

# Aetna HealthFund<sup>®</sup> Health Reimbursement Arrangement Plan

Innovation in health  
benefits, giving you ...

Greater control of your  
health care spending.

A new way to save for  
future medical costs.

Tools to help you make  
informed decisions.

Medical Stand-alone

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We want you to know<sup>SM</sup>

 Aetna<sup>®</sup>

# Welcome to Aetna\* HealthFund HRA



When it comes to managing your household budget, you're the one in control. Why should managing your health expenses be different?

Introducing the Aetna HealthFund Health Reimbursement Arrangement (HRA) plan, a new direction in health benefits that gives you greater control over how your health care dollars are spent.

Aetna HealthFund HRA is a consumer-directed plan from Aetna. It delivers the best of both worlds by blending traditional health coverage with a unique fund benefit to help you pay for covered medical expenses.

## Enrollment gives you access to all of this, and more ...

- ✓ **A fund** to help you pay for eligible expenses
- ✓ **Interactive tools** to help you gather health-related information and find cost-effective providers, products and services ... so you can stretch your fund dollars
- ✓ **An opportunity** to build your fund and apply it toward future medical expenses
- ✓ **Freedom to choose** the providers *you* wish to see — *with no referrals*
- ✓ **100% coverage** for most preventive care (physicals, immunizations)
- ✓ **Traditional coverage** for eligible expenses over your fund amount
- ✓ **A cap that limits** the total amount you pay annually for eligible expenses

\*"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Aetna HealthFund HRA is underwritten or administered by Aetna Life Insurance Company.

For the Commonwealth of Virginia, one or more of the following policy numbers may apply: GR-67603-5; GR-9; GR-29; GR-27; GR-7; GR-89296; GR-89297; GR-700-W; GR-70-W; GR-96124; GR-96125.

# How Aetna HealthFund HRA Works ...

## *It's as simple as 1, 2, 3!*

### 1. The Fund

- At the start of the year, your employer allocates a fund to help you pay for medical expenses covered by the plan.
- Use your fund to pay for eligible health care expenses, up to the fund amount.
- Preventive care (i.e., annual checkups, immunizations) is covered at 100% and is not counted against your fund.
- Stretch your fund dollars by shopping for the most cost-effective services and providers ... just like you manage your own budget!
- Fund money left at the end of the year is added to the next year's fund balance, **allowing you to save for future expenses as long as you remain in the plan!**

### 2. The Deductible

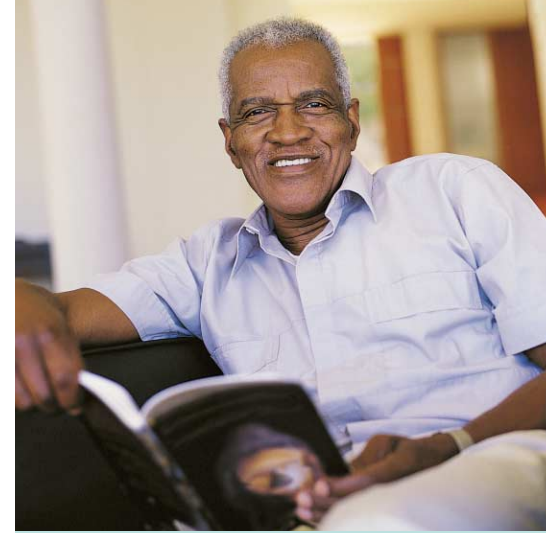
- Your plan includes a deductible — a set amount of expenses you pay each year before your medical benefits plan begins to make payment.
- If your fund is spent before the deductible is met, you pay for remaining expenses until the deductible is satisfied.
- **Important Advantage:** When you pay for expenses from your fund, your deductible is automatically reduced by the same amount — so you pay less to meet your deductible!

- Over time, your fund may grow larger than the deductible. Eligible expenses are then paid one of two ways when the deductible is met, depending on your plan:
  - > The fund continues to pay 100% of eligible expenses until the fund is depleted. Eligible expenses are then paid by your medical benefits. **OR,**
  - > Your medical benefits provide coverage, but the fund pays your coinsurance. When the fund is gone, coinsurance is paid by you.

Ask your employer which option applies to your plan.

### 3. The Base Medical Benefits Plan

- If you spend all of your fund and meet the deductible, remaining expenses are covered by your base medical benefits plan.
- You are free to seek covered services from any recognized health care provider without a referral.
- Visit a participating provider, pay a coinsurance (a percentage of the provider's charges) for each visit.
- Visit a nonparticipating provider, pay a higher coinsurance for each visit.



