

# Manage your health care and health care spending

Aetna HealthFund® Health Reimbursement Arrangement (HRA) Plan

You get a health insurance plan for coverage — and a fund to help pay for it.



# An HRA has some great features

Here's a health plan designed with your needs in mind:

- **Usually, you see any doctor you want, without a referral.**
- **Most preventive care is covered at 100 percent.**
- **Your employer provides you with a fund to help cover eligible health expenses.**



## Here's how it works

There are three parts to an HRA\* plan — the fund, the deductible and the health plan. Here's how they work.

### 1. THE FUND

Each year, your employer funds a health reimbursement arrangement — the fund — for you.

You can use fund dollars to pay eligible out-of-pocket health care costs. Fund dollars can even pay partial amounts of these costs.

If you don't use the whole fund in one year, no worries. Unused amounts can roll over to the next year. However, if you change employers or leave the health plan, you can't take the fund with you.

### 2. YOUR DEDUCTIBLE

This is an amount you must pay for eligible expenses. Once you pay the full deductible, your health plan begins to pay benefits.

As you use the fund, the payments count toward your deductible. So the fund helps pay your deductible. That means you have less to pay out of your own pocket!

And if you've been in the HRA plan for over a year, the fund can grow. It might build up enough to pay your full deductible.

### 3. YOUR HEALTH PLAN

Once you meet your deductible, your health plan pays its share for eligible expenses. You pay a smaller share of these costs from your own pocket.

**Check your plan documents to see what your health plan includes!**

\*HRAs are currently not available for Small Group in Florida.

Health insurance plans are underwritten and/or administered by Aetna Life Insurance Company (Aetna).

## There are three options for getting health care

1. **Visit your PCP.**\* You don't have to pick a primary care physician (PCP). But there are advantages when you do. Your PCP can develop a better understanding of your health needs. And that can help you make important medical decisions.
2. **Visit any network doctor or hospital** for care. No referrals are needed and you pay less out of pocket. Your doctor will:
  - > Provide routine and preventive care and treat you for some illnesses and injuries
  - > Get approval (called precertification\*\*) before providing some services
  - > File claims for you
3. **Go to any licensed doctor or specialist.** There are no network restrictions. And you don't need referrals. But you may have to:
  - > Get your own approval before receiving some services
  - > File your own claims
  - > Pay the difference between the amount paid by your health plan and the amount charged by your doctor

Your out-of-pocket costs are usually higher when you see a doctor who is not in our network.

\*In Washington state, primary care provider.

\*\*In Texas, this approval is known as "preservice utilization review" and is not "verification" as defined by Texas law.

## Pay attention to valuable features

You also get:

- **Preventive care.** Most preventive care is covered in full by the health plan. It doesn't count toward your deductible and nothing is paid from the fund. It may include:
  - > Routine exams and shots
  - > Wellness exams for children and women
  - > Select screenings
  - > Routine mammograms
  - > Vision and hearing exams
- **Out-of-pocket maximum.** You're protected by a limit on how much you pay in a calendar or plan year. First, your out-of-pocket costs must reach this limit. After they do, your health plan covers your remaining eligible expenses at 100 percent for the rest of that year.

Remember to check your plan documents so you know your responsibilities.





## See how the HRA works

Here is an example of how the HRA plan works over two years. In this example:

- The member uses network doctors and hospitals
- The health plan has a \$2,000 deductible
- Preventive care is 100 percent covered and does not count toward the deductible
- The employer contributes \$1,000 to the fund

### Year One

- You visit your doctor for a routine physical exam. The exam charge is \$100. Your health plan covers preventive care at 100 percent. So you pay nothing. And nothing is paid from the fund.
- Later in the year, you sprain your ankle. During the office visit, your doctor takes X-rays. Your total expense is \$300: \$175 for the X-rays and \$125 for the office visit.
- If you have not yet met your deductible, you are responsible for paying that \$300. Under the HRA plan, this amount is paid in full out of the fund. That means you pay nothing out of pocket. And the amount paid from the fund reduces your deductible. Your remaining deductible is \$1,700. You have no other health care expenses for the rest of the year.
- At the end of Year One, \$700 remains in the fund. That amount can be rolled over to the next year.

### HERE IS THE PLAN (YOUR ACTUAL PLAN MAY DIFFER)

Fund:	\$1,000
Health plan deductible:	\$2,000
After deductible is met:	
Health plan pays:	80% (Network)
You pay:	20% (Network)

### A LOOK AT YEAR ONE

<b>Total Expenses:</b>	<b>\$400</b>
<b>The Fund:</b>	
You start with:	\$1,000
You use:	\$300
<i>Remaining fund:</i>	<i>\$700</i>
<b>Total Amount Paid by Plan:</b>	<b>\$100</b>
<b>Total Amount Paid by Fund:</b>	<b>\$300</b>
<b>Total Amount You Paid:</b>	<b>\$0</b>



## Year Two

- Early in the year, you need surgery. The total cost is \$9,200.
- You start the year with \$1,700 in the fund. This includes \$1,000 from your employer for this year plus \$700 rolled over from last year. If you have not yet met your \$2,000 deductible, you must pay that \$2,000 from your pocket first. However, under your HRA plan, the fund pays \$1,700 toward your deductible.
- To meet your health plan deductible, you need to pay the remaining \$300. After this payment, there is a balance of \$7,200 to pay for the surgery.
- With your deductible met, the health plan now begins to pay. You visited network doctors and facilities. So, your health plan pays 80 percent of the balance (\$5,760) and you pay 20 percent (\$1,440).
- At the end of Year Two, the fund balance is \$0. You'll start Year Three with a new fund balance of \$1,000.

