



HRA FAQ

1. What is an HRA?

An HRA is a Health Reimbursement Account your employer sponsors, in this case the Orthodox HealthPlan.

It combines an Aetna deductible-based health benefits and insurance plan with a HealthFund® to help pay your costs. It offers security, convenience, tax benefits, support – and much more.

It's a new way of looking at health care. The HRA plan has three components:

The HealthFund® – At the start of each calendar year you receive a deposit into your HealthFund® to help you pay for eligible out-of-pocket health care costs automatically.

The deductible – Your deductible is an amount you pay before your health plan begins to pay for most of your eligible expenses. HealthFund® payments go towards the deductible and help you meet your deductible.

The health plan – When you meet your deductible, the health plan pays for most of your eligible expenses. You then pay a smaller share of these costs from your own pocket until you reach the maximum out-of-pocket limit.

The Orthodox HealthPlan puts a certain amount of money (\$850/\$1,600 in 2022) into your HRA HealthFund®. This money is used to help pay for eligible medical expenses. Money from the HealthFund® helps you meet your health plan deductible.

2. How does an HRA work?

When you have eligible medical expenses, your HRA HealthFund® pays for them automatically. If you use all of the money in your HRA HealthFund®, you'll then pay any additional expenses incurred towards your deductible. After your deductible is met, your plan covers most of your expenses. The HealthFund® payments count towards meeting the deductible.



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3. What is a deductible?

A deductible is the amount you pay before your insurance coverage kicks in. For example, your health plan's deductible is \$3,000 for single and \$6,000 for family. You will be responsible for all payments for services until the deductible is met before your health plan coverage starts. The HRA HealthFund[®] will automatically be used to pay for these services and those payments will count towards meeting your deductible. Once the HealthFund[®] is depleted, you are responsible for any additional costs incurred until the deductible is satisfied.

4. What are eligible medical expenses

Generally, eligible expenses are for medical expenses covered under the health plan (e.g., office visits, labs, diagnostic procedures, etc.).

5. What happens to the money in the HRA HealthFund[®] if I don't use it all in one year?

You can roll over your HRA HealthFund[®] balance to the next year. This way you can build up your HRA balance for future medical needs. For example, if your HealthFund[®] balance at the end of the year is \$400, this entire amount will be carried over to the following year making your 2016 starting balance in the HealthFund[®] \$1,150.

6. What happens to the money in the HRA HealthFund[®] if I leave The Orthodox HealthPlan?

As the Orthodox HealthPlan is funding the HRA HealthFund[®], any unused balance remains with OHP.



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7. How do I keep track of my HRA balance?

Your HRA HealthFund[®] balance can be viewed on the Aetna Navigator page by visiting member.aetna.com, or by calling member services at 1-877-900-2371.

8. How can I continue to be educated on this HRA plan?

Aetna Navigator has a selection of videos, brochures, and other training materials available. The *Ask Ann* feature of Aetna Navigator can also be used to help answer plan related questions. Aetna member services can also provide guidance on the plan.

Information to help you make important decisions

To use the plan well, you need information to help you make wise decisions about your care – and your budget. We have tools to help.

Our **secure Aetna Navigator[®] member website**, lets you:

- **View personal health and benefits information** – Check your HealthFund[®] balance, confirm eligibility or see the status of claims. You can also download your claim history.
- **Compare costs** – See what you'll pay for common, non-emergency services, based on your actual plan information.**
- **Research prescription drug costs** – Estimate the cost of medicines *before* you go to the drug store.
- **Compare area hospitals** – Do you need surgery? Are you having a baby? You can compare costs at area hospitals based on the issues important to you.
- **Get trusted health and wellness information** – Read articles about thousands of health topics and information about various drugs.
- **Find doctors** – Search for in-network doctors and other health care professionals with the DocFind[®] online directory. You can see where they went to school, whether they're board certified and what languages they speak.
- **Find ways to stay healthier** – Use personalized health searches, online wellness programs and personal health records. These can help you take care of yourself and your family.



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9. Do I pay anything at office visits?

You are not required to pay anything for standard office visits that are for preventative care visits that are covered at 100% in-network. For visits other than preventative care, you do not pay at the time of service. There are no office visit copays associated with your plan. The physician will send an invoice to Aetna to be processed. Upon completion, the invoice and Explanation of Benefits (EOB) can both be viewed on Aetna Navigator and will be sent to your address. If you have available funds in your HRA HealthFund[®], Aetna will automatically pay that amount or the available amount to the provider and you will be billed the balance, if any, at the Aetna negotiated rate.

10. Will my current deductible balance apply to the new plan, or will it reset?

Yes it will carry over. Any amount already applied to your deductible for 2015 will be carried over and applied to the new plan.

11. Will my current out of pocket maximum (member payment limit) payments be applied to the new plan, or will it be reset by the new plan?

Yes, it will carry over. All amounts applied to your Member Payment Limit will be carried over and applied to the new plan limit.

**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.