covered items on the reverse side of the claim form).

Once you have incurred an eligible expense, submit a copy of your detailed receipts showing both the date and description was applied to an eligible co-payment or the required travel documents, along with a completed claim form, to Cafeteria Plan Advisors at the address below. All payments will be made directly to the participant.

***Reimbursement claims must be submitted no later than July 31, 2026. Please note, the HRA#2 Travel Expenses are funded with a budgeted allocation and will be reimbursed on a first come-first serve based. We recommend you send claims in as you incur the expense.***

As the Administrator for this Plan, should you have any questions please contact us at:

Cafeteria Plan Advisors  
 An Alera Group Company  
 120 Longwater Drive, Suite 102  
 Norwell, MA 02061

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