



Five Colleges Inc, has funded a Health Reimbursement Arrangement (HRA); this account is designed to help offset certain medical expenses you incur. American Benefits Group will be administering this HRA.

HRAs vary greatly in design, but are usually designed to cover the expenses not covered by your group health or supplemental plans, such as deductible expenses under a high deductible health plan (HDHP). HRAs designed to reimburse deductible expenses tied to a particular health plan, are referred to as “Linked HRAs” and you must be enrolled in the “Linked” Health Plan to be eligible for the HRA.

The specific parameters of your HRA benefit are detailed in the table below. Your HRA benefit amount will match the coverage tier you elected for your group health insurance

Coverage Tier	Your Harvard Pilgrim insurance Deductible	Amount available in your HRA to pay for your Deductible Expenses	Your responsibility for Deductible Expenses after the HRA Reimburses
Single	\$2,000	\$1,000	\$1,000
Employee + One	\$4,000	\$2,000	\$2,000
Family	\$4,000	\$2,000	\$2,000

Please note that American Benefits Group does not issue payments to your provider. When you file a manual claim, American Benefits Group will send you a reimbursement.

To be reimbursed for your eligible deductible expenses:

- You receive an Explanation of Benefits (EOB) from your health insurance company indicating a deductible expense as “your financial responsibility.”
- Submit your EOB to American Benefits Group claim department for reimbursement from available HRA funds.

Manual Claims Filing Process with American Benefits Group Claims Department

- Log into your secure web portal through www.amben.com/wealthcare* and enter the claim online and upload your EOB
- or*
- Submit a claim easily using the **ABG WealthCare Mobile App*** from any IOS or Android device. Take a picture of your EOB or receipt with your camera and upload directly to your WealthCare account. [Learn More](#)
- Fill out our HRA claim form [linked here](#) and fax, email or mail completed form with EOB to American Benefits Group claims department.

* Your Employee ID is your SSN, your Employer ID is **ABGFCI**