

Get in the know

Aetna HealthFund® Health Reimbursement Arrangement (HRA)



Here are some common questions about the Aetna HealthFund HRA plan[‡].

How Your Plan Works

Q: What is a Health Reimbursement Arrangement (HRA)?

A: The HRA is an easy-to-use three-part health benefits and health insurance plan that lets you see any doctor you want, without a referral. Preventive care is generally covered at 100% and you get a fund to help cover your health expenses.

There are three parts to your HRA plan — the fund, the deductible and the health plan.

- **The Fund** — At the start of each plan year, you get a fund, provided by your employer, to help you pay for eligible out-of-pocket health care costs. Any remaining balance not used during the year is rolled over into the next year's fund.
- **The Deductible** — Your deductible is an amount you must pay before your health plan begins to pay for most of your eligible expenses. As you use the fund, the payments reduce your deductible. So, your fund helps you pay your deductible!

- **The Health Plan** — When you meet your deductible, the health plan pays for most of your eligible expenses. You pay a smaller share of these costs from your own pocket.

If you have been in the plan for over a year and your fund keeps growing, it may build up enough to pay your entire deductible. It may even help you pay your share of your health care costs.

Q: Is there a limit to how much I'll have to pay out of my own pocket?

A: You are protected by a limit on how much you pay in a year. If your expenses reach this limit, your remaining eligible expenses will be covered at 100% for the rest of the plan year (up to a lifetime benefit maximum). See your Plan Design and Benefits summary to learn more.

Q: How is a "year" defined under the plan?

A: A year is a plan year as established by your employer. For many plans, this is a calendar year, but your plan may be different — so it's important to check with your employer.

Your Health Benefits

Q: How is preventive care covered under this plan?

A: From day one, your preventive care (such as routine physicals and immunizations) is typically covered at 100%. So you do not need to use your fund!

Q: Do I need to select a primary care physician (PCP)? Do I need a referral for specialty care?

A: You are not required to choose a PCP, and the plan does not require referrals before seeking care from a specialist.

More questions on the back

[‡]Health benefits and health insurance plans are offered, underwritten or administered by Aetna Life Insurance Company.

Talk to your human resources representatives and consult your Plan Design and Benefits summary to learn more.

Your Fund

Q: What expenses will be paid from my fund?

A: Your enrollment kit includes a Plan Design and Benefits summary that highlights your covered services. When you receive care, your out-of-pocket expenses for these services will be paid from the fund, as long as there are funds available.

Q: Can I use my fund to pay for care received from a nonparticipating health care professional or facility?

A: All covered services are paid by your fund (up to the available fund balance) and applied toward your deductible. You may need to file a claim form for out-of-network services. Medical claim forms are available on your secure Aetna Navigator™ website at www.aetna.com.

Q: If I have out-of-pocket expenses in one year, can I carry those claims over and have them paid by my fund in the next year?

A: No. Your fund can only be used to pay for covered expenses in the current year. It's important to remember that any remaining balance not used during the year is rolled over to the next year — as long as you remain in the plan and with your current employer.

Q: If I have a balance in my fund at year end, can I take it in cash?

A: No. The fund is available only to pay expenses covered under your plan.

Q: How can I track my fund balance?

A: There are three ways to track your fund balance.

1. You can view your fund balance, check claims transactions and do much more on Aetna Navigator.
2. You can also call Member Services at the toll-free number listed on your ID card.
3. If you have claim activity in a given month, you'll receive a summary statement that lists your fund balance and remaining deductible.

Q: What happens to my fund balance if I leave the plan?

A: You lose your fund balance if you change employers or leave the plan for any reason.

Q: Is my fund taxable?

A: No. Fund payments are treated as benefits, not taxable income.

Your Dependents

Q: Do each of my dependents have their own fund?

A: No. All family members covered by your plan share one fund.

Q: Is there a separate deductible for each covered dependent?

A: No. Your deductible amount depends on whether you choose to cover only yourself, or if you enroll your dependents under your plan. The covered expenses for you and your dependents are combined to apply toward the deductible amount.

HRAs and Flexible Spending Accounts (FSAs)

Q: If I am an Aetna HealthFund HRA member and I also have a Flexible Spending Account, which would pay for a covered service?

A: If the service is covered by both the FSA and your Aetna HealthFund HRA plan, benefits would first be paid under the HRA plan. Any out-of-pocket amounts not paid by the plan could be automatically sent to the FSA for payment.

If you need this material translated into another language, please call Member Services at 1-888-98-AETNA (1-888-982-3862).

Si usted necesita este documento en otro idioma, por favor llame a Servicios al Miembro al 1-888-98-AETNA (1-888-982-3862).

Health benefits and health insurance plans contain exclusions and limitations. Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules. 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. 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. Information subject to change. For more information about Aetna plans, refer to www.aetna.com.

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