

Manage your health care and your budget

Aetna HealthFund®
Health Reimbursement
Arrangement (HRA) Plan

A new way to
manage your
family's health

We want you to know®



Standard Medical

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An easy-to-use three manage your health

Here's a health insurance plan from Aetna that lets you see any doctor you want, without a referral. Preventive care is generally covered at 100 percent. And your employer provides you with a fund to help cover your health expenses.

The parts of your HRA plan

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

1. THE FUND

Each year, your employer funds a health reimbursement arrangement — the fund — for you. You can use the amounts in the fund to pay for eligible out-of-pocket health care costs.

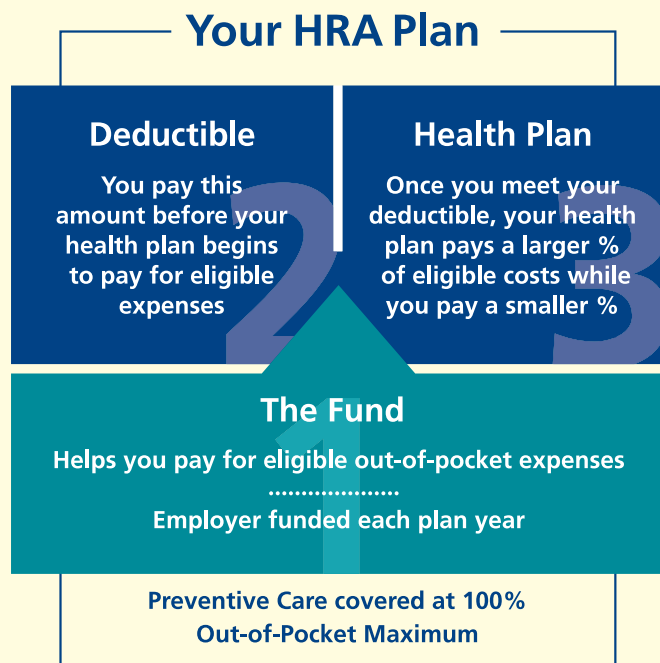
If you do not use the entire fund in one year, you can roll over unused amounts to next year's fund.

2. YOUR DEDUCTIBLE

This is an amount you must pay for eligible expenses before your health plan begins to pay benefits.

3. YOUR HEALTH PLAN

When you meet your deductible, the health plan pays its share for each eligible expense. You pay a smaller share of these costs from your own pocket.



-part plan to help you and expenses

How these parts work

The three parts of the HRA plan work together like this:

1. The Fund

When you have an eligible out-of-pocket expense, your fund covers your share of the cost — as long as you have enough in the fund to cover the expense.

2. Your Deductible

As you use the fund, the payments count toward your deductible. So, the fund helps you pay your deductible!

Let's say your deductible is \$2,000 and your fund balance is \$1,000. After using all of the fund (\$1,000), you pay the remaining \$1,000 to meet your deductible.

3. Your Health Plan

When you meet your deductible, the health plan pays its share for each eligible expense. You pay a smaller share of these costs from your own pocket.

If you have been in the HRA plan for over a year and your fund keeps growing, it may build up enough to pay your entire deductible.

Choose how you seek care

With our plan, you have three options to seek care:

- **Visit your PCP.** Although you don't have to select a primary care physician (PCP), there are advantages for you and your family when you do. Your PCP will develop a deeper understanding of your health needs and help you make important medical decisions.

- **Visit any network doctor or facility.**

You can seek care from any network doctor or facility — without a referral! Either way you choose to seek care, your doctor will:

- > Provide routine and preventive care and treat you for certain illnesses and injuries
- > Get approval (called precertification*) before providing certain services
- > File claims for you

- **Go to any licensed doctor ... it's**

your call. Visit any licensed physician or specialist you choose. There are no network restrictions and no need for referrals. You may have to:

- > Get your own approval before receiving certain 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 typically higher when you see a doctor who is not in the Aetna network. Check your Plan Design and Benefits Summary to see the differences.

Prescription drug benefits (if applicable)

If you have Aetna prescription drug coverage, you pay a share of the cost for your prescription drugs, based on the charge Aetna has negotiated with the pharmacy. Depending on your plan, the fund can help pay for your share of your prescription drug expenses, as long as there are funds available.

Your deductible may also apply to your prescription drugs. See your Plan Design and Benefits Summary to learn more.

You also have access to a network of retail pharmacies and a mail-order prescription service through our Aetna Rx Home Delivery® program.

If you visit a pharmacy outside the Aetna network, you will pay full price and you will need to submit a claim form to be reimbursed.

Other important features

You also get these important benefits:

- **Preventive care.** From day one, your preventive care (such as routine physicals and immunizations) is typically covered by your health plan at 100 percent. So you do not need to use money from the fund for these services!
- **Out-of-pocket maximum.** You are protected by a limit on how much you pay in a calendar or plan year. If your out-of-pocket expenses under the health plan reach this limit, then the health plan will cover your remaining eligible expenses at 100 percent for the rest of the calendar or plan year.

Some health plans may also have a lifetime benefit maximum.

For a full description of your health plan's features, see your Plan Design and Benefits Summary.

*In Texas, this approval is known as "pre-service utilization review" and is not "verification" as defined by Texas law.



How it works

Here is an example of how the HRA plan works over two years. In these examples, the member uses network providers, the health plan has a deductible of \$2,000, and preventive care is not subject to the deductible and is covered by the health plan at 100 percent. The employer contributes \$1,000 to the fund.