#### 1. THE FUND

**Use your employer-allocated fund to pay for medical expenses.**

**ROLLOVER: Unused fund balance rolls over to next year's fund balance.**

#### 2. THE DEDUCTIBLE

**If the fund is depleted, you pay for remaining or future expenses until your deductible is met.**

#### 3. BASE MEDICAL BENEFITS PLAN

**If the fund is depleted and the deductible met, your base medical benefits plan begins — meaning you pay only a coinsurance for remaining covered expenses.**

#### IMPORTANT PLAN FEATURE!

Aetna HealthFund HRA features an out-of-pocket maximum — a cap limiting the amount you pay out of your pocket in a given year. When your coinsurance payments reach this amount, your remaining eligible expenses are covered by the plan at 100% the rest of the plan year, up to the lifetime benefit maximum. Refer to the enclosed benefits summary to determine your plan's out-of-pocket maximum.

# Your Aetna HealthFund HRA Plan at Work

Here is an *example* of how your family's health expenses would be covered under Aetna HealthFund HRA over a three-year period.

Note: Your benefits may be different from those cited below. Refer to the enclosed benefits summary for details.

<b>Family Health Fund Amount:</b>	<b>\$1,000</b>
<b>Family Deductible Amount:</b>	\$3,000
<b>Coinsurance:</b>	You pay 10% in-network You pay 30% out-of-network
<b>Preventive Care:</b>	Covered at 100%*

## HEALTH FUND EXPENSES

	YEAR 1	YEAR 2	YEAR 3
<b>Medical Expenses for the Year</b>	\$ 600	\$ 800	\$ 15,000
<b>The Fund</b>			
Beginning Fund Amount	\$ 1,000	\$ 1,400	\$ 1,600
Amount Paid From the Fund	\$ 600	\$ 800	\$ 1,600
Fund Balance	\$ 400	\$ 600	\$ 0
<b>The Deductible</b>			
Beginning Deductible Amount	\$ 3,000	\$ 3,000	\$ 3,000
Fund Payment Subtracted From the Deductible	\$ 600	\$ 800	\$ 1,600
Deductible Balance	\$ 2,400	\$ 2,200	\$ 1,400
Amount You Must Pay To Meet the Deductible	\$ 0	\$ 0	\$ 1,400
<b>The Base Medical Plan</b>			
Remaining Expenses	\$ 0	\$ 0	\$ 12,000
Amount You Pay Toward Remaining Balance ( <i>In-Network, 10%</i> )	\$ 0	\$ 0	\$ 1,200
<b>TOTAL AMOUNT YOU PAY (Deductible and Coinsurance)</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 2,600</b>
<b>TOTAL AMOUNT PLAN PAYS</b>	<b>\$ 600</b>	<b>\$ 800</b>	<b>\$ 12,400</b>
<b>Amount Added to Next Year's Balance</b>	<b>\$ 400</b>	<b>\$ 600</b>	<b>\$ 0</b>

\*Limitations and exclusions may apply.

## Year One

- The first year was one of good health for you and your family. Covered medical expenses totaled \$600.
- Costs were paid through your fund; your fund and your deductible were reduced by \$600.
- In Year One, covered services were paid in full through the fund, and base plan benefits were not required. You paid \$0 out of your pocket, and the \$400 fund balance rolled over to the next year.

## Year Two

- The second year was another one of good health for your family. Covered medical expenses totaled \$800.
- Costs were paid through your fund; your fund and your deductible were reduced by \$800.
- In Year Two, covered services were paid in full through the fund, and base plan benefits were not required. You paid \$0 out of your pocket, and the \$600 fund balance rolled over to the next year.

## Year Three

- In the third year, your family incurred higher medical costs. Covered expenses totaled \$15,000.
- Your fund paid the first \$1,600, leaving a fund balance of \$0 and a deductible balance of \$1,400. Since your deductible was not met, you paid \$1,400 out of your pocket to meet the deductible.
- Remaining unpaid expenses totaled \$12,000. With your fund exhausted and your deductible met, your base plan benefits began.
- You visited network providers, so you paid 10% of the remaining expense (\$1,200).
- You paid a total of \$2,600 (\$1,400 to meet your deductible, \$1,200 in coinsurance).
- Your plan paid a total of \$12,400.
- There was no fund balance remaining, so Year Four began with a \$1,000 fund.

# Information You Need, When You Need It.

**Greater flexibility is just part of the solution.**

**Aetna also delivers with tools to help you manage your health, with information on health-related issues and care alternatives.**

## Why are these resources important?

Because Aetna HealthFund HRA gives you greater control over how your fund money is spent. So, you'll need the best information available to make informed health decisions — and to spend your fund wisely.

