# **Aetna Hospital Indemnity Plan**

The Aetna Hospital Indemnity Plan pays you benefits when you have a hospital stay on or after the plan's effective date. It's an extra layer of financial protection when you really need it.

## Make your stay a bit easier

Monique's story\*

"My spouse and I were excited when we found out we were expecting twins." "As first-time parents, we appreciated any help we could get."

"My hospital indemnity plan paid cash to help with our medical bills – and a stroller for the babies."



#### Your plan — your benefits

Here's what the plan pays if you're a member and go to a **Baylor Scott & White Health** designated preferred facility.

Covered benefits in a preferred facility	Low Plan	High Plan
Hospital admission (initial day)†	\$625	\$1,250
Daily hospital stay (3 days total) <sup>†</sup>	\$562.50	\$750
Newborn hospital admission <i>(2 births)</i> †	\$1,250	\$2,500
Newborn daily hospital stay (non-ICU, 2 newborns, 2 days total <sup>†</sup>	\$750	\$1,000
Total benefits paid	\$3,1877.50	\$5,500

#### **Aetna Hospital Indemnity Plan benefits**

An Aetna Hospital Indemnity Plan can help if you have a hospital stay. It pays benefits for the following situations:

- Hospital admission ICU/non-ICU\*\*
- Daily hospital stays ICU/non-ICU\*\*\*
- Rehabilitation, mental disorder, & substance abuse stays\*\*\*
- Newborn hospital admission\*\*
- Newborn daily hospital stay\*\*\*
- Observation care (one day per plan year)
- Baylor Scott & White Health designated preferred facility †



**Want to learn more?** You have a choice of plan options. Limits apply to the number of times we pay a benefit per plan year. Check out your plan summary for a complete list of benefits, details, exclusions and limitations.

<sup>†</sup>Higher hospital admissions and inpatient daily stays paid at a Baylor Scott & White Health designated (preferred) facility.





<sup>\*</sup>The above member story illustrates how the plan works but does not reflect events of real participants.

<sup>\*\*</sup>Admission benefits paid for initial day of inpatient stay in a hospital. No maximum benefits apply. Admission benefits need to be separated by at least 30 days in a row. ICU admission pays a higher benefit.

<sup>\*\*\*</sup>Daily stays start on day one of an inpatient stay and count toward a maximum 90 days per confinement. ICU daily stays pay higher benefits.

# **Aetna Supplemental Health Plans**

## We make it simple

If you're eligible to enroll and apply for coverage, we guarantee your acceptance. We pay cash benefits directly to you. And we don't reduce those benefits due to any other insurance you may have. You get access to group rates and the ease of payroll deductions to pay your premiums. And, if you leave your employer, you can take your plans with you.

#### **Aetna Simplified Experience™**

Visit <u>MyAetnaSupplemental.com</u> or download the **My Aetna Supplemental** app. To register, choose the "Social Security number" option — but **input your nine-digit employee ID number instead**. Then you can file a claim, sign up for direct deposit, access discounts and view your plan documents.

If you've got medical insurance through your employer, you typically don't need to provide any documents. We'll access your medical records to help process your claim.\* That's less paperwork for you. Don't have medical through your employer? Just upload a PDF or picture of your medical bill. You can also complete a paper form and return it by mail or fax to Aetna Voluntary Plans.

If your claim is approved, we'll mail you a check or deposit cash directly into your bank account.

#### **Questions? Ready to enroll?**

Visit your enrollment website to view more coverage details. You'll also find rates and instructions on how to sign up. If you have questions about the plans, call Aetna Member Services at 1-800-607-3366 (TTY: 711), Monday through Friday, 8 AM to 6 PM.

<sup>\*</sup>Sometimes you may need to provide documentation if the benefit doesn't create a medical claim, or we need more details to process your claim.

#### **Exclusions and limitations**

These plans have exclusions and limitations. Refer to the actual policy and certificate to see which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. But the plans may contain exceptions to this list based on state mandates or the plan design purchased. Benefits under the policy will not be payable for anything related to:

#### **Aetna Hospital Indemnity Plan exclusions and limitations**

- Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
- 2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
- Act of war, riot, war;
- 4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
- 5. Assault, felony, illegal occupation, or other criminal act;
- 6. Care provided by a spouse, parent, child, sibling or any other household member;
- 7. Cosmetic services and plastic surgery, with certain exceptions;
- 8. Custodial care;
- 9. Hospice services, except as specifically provided in the benefits under your plan section of the certificate;
- 10. Self-harm, suicide, except when resulting from a diagnosed disorder;
- 11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
- 12. Experimental or investigational drugs, devices, treatments, or procedures;
- 13. Education, training or retraining services or testing;
- 14. Exams except as specifically provided in the benefits under your plan section of the certificate;
- 15. Dental and orthodontic care and treatment;
- 16. Family planning services;
- 17. Any care, prescription drugs, and medicines related to infertility;
- 18. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
- 19. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
- 20. Vision-related care.

#### Ex-Pat coverage outside US:

Ex-Pats located outside the US must have a US address to enroll in coverage.

For any claim that occurs outside the US.

- Claim submission and all medical claims information must be in English.
- Claim payments will be paid in US dollars.
- Claim payments will only be made to a US bank account. No foreign bank accounts permitted.

Hospital Indemnity Plan Policy form issued in Oklahoma include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01, GR-96173-HI 01

Hospital Indemnity Plan Policy form issued in Missouri and Wyoming include: AL VOL HPOL-Hosp 01, GR-96172-01

Hospital Indemnity Plan Policy forms issued in Washington include: GR-96172 01, AL VOL HPOL-Hosp 01

# THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna®. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna plans.





### **Non-Discrimination Notice**

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512

1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

## **Availability of Language Assistance Services**

TTY: 711

For language assistance in your language call 1-888-772-9682 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得以您的語言提供的語言協助,請撥打1-888-772-9682,無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 9682-772-888-1. (Arabic)

Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

日本語で援助をご希望の方は 1-888-772-9682 (フリーダイアル) までお電話ください。(Japanese)

본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

براي راهنمايي به زبان شما با شماره 9682-772-888-1 بدون هيچ هزينه اي تماس بگيريد. (Persian)

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)

57.03.337.1A-V4 (05/17) NonDiscrimAV