



It all adds up

Aetna HealthFund[®] health reimbursement
arrangement (HRA) plan

aetna[®]

aetna.com

Here's a health plan that can make your money go further

It's an Aetna HealthFund HRA.* And it comes with a fund paid for by your employer.

This fund is paired with your Aetna® health benefits and health insurance plan. It helps you pay for eligible health care costs.

All health insurance and health benefits plans are different. Read your plan documents so you understand your coverage.

*HRAs are not available to health maintenance organization (HMO) members in Illinois.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Your HRA has three parts

1. A fund

Each year, your employer sets aside an amount for the HRA — the “fund.” You can use this fund to pay for costs covered under your health plan. These health care costs must be eligible for reimbursement under HRA law.

They may include:

- Deductibles
- Coinsurance
- Prescription drug costs

2. Your deductible

This is an amount you pay each year before your health plan starts to pay.

You can use the fund to help pay your deductible.

If you have a \$2,000 deductible and \$1,000 in the fund, you can use the fund to cover \$1,000 in out-of-pocket costs. Then, pay \$1,000 of your own money to reach the full amount of the deductible.

3. Your health plan

Once you meet your deductible, your health plan shares the cost of eligible expenses. The plan pays a larger percentage of the cost of care, and you pay a smaller percentage.

You can use your HRA to pay coinsurance that you are responsible for, as long as there's a balance in the fund.

If there's a copay, you're responsible for paying it. A copay is usually a set fee, like \$35 for a doctor visit.



Know the basics

Four ways an HRA stands out

Convenience. Your employer sets up the fund for you. No claims forms are needed if you visit doctors and other health care providers in our network.

Your eligible health care expenses may be automatically paid from the fund, as long as you have money in it.

Tax-free benefits. The fund doesn't count as taxable income. That means you cover some health care costs with tax-free dollars.

Staying power. What happens if you don't use the entire fund during the year? If you're with the same employer and have the same health plan, the balance will generally roll over to next year's fund. It will depend on your employer's plan design or how your HRA plan is set up. If it rolls over, you can use it to cover health care expenses down the road. But if you change employers or health plans, you can't roll it over.

Security. Your Aetna health plan helps pay for health care services for you and your family. It typically covers an important percentage of your preventive care cost. And it limits how much you pay out of pocket.

It's easy to use

Your HRA can pay for many out-of-pocket costs, as long as there is enough in the fund. So be sure to check the fund balance on your member website.

Here's how it works:

1. Start the year with an HRA funded by your employer.
2. Visit a doctor or other health care provider.
3. After your visit, we get a bill. And eligible health care claims are paid directly from the fund.
4. We send you an Explanation of Benefits (EOB) statement. It shows how much the fund and your health plan have paid for health care services.
5. There might be a balance owed after the fund and your health plan have paid for services. If so, you'll get a bill.

If prescriptions are included

Check your plan, but some prescription costs are eligible for reimbursement from your HRA fund. So your prescription benefits work a lot like your medical benefits:

1. Visit a pharmacy to get a prescription.
2. Your eligible prescription costs may be paid directly from the fund.
3. Once the fund amount is used, you pay your share of the cost for a prescription.

Know what is — and isn't — covered

With an HRA plan, you get the same access to health care services that you get with traditional health plans.

It's important to know what your health plan covers. For example:

- Do you need a primary care physician, also known as a PCP?*
- How much is your copay or coinsurance?
- What types of expenses are eligible?
- Do some services need preapproval?**
- Are prescription drugs covered?

Check your plan documents for details about your coverage.

*In the State of Washington, PCP refers to primary care provider. In Texas, PCP is known as physician (primary care).

**This step is often called "precertification." In Texas, it's known as "pre-service utilization review" and not "verification" as defined by Texas law.

Make your HRA work for you

Network care costs less

Does your health plan offer a choice between network and out-of-network care? Network care can help you save.

That's because doctors and hospitals in our network have agreed to provide services at a lower cost to our members. So you usually pay less for care when you visit them.

How much less? Compare the difference yourself. Use our cost-estimating tools on your member website. Then you'll know the facts and can decide. Check your plan documents to find out if your fund only pays for network services.

Find network doctors and hospitals

Need a doctor or specialist? Use our online directory.

You can find doctors by specialty and location. You'll also find maps, directions and more.

You can even look for doctors who speak different languages. Just go to **aetna.com**.

Get the most out of your fund dollars. Your member website has tools that can help. Go to **aetna.com** to get started.

Online tools

You can search doctors, compare and estimate costs, check claims and more. All your plan information is in one place — your member website. Sign up today at **aetna.com**.

You can also:

See what you'll pay for certain types of care, based on your actual plan. You can compare estimated costs for up to ten doctors or health care facilities at a time.***

Look up costs for prescription drugs — before you fill them. And find out what you could save by using our home delivery service.

Help is a phone call away

Call Member Services if you have any questions. The number is on your Aetna ID card.

***Estimated costs not available in all markets. The tool gives you an estimate of what you would owe for a particular service based on your plan at that very point in time. Actual costs may differ from the estimate if, for example, claims for other services are processed after you get your estimate but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of your visit. HMO members can only look up estimated costs for doctor and outpatient facility services.

When it's time to choose, pick the plan
that can make a big difference —
an Aetna HealthFund HRA.

Help for those who speak another language and for the hearing impaired

If you require language assistance, please call the Member Services number on your member ID card, and a representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the telephone number you're calling.

Ayuda para las personas que hablan otro idioma y para personas con impedimentos auditivos

Si usted necesita asistencia lingüística, llame al número de Servicios al Miembro que figura en su tarjeta de identificación de miembro, y un representante le conectará con un intérprete. También puede recibir asistencia de interpretación para asuntos de administración de la utilización o para registrar una queja o apelación. Si usted es sordo o tiene problemas de audición, usar su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, entrar o proporcionar el número de teléfono que está llamando.

This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. 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. 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. 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. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Independent practice association arrangements do not currently exist in Missouri. 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 **aetna.com**.

Policy forms issued in Oklahoma include: HMO OK COG-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29N.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 01, HO HGrpPol 01.