## A LOOK AT YEAR TWO

<b>Total Expenses:</b>	<b>\$9,200</b>
<b>The Fund:</b>	
Year Two employer contribution:	\$1,000
Amount rolled over from Year One:	\$700
Year Two starting fund balance:	\$1,700
You use:	\$1,700
<b>Remaining expenses:</b>	<b>\$7,500</b>
<b>Your Deductible:</b>	
Health plan deductible (Year Two):	\$2,000
Amount paid from the fund:	\$1,700
Remaining deductible:	\$300
Amount you paid to meet the deductible:	\$300
<b>Remaining expenses:</b>	<b>\$7,200</b>
<b>Your Health Plan:</b>	
Amount paid by plan (80% of \$7,200):	\$5,760
Amount paid by you (20% of \$7,200):	\$1,440
<b>Remaining expenses:</b>	<b>\$0</b>
<b>Total Amount Paid by Plan:</b>	<b>\$5,760</b>
<b>Total Amount Paid by Fund:</b>	<b>\$1,700</b>
<b>Total Amount You Paid:</b>	<b>\$1,740 (\$300 deductible + \$1,440 your share of the health costs)</b>



## Use your health plan and your fund wisely

We'll help. Our many tools and resources are at your service.

Find them on your secure Aetna Navigator® member website at [www.aetna.com](http://www.aetna.com). It's your single site for planning and managing:

### Health coverage and benefits

- Estimate and compare costs you'll pay for some health care services and procedures
- Check health savings account, flexible savings account or health reimbursement arrangement balances
- See benefits used and benefits remaining
- See how benefits from your other health plans are coordinated with your Aetna health plan

### Claims

- Get an explanation of how claims work
- See your claims status for a health plan, health savings account or health reimbursement arrangement
- Review an Explanation of Benefits

### Care and treatment

- Find doctors, pharmacies and hospitals
- Change a primary care doctor
- Compare hospitals
- Research treatments

### Health records

- Get a summary of your doctor visits, medical tests, prescriptions and other health activities
- Print records of preventive shots and checkups
- Look up health topics

### Health and wellness

- Complete a Health Assessment
- Get healthy living tips
- Sign up for a wellness program

## Estimate costs based on your own health plan

There's more help on Aetna Navigator. You can get a personalized estimate of what you'll pay for many health care services and procedures.\*

The estimate is based on your Aetna health plan and claim information. It factors in your:

- Deductible
- Coinsurance
- Copayments
- Network doctor, hospital or outpatient facility you choose
- Plan limits that you may have

Log in to compare up to three doctors or hospitals at a time. Plus, you can get costs for you and your family.

It's just what you've asked for: Help for planning ahead — and making the most out of your health care and related spending.

\*Estimated costs not available in all markets. Actual costs may differ for a number of reasons, including if other or different services are performed by the doctor or facility at the time of your visit, and/or additional claims/member payments are processed before the actual claim for the estimated service is processed.

## Keep your family and your budget healthy — use network providers

When you visit doctors in our network, your dollars last longer. That's because we've negotiated special rates for you with a widespread network of doctors and doctor groups. In fact, there's a good chance your doctor is already in our network. And you can rest assured you get access to quality care throughout our network.

We also have special rates with pharmacies across the country. One is sure to be near you.

## Find participating doctors

Search for doctors using important factors, like education and languages spoken. Just use our DocFind® online directory. It's at [www.aetna.com](http://www.aetna.com).

## Use your HRA to pay for qualified medical expenses, which are defined by the Internal Revenue Service (IRS)

Here's how to find a list of qualified expenses that can be paid from the fund:

- Check the plan documents that are included with your enrollment kit
- Log in to Aetna Navigator at [www.aetna.com](http://www.aetna.com)
- Get a copy of IRS Publication 502 at [www.irs.gov](http://www.irs.gov)



## Health info *on the go*

You'll find our great plan tools on any mobile phone with web access.

- Visit Aetna Navigator
  - Search for a claim ... and more
- [www.aetna.com](http://www.aetna.com)



**We're glad you're considering an Aetna HealthFund HRA. And we look forward to welcoming you as a member.**



If you require language assistance from an Aetna representative, please call the Member Services number located on your ID card, and you will be connected with the language line if needed; or you may dial direct at 1-888-982-3862. (140 languages are available. You must ask for an interpreter.) TDD 1-800-628-3323 (hearing impaired only).

Si requiere la asistencia de un representante de Aetna que hable su idioma, por favor llame al número de Servicios al Miembro que aparece en su tarjeta de identificación y se le comunicará con la línea de idiomas si es necesario; de lo contrario, puede llamar directamente al 1-888-982-3862. (140 idiomas disponibles. Debe pedir un intérprete.) TDD-1-800-628-3323 (sólo para las personas con impedimentos auditivos).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules, and are unfunded liabilities of your employer. Fund balances are not vested benefits. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. The Health Assessment is used in a variety of ways to support Aetna products and services that help you manage your health. Aetna will use your Health Assessment information in compliance with all applicable state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules. For more information, view Aetna's Notice of Privacy Practices, located at the bottom of Aetna's website; or call the number on the back of your ID card. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

Policy forms issued in Oklahoma include: GR-23 and/or GR-29/GR-29N.