

Be prepared for the road ahead

An Aetna Hospital Indemnity Plan can help



"A hospital stay after a car accident didn't put a dent in my finances."

Whether or not it's unexpected or planned, a hospital stay can create a lot of additional expenses. The Aetna Hospital Indemnity Plan can put cash in your pocket to help. Rates start at \$12.94 per month for employees only. And, if you buy coverage for yourself, you can also buy coverage for your family.

Sean's story*

"I wasn't ready for the car accident and the hospital stay that followed — who is? But I'm really glad I had the hospital plan available through work. Then, wham (literally) — the accident. The road to recovery was long and rough. And those bills! Even with medical insurance, my out-of-pocket costs:

\$2,500

But with my plan, I got a check paid directly to me to use however I wanted. The cash helped cover part of my medical bills, rent and even day care for my little guy. And filing a claim was easy — right on Aetna's website."

Sean's hospital benefits

Initial hospital admission <i>(1st day of a 6 day stay)</i>	\$1,000
2-day ICU stay	\$600
3-day inpatient hospital stay	\$450
10-day rehabilitation unit stay	\$500



\$2,550

Sean's total benefits from plan 2 option

*Here's a fictional example sharing some common things covered by the plan 2 option. But check out the benefit summary for more details. It shows what the plan covers, including exclusions and limitations that apply.



Highlights of the Aetna Hospital Indemnity Plan

The Aetna Hospital Indemnity Plan pays benefits related to an inpatient hospital stay. Below are the benefits available. Benefits are payable once per member during a plan year unless otherwise specified. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Hospital Indemnity Plan	Plan 2	Plan 3	Plan 4
Hospital admission	\$1,000	\$1,500	\$2,500
Hospital daily**	\$150	\$200	\$250
Intensive care unit (ICU) daily*	\$300	\$400	\$500
Newborn routine care	\$100	\$200	\$200
Observation unit	\$100	\$200	\$200
Substance abuse daily*	\$100	\$150	\$200
Mental disorder daily*	\$100	\$150	\$200
Rehabilitation unit daily*	\$50	\$75	\$100

* All daily inpatient stay benefits start on day 2 and count toward the plan year maximum of 30 days combined.

Get rewarded for taking better care of your health

Health screening benefit – It pays a benefit of \$50 annually per member for all covered members for specific preventive health screening tests. See complete listing in your benefit summary.

We make it simple

If you're eligible to enroll and apply for coverage, your acceptance is guaranteed. We don't ask you any questions about your health. Cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. And there's more:

- You get access to negotiated group rates.
- You'll enjoy the convenience of payroll deduction to pay premiums.
- If you leave your company, you can take your plan with you.

Filing a claim couldn't be easier

After you become a member, you can review your benefits and file claims on our member portal at myaetnasupplemental.com. Or starting on January 1, 2020, you can download our new member portal app to your smartphone or tablet, create an account and access your benefits and file claims right in the palm of your hand.

If you're an Aetna medical plan member, you don't typically need to provide medical paperwork to process a claim. Not an Aetna medical plan member? No problem. Just fill out the form online or in the app and upload your medical paperwork.

Strike Waiver of Premium. Aetna will waive premium payments on this policy if:

- Aetna receives notice that you are on Strike for at least 30 days;
- You are a dues paying member of the employer;
- The strike starts at least six months after the coverage effective date;
- The strike starts while this policy is in force; and
- Notice of the strike is received by Aetna within 90 days of the start of the strike.

Premium payments will be waived for a maximum of 90 days. If the strike has not ended at the end of the 90 day period, you will be billed directly and must pay the premium if you wish to continue coverage. Strike means a lawful primary strike authorized as provided by the union's constitution and by-laws.

Underwritten and administered by:

Aetna, Inc.
P.O. Box 14079, Lexington, KY 40512-4079
1-800-607-3366

Presented and enrolled by:

Employee Benefit Systems, Inc.
10000 Memorial Drive, Ste. 800
Houston, TX 77024
1-888-521-2900

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. It pays 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. For more information about Aetna plans, refer to aetna.com.

Hospital Indemnity Plan Policy form numbers issued in Oklahoma include: GR-96172, GR-96173.

Hospital Indemnity Plan Policy form numbers issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.

Hospital Indemnity Plan Policy form numbers issued in Missouri include: GR-96172 01.

Hospital Indemnity Exclusions & Limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased. Benefits will not be paid for any service for an illness or accidental injury related to the following:

1. 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
3. 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. Care or services received outside the United States or its territories
13. Experimental or investigational drugs, devices, treatments or procedures
14. Education, training or retraining services or testing
15. Mental disorders
16. Treatment of substance abuse in a hospital or substance abuse treatment facility
17. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant
18. Exams except as specifically provided in the Benefits under your plan section of the certificate
19. Dental and orthodontic care and treatment
20. Family planning services
21. Any care, prescription drugs and medicines related to infertility
22. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins
23. Outpatient cognitive rehabilitation, physical therapy, occupational therapy or speech therapy for any reason
24. Vision-related care
25. Newborn routine care

