



**Copayment Health Reimbursement Arrangement (HRA)  
Group Number 16A3**

**\*\*\*Important Notice\*\*\***

**Maximum Out of Pocket**

This is the most you pay in the Calendar Year for services.  
You have a Medical and Prescription Maximum Out of Pocket

**Medical Plan**

In-Network Maximum Out of Pocket

**Individual \$400**

**Family \$800**

Once you have reached your Maximum Out of Pocket your  
Medical Plan pays 100% for all covered Medical services for the  
remainder of the Calendar Year

**Prescription Plan**

Maximum Out of Pocket

**Individual \$3000**

**Family \$6000**

Once you have reached your Maximum Out of Pocket your  
Prescription Plan pays 100% for all covered Prescriptions for the  
remainder of the Calendar Year

**If you paid a copay to your doctor and your Aetna Payment Summary/EOB  
is Not Showing that you have a copay for that visit/service,  
You should contact Aetna to see if you reached your  
Out of Pocket Maximum.**