

Arlington GIC Health Reimbursement Account (HRA) Chart

ALL copayments listed below are FULLY reimbursable through our HRA.*

Submit your Explanation of Benefits (EOB) or Account Summary along with a completed HRA form:

APS website <http://www.arlington.k12.ma.us/hr/pdfs/hraclaimform.pdf> or www.Arlingtonma.gov/hr for the Town.

For assistance, contact: Kelly Pigott (kpigott@arlington.k12.ma.us) or Bonnie Distasio (bdistasio@town.arlington.ma.us)

	Fallon Health Direct Care	Fallon Health Select Care	HPHC Independence	HPHC Primary Choice	Health New England	NHP Prime	Tufts Navigator	Tufts Spirit	Unicare Basic	Unicare Choice	Unicare Plus
Plan Type	HMO	HMO	POS	HMO	HMO	HMO	POS	EPO HMO Type	Indemnity	PPO Type	PPO Type
Out-of-Pocket Max Ind./Family	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000	HRA \$1,000 \$2,000
Emergency Room	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Outpatient Surgery	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$110	\$110 \$250
Inpatient Surgery	\$275 no tiering	\$275 \$500 \$1,500	\$275 \$500 \$1,500	\$275 \$500 NA	\$275 no tiering	\$275 no tiering	\$275 \$500 \$1,500	\$300 \$700 NA	\$275 no tiering	\$275 no tiering	\$275 \$500 \$1,500
High Tech Imaging (MRI, CT, PET)	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100

Keep in mind all plans have a \$500 to \$550 per person/\$1000 to \$1100 per family max deductible which is not reimbursable but can be put toward your HRA out-of-pocket maximum.