AETNA PPO

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 the financial responsibility of the participant and employer.

Deductible Method: Per Insured

Employee Only Deductible: $ 1,000
Family / Dependent Deductible: $ 2,000
(2 X EE Only)

Employee Responsibility $ 1,000	⇦ Employee pays first $1,000 of Deductible
HRA (Employer Responsibility) $ 3,600	⇦ Employer Pays 90% of the LAST $4,000
Employee Responsibility $ 400	Employee Pays 10% or the LAST $4,000

MEDICAL SERVICES: The HRA Plan **DOES NOT** reimburse for Physician, Specialist, Rx or Emergency Room CoPays. Only In Network deductible qualified expenses.

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