



Address: P.O. Box 1300, Manchester, NH 03105

Phone: (888) 401-3539

Fax: (603) 647-4668

**Town of Needham Health Reimbursement Arrangement (HRA)**

**Claim Voucher**

JULY 1, 2013 TO JUNE 30, 2014

Employee: \_\_\_\_\_ SS#: \_\_\_\_\_  
(only last 4 digits)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Health Plan: Tufts Navigator Rate Saver**

This reimbursement is for subscriber and family members enrolled in a "Rate Saver" Health Plan. All expenses must be incurred between July 1, 2013 to June 30, 2014.

A	B	C	D	E	F
Type of Medical Care	Amount Charged	Reimbursable Amount	Number of visits, incidents, or prescriptions	Total Reimbursement (C x D)	Amount to be applied participant's FSA (B - C) x D
<i>Ex: Office Visit</i>	\$20	\$15	3	$\$15 \times 3 = \underline{\$45}$	$\$20 - \$15 = \$5 \times 3 = \underline{\$15}$
Office Visit Copays	\$20	\$15			
Office Visit Specialist Copays	\$40	\$35			
ER Visit Copay	\$75	\$50			
Inpatient Tier 1	\$150	\$150			
Inpatient Tier 2	\$250	\$250			
Same Day Surgery Copay	\$125	\$125			
Diagnostic Imaging	\$75	\$75			
Rx-Retail Tier 1	\$10	\$5			
Rx-Retail Tier 2	\$25	\$15			
Rx- Retail Tier 3	\$45	\$20			
Rx-Mail Order Tier 1	\$20	\$10			
Rx-Mail Order Tier 2	\$50	\$30			
Rx- Mail Order Tier 3	\$90	\$40			
<b>Total HRA Reimbursement Amount</b>				<b>\$</b>	
<b>Total FSA Reimbursement Amount</b>				<b>\$</b>	

This is to certify that I have incurred the expenses listed above that qualify for reimbursement under the Town of Needham Health Reimbursement Arrangement. I have not been reimbursed from any other source including insurance programs or other programs offered by my employer. 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.

**All medical claims submitted require copies of original invoices or receipts.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_