AETNA - HSA

CITY OF BENSON

Health Reimbursement Arrangement utilizing AETNA

Medical Reimbursements will be paid in accordance with the terms of the HRA plan described below.

The HRA plan will reimburse all eligible medical expenses. The table below illustrates the responsibility of the plan and employee, and the financial responsibility of the participant and employer.

Deductible Method: Per Insured

Employee Only Deductible: $ 2,500

Family / Dependent Deductible: $ 5,000
(2 X EE Only)

Employee Responsibility $ 2,500	⇦ Employee pays first $2,500 of In Network Deductible
HRA (Employer Responsibility) $ 3,000	⇦ The Employer reimburses the remaining $3,000 of In Network Deductible

MEDICAL SERVICES: **The HRA Plan DOES NOT reimburse for Physician, Specialist, Rx or Emergency Room CoPays. If these charges are incurred after meeting the deductible, they are employee responsibility. Only In Network deductible qualified expenses will be reimbursed.**

HRA START DATE: 7/1/2024

Administered By: Employee Solutions Group

Submit HRA Claims Via:

Consumer Portal: **https://esgcorp.lh1ondemand.com/Login.aspx**
Fax: **866.668.1592**
Email: **customerservice@esgcorp.biz**