



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

**\*\*\*Important Medical Reimbursement Notice\*\*\***

**In-Network Benefits**

The HRA will reimburse 80% of the Copayment for services preformed by an In-Network Provider.

**Out of Network Benefits**

The HRA does not reimburse for services preformed by an Out of Network Provider.

**Out of Network Deductible**

The HRA does not reimburse the Out of Network Deductible.

**Services Not Covered**

The HRA does not reimburse for services that are not covered under your Medical Insurance Plan, even if the provider is In-Network.

**What is Reimbursable?**

In-Network copayments

**Explanation of Benefits (EOB)**

Your Aetna EOB has a column that shows your Copayment, this is the only amount that is eligible for reimbursement. .

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


### Examples

The EOB's below are showing that the member has a \$25 copayment and a \$15 copayment.

Both of these copayments are eligible for reimbursement.


## Your claims up close

### Claim for

	Amount billed	Member rate	Pending or not payable (Remarks) 	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	250.00	166.72	(1)		25.00	141.72	141.72 (100%)		25.00
	89.00	44.17	(1)			44.17	44.17 (100%)		
			(2)						
<b>Totals:</b>	339.00	210.89			25.00	185.89	185.89		\$25.00
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>

 You can find all numbered claim remarks in 'Your Claim Remarks' section.

### Claim for

	Amount billed	Member rate	Pending or not payable (Remarks) 	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	314.00		57.94 (1) (3)		15.00	241.06	241.06 (100%)		15.00
			(2)						
<b>Totals:</b>	314.00		57.94		15.00	241.06	241.06		\$15.00
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>

 You can find all numbered claim remarks in 'Your Claim Remarks' section.


## Examples

The EOB below is showing that the Provider was Paid 100%

### **No Copayment, No Reimbursement**

## Your claims up close

### Claim for

	Amount billed	Member rate	Pending or not payable (Remarks) 	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe (C+D+E+H=I)
	175.00		85.00 (1) (2)			90.00	90.00 (100%)		85.00
	175.00		106.78 (1) (3)  (4)			68.24	68.24 (100%)		106.76
<b>Totals:</b>	350.00		191.78			158.24	158.24		\$191.76
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>

 You can find all numbered claim remarks in "Your Claim Remarks" section.

## Remarks On the EOB

- (1) If you are covered by more than one health insurance you should file all claims with each plan.
- (2) This amount is over the recognized charge for this service. The provider may bill you for this amount.
- (3) Your plan covers charges we determine are reasonable and appropriate. When more than one procedure is performed on the same day, our payment is made at a reduced rate.
- (4) Your provider may have sent diagnosis codes with you claim. You may obtain these codes and their meanings by contacting us.

***Check with your provider to find out if they bill over what is allowed and if they balance bill the patient.***

### Example

The EOB below is showing that the Provider is Out-of-Network.

### Out-of-Network Deductible

\$100—Individual

\$250—Family

### Out-of-Network Benefits


After the deductible is met the Insurance pays 70%

The member pays 30%

***The EOB is showing that the member does not have a copayment, therefore these charges are not eligible for reimbursement.***

## Your claims up close

### Claim for

	Amount billed	Member rate	Pending or not payable (Remarks) 	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	45.00		(1)			45.00	31.50 (70%)	13.50 (30%)	13.50
	70.00		(1)			70.00	49.00 (70%)	21.00 (30%)	21.00
	65.00		27.84 (1) (2)			37.16	26.01 (70%)	11.15 (30%)	38.99
	45.00		(1)  (3)			45.00	31.50 (70%)	13.50 (30%)	13.50
<b>Totals:</b>	225.00		27.84			197.16	138.01	59.15	<b>\$86.99</b>
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>

 You can find all numbered claim remarks in 'Your Claim Remarks' section.