

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

Tier	Maximum Annual Employer Contribution	Tufts in-patient/out-patient Hospitalization Co-Pay charge for each incident	Employee responsibility for each Hospitalization Co-pay up to max HRA co-payment coverage (employee is responsible for 100% of additional co-pays incurred)	Employer responsibility for each Hospitalization Co-pay, up to max HRA co-payment coverage
Employee Only – Maximum—2 Co-pays	\$700.00 (2 x \$350.00)	\$600.00	\$250.00	\$350.00
2 Person or Family— Maximum of 3 co-pays	\$1,050.00 (3 x \$350.00)			

What is a Qualifying HRA Co-Payment Expense?

Tufts Health Plan in-patient, or out-patient hospitalization co-payments of \$600. The Employer will pay \$350.00 of each of these copayments:

- Up to a maximum of 2 co-payments for employees who have single coverage under the Tufts Health Plan.

- Up to a maximum of 3 co-payments for employees who have single coverage under the Tufts Health Plan.

Instructions for Logging in to your secure account:

A). First time logging in

To login to your account secure website for the first time you will be required to create a user ID and password. ***Please note that the secure flex website is designed for optimum use using Internet Explorer 6.0 and above.**

- Log on to www.myflexresource.com.
- Click on Member Login.
- Type in your employer's name and click "Go."
- Choose your "Employer" from the list that displays.
- Click on "First Time Flex Login" on the menu on the left hand side of the page.
- This will open up a page of directions for logging into your account.
- Using these login instructions, click on the "Click Here" link at the bottom of the page of and you will be brought to the myRSC Registration Page.
- On the next page, click on the "**myRSC Temporary Login ID and Employer Code**" link.
- In the **Log in ID box**, enter your Social Security number as your temporary Login ID (do not use spaces or dashes). Press "continue".
- Enter your **employer code, 22972436**
- You will be asked to create a login ID that can be 6-8 or 10-100 characters long (it cannot be 9).
- You will be asked to provide your **e-mail address** and set up a security question and answer.
- You will be asked to create a password that should be 8-12 characters long that includes at least 1 number.
- Please write your login ID and password down for your records.

b)Logging back into your account after the initial registration process

- Repeat steps 1-4 above.
- On the Right hand side of the screen under **Login to Your Account -Employee** click on "*Click here to login*" button.
- Enter your user ID and password.
- Once you are logged in you can view your account balance(s), file claims, and download claim forms.

If you have any questions regarding your elections or if you need assistance, please contact American Benefits Group at 800-499-3539 or email support@amben.com.

Reimbursement Method for Qualifying Deductible Expenses:

To be reimbursed for your portion of the hospitalization co-payment you must submit a manual claim form along with a receipt indicating that you incurred a Tufts Health Plan hospitalization co-payment of \$600.00

Manual Claims Filing Process for with American Benefits Group Claims Department

- Log into your secure web portal through www.myflexResource.com and enter the claim on line, print out the claim form and fax it along with your EOB to our fax number (866-393-3539) or
- Fill out our HRA claim form (available at myFlexresource.com website) and fax, e-mail or mail it to American Benefits Group claims department.

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 which you must use to pay the provider.