## Aetna Navigator™ Website

Connect to [www.aetna.com](http://www.aetna.com) for access to Aetna Navigator, a secure and personalized member site offering you a single source for health and benefits information. Use it to:

- Perform self-service functions, like ordering ID cards or checking the status of your fund and deductible.
- Gather health-related information from our award-winning **Aetna IntelliHealth®** website, one of the most credible health sites available today. Aetna IntelliHealth is offered in association with Harvard Medical School and the University of Pennsylvania School of Dental Medicine.

## Aetna Navigator gives you direct access to:

- The **Healthwise® Knowledgebase**, an award-winning resource for clinical information on thousands of health topics and medications, to help you make informed decisions with your doctors.
- The **Price-A-Medical Procedure<sup>SM</sup>** tool, to compare network physician fees for select services to typical fees outside the network.
- The **Price-A-Drug<sup>SM</sup>** tool, to show you whether a drug is covered by your pharmacy plan and to estimate the cost of the prescription if obtained at a participating retail pharmacy or through a mail-order program.
- A **hospital comparison tool** that allows you to see how hospitals in your area rank on measures that are important to your care.
- A **preventive care planner**, with screening and immunization recommendations.
- A direct link to our **DocFind®** online provider directory. Updated three times a week, DocFind gives you access to the most up-to-date information on our participating providers — including important credentials like education, board certification and languages spoken.

## ■ Simple Steps To A Healthier Life®

interactive health and wellness program, to help you identify some of your health needs by completing a Health Risk Assessment. Based on your results, you can receive tailored Health Reports and a Personalized Action Plan. You can also participate in Healthy Living Programs that have been recommended just for you and can help you make positive health changes.

You can also elect to be contacted by an Aetna wellness care manager if your Health Risk Assessment shows a high overall health risk score. Your wellness care manager will:

- > Review your Health Risk Assessment and Action Plan.
- > Discuss the use of Aetna's web-based resources.
- > Talk to you about Aetna's wellness and disease management programs.
- > Advise you on ways to better manage your health.

- **Online customer service** that allows you to request member ID cards, send secure messages to Member Services, and more.

## Informed Health® Line

Call our team of registered nurses 24 hours a day, 7 days a week for information on your health-related questions and issues.



# A Broad Spectrum of Benefits

## With Aetna HealthFund HRA, you are covered for a wide array of medical services, including:

- Routine office visits and preventive care.
- Specialty care.
- Hospitalization and surgery.
- Emergency care — anytime, anywhere.
- Diagnostic testing.
- Maternity and newborn care.
- Mental health and substance abuse treatment.
- Durable medical equipment.
- And more.

## What's Not Covered

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent.

The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval

- Experimental and investigational procedures
- Hearing aids
- Immunizations for travel or work
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling
- Special duty nursing



# Is Aetna HealthFund HRA For You?



## Here are some ways to determine if this plan is right for you:

- Review your benefit usage for the past year, using Aetna Navigator or by reviewing Explanation of Benefits statements from your previous health plan.
- Determine your medical expenses from last year.
- Try to account for expected changes in your medical usage in the coming year.
- Note the fund amount you will receive when you enroll in the plan.
- Also note the payroll contribution your employer will ask you to make when you enroll in the plan.
- Compare the fund amount to your expected expenses, keeping in mind the coinsurance amount you will pay if the fund is exhausted and the maximum amount of coinsurance you will ever have to pay in a given year.

**We are pleased that you are considering Aetna HealthFund HRA, and we look forward to welcoming you as our newest plan member.**

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Consult your plan documents (Booklet or Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. In case of a conflict between your plan documents and this information, the plan documents will govern. Aetna does not provide health care services and therefore cannot guarantee any results or outcomes.

The availability of a plan or program may vary by geographic service area. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with state law.

Informed Health Line services are provided by Informed Health Line, Inc. Informed Health Line nurses cannot diagnose, prescribe or give medical advice. Members should contact their physicians first with any questions or concerns regarding their health care needs. Information provided through Aetna IntelliHealth ([www.intelihealth.com](http://www.intelihealth.com)) and/or Healthwise Knowledgebase is provided "AS IS" without warranty of any kind, either express or implied, including without limitation, the implied warranties of merchantability or fitness for a particular purpose, and is presented without any warranty as to its reliability, accuracy, timeliness, usefulness or completeness. Aetna assumes no responsibility for any circumstances arising out of the use, misuse, interpretation or application of any information supplied by Aetna IntelliHealth and/or Healthwise Knowledgebase. Information supplied by Aetna IntelliHealth and/or Healthwise Knowledgebase is for informational purposes only, is not medical advice and is not intended to be a substitute for proper medical care provided by a physician.

Health fund benefits may be used only for covered health services. Health fund balances are unfunded liabilities of your employer. Fund balances are not vested benefits, and may be reduced or withdrawn at any time. While this material is believed to be accurate as of the print date, it is subject to change.