Year One

- You visit your doctor for a routine physical exam. The charge for the exam is \$100. Because the health plan covers preventive care at 100 percent — you pay nothing, and nothing is paid from the fund.
- Later in the year, you sprain your ankle. During the office visit, your doctor asks for some X-rays. Your total expense is \$300: \$175 for the X-rays and \$125 for the office visit. Normally, if you have not yet met your deductible, you would pay that \$300 from your pocket. Under the HRA plan, this amount is paid in full out of the fund — you pay nothing out of pocket, and the amount paid from the fund is applied to your deductible. Your remaining deductible is \$1,700. You have no additional health care expenses for the rest of the year.
- At the end of Year One, you have \$700 remaining in the fund. That amount is rolled over and added to next year's Fund.

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

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



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: \$1,000 for this year plus \$700 rolled over from last year. Normally, if you have not yet met your deductible, you would pay that \$2,000 from your pocket before the health plan would start to pay benefits. But, under the HRA plan, your fund pays \$1,700 toward your deductible.
- In order to meet your health plan deductible, you need to pay the remaining \$300. After this payment, there is \$7,200 left to pay for the surgery.
- With your deductible met, the health plan now begins to pay. Because you visited network doctors and facilities, Aetna 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 will start Year Three with a new fund balance of \$1,000.

A LOOK AT YEAR TWO

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



Use the fund wisely. Our resources can help.

You can manage the fund more carefully by becoming an informed health care consumer.

We can help — by giving you access to resources for making informed decisions.

Get useful information

Visit your secure Aetna Navigator® website for information about your health and benefits. You can:

- View your fund balance, summary and activity
- Order ID cards
- Check eligibility
- Review the status of your claims
- Download your claims history

Find estimated costs

Compare estimated in-network and out-of-network costs for health care services in your area through the Estimate the Cost of Care tool, including:

- **Medical procedures** — such as arthroscopy or colonoscopy
- **Office visits**— including routine physicals and emergency room visits

- **Medical tests** — lab tests, X-rays, MRIs and more

- **Diseases & conditions** — for services related to specific diseases and conditions such as heart disease, high blood pressure and pregnancy

Plan for expenses

Predict how much your health care costs may be in the coming plan year. You can get estimated annual costs for many common conditions, such as asthma or diabetes, through the Estimate the Cost of Care tool.

Explore potential savings

Could you save money on prescription drugs by using mail order? If your plan provides prescription drug coverage from Aetna, compare the estimated cost of your prescription when filled at a local pharmacy with the cost when ordering that prescription through our Aetna Rx Home Delivery program.

Compare area hospitals

Are you considering surgery? Expecting a baby? Use the Hospital Comparison tool to compare area hospitals based on the criteria most important to you.

Talk to a nurse, anytime

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

Get trusted health and wellness information

You can also research thousands of health topics and medications, with our Aetna IntelliHealth® and Healthwise® Knowledgebase resources.

Find participating doctors

Search for doctors based on important credentials like education, board certification and languages spoken, with our DocFind® online directory.

Identify your health and wellness needs

Complete a brief online health survey. Take advantage of interactive programs for starting a healthier diet, getting in shape, handling stress and more, through our Simple Steps To A Healthier Life® program.

Network notes

Learn about your doctor and your medical costs. Keep your family, and your budget, healthy. You can see any doctor you want without a referral. But, when you visit doctors in the network, your dollars last longer. That's because we've negotiated special rates for you. Our network has more than 560,000* doctors and 60,000* doctor groups from which to choose. And every one of them is up to Aetna's standards — so you know you're in good hands. In fact, there's a very good chance that your doctor is already in our network. We also have special rates with over 59,000* pharmacies across the country. One is sure to be near you.

*Aetna's Enterprise Provider Database as of 5/1/2008.



If you're already an Aetna member, you can log on to Aetna Navigator® at www.aetna.com. Or click on "Register Now" and follow the prompts. If you are not yet a member, go to "public information" to take a tour.

Answers to commonly asked questions

The HRA Plan

Q: How is a “year” defined under the HRA plan?

A: The plan year is established by your employer. It generally consists of 12 consecutive months. For many plans, the plan year is the calendar year (January 1 – December 31), but your plan may be different — so check with your employer.

The Fund

Q: What expenses will be paid from the fund?

A: Generally, out-of-pocket expenses for the eligible health care services will be paid from the fund, as long as there are funds available. Your enrollment kit includes a Plan Design and Benefits Summary that will tell you what expenses will be paid from the Fund.

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

A: Yes, you can use the fund to pay for your share of expenses for care received from a nonparticipating provider. However, your out-of-pocket costs are typically higher when you see an out-of-network doctor. You may also need to file a paper claim form for out-of-network services. Medical claim forms are available on Aetna Navigator.

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

A: No. The fund can only be used to pay for covered expenses incurred in the current plan year. Any money in the fund not used during the year is rolled over to the next year.

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

A: You lose the fund balance if you change employers or leave the health plan.

Q: If there is a balance in the fund at year end, can I take it in cash?

A: No, this is not allowed by the IRS.

Q: How can I track the fund balance?

A: There are three ways:

1. Log in to Aetna Navigator.
2. Call Member Services at the toll-free number listed on your ID card.
3. If you have claim activity in a month, you'll receive a statement that lists the fund balance and remaining deductible.

Q: Is the fund taxable?

A: No. The employer contributions to the fund, as well as payments from the fund, are not taxable to you.

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: Typically 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 also have an FSA, which pays for a covered service?

A: If the service is covered by both the FSA and the HRA plan, benefits are first paid under the HRA plan. Any out-of-pocket amounts not paid by the HRA plan can be then sent to the FSA for reimbursement.

Translation of the material into another language may be available. Please call Member Services at 1-888-98-AETNA (1-888-982-3862).

Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al 1-888-98-AETNA (1-888-982-3862).

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. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. While this material is believed to be accurate as of the production date, it is 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/GR-29N.