



Got everything?

Aetna Supplemental Health Plans

Prepare for the unexpected

Would you be financially ready if you had a hospital stay — expected or unexpected? The **Aetna Hospital Indemnity Plan** can help supplement your medical coverage.

How is this plan different from a major medical plan?

Medical plans pay **doctors and hospitals** directly for treatment related to your care. Unfortunately, medical plans usually don't cover 100% of the costs, leaving you to come up with the rest.

Medical plans also don't cover other expenses health events might impact, like daycare, rent, and more if you're out of work.

However, Aetna Supplemental Health Plans pay benefits directly to **you**, providing extra cash when you need it most. They can help fill in the gaps, making them a great companion to your major medical plan.

How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way you choose.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna)

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Be prepared for the road

An Aetna Hospital Indemnity Plan can help

You might be surprised by an unexpected hospital stay. The Aetna Hospital Indemnity Plan pays benefits when you have a hospital stay due to an illness, injury, or surgery. It's an extra layer of financial protection when you really need it.

Make your stay a bit easier *Sean's* story*

"Instead of spending my vacation on the beach, I spent it in the hospital with appendicitis!"



"The only thing more painful than my burst appendix was the hospital bill for being admitted for emergency surgery."



"Thankfully, my hospital plan paid me cash to use towards my out-of-pocket medical costs – plus my car payment."



Your plan – your benefits

Here's what your plan would pay if you enrolled in the **low hospital indemnity plan** and experienced a situation like Sean's.

Covered hospitalization	Benefit
Hospital admission (initial day of stay)	\$500
Daily hospital stay (one additional day)	\$50
Total paid	\$550

Covered Aetna Hospital Indemnity Plan benefits

For as little as **\$7.97 per month for employee coverage**, an Aetna hospital indemnity plan provides benefits when you have a covered hospital stay. Take a look at some of the benefits:

- Hospital admission
- Daily hospital stays – ICU and Non-ICU
- Rehabilitation, Mental disorder, & Substance abuse stays**
- Newborn routine care
- Observation care



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

*The above member story is for illustrative purposes and does not reflect events experienced by actual participants.

**Admission benefits paid once per plan year for initial inpatient stay in a hospital. Daily benefits start on day two after an admission and count toward a combined maximum of 30 days per plan year.



Prepare for Expected Admissions

An Aetna Hospital Indemnity Plan can help

Maybe you're expecting to have a hospital stay. The Aetna Hospital Indemnity Plan pays benefits when you have planned surgeries or deliver a baby. It's an extra layer of financial protection when you really need it.

Make Your Stay a Bit Easier:

Manuela's* story

"My husband and I were excited when we found out we were expecting. And to double the good news: we had twins!"

"As first-time parents, there was a lot for us to prepare for. We appreciated any help we could get, especially financial help."

"Thankfully, my hospital plan paid me cash to help pay out-of-pocket medical bills and some towards furnishing our nursery for two."



Your plan – your benefits

Here's what your plan would pay if you enrolled in the **high hospital indemnity plan** and experienced a situation like Manuela's.

Covered hospitalization	Benefit
Hospital admission (initial day of stay)	\$1,500
Daily hospital stay (two additional days)	\$300
Newborn routine care (two births)	\$400
Total paid	\$2,200

Covered Aetna Hospital Indemnity Plan benefits

For as little as **\$53.86 per month for employee + spouse coverage**, an Aetna hospital indemnity plan provides benefits when you have a covered hospital stay. Take a look at some of the benefits:

- Hospital admission
- Daily hospital stays – ICU/Non-ICU
- Rehabilitation, mental disorder, & substance abuse stays**
- Newborn routine care
- Observation care



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

*The above member story is for illustrative purposes and does not reflect events experienced by actual participants.

**Admission benefits paid for initial inpatient stay in a hospital. Daily stays start on day two of an inpatient stay and count toward a combined maximum of 30 days per plan year.



Aetna Supplemental Health Plans

We make it simple

If you're eligible to enroll and apply for coverage, your acceptance is guaranteed. Cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. You get access to negotiated group rates and you enjoy the convenience of payroll deduction to pay premiums. And, if you leave your company, you can take your plan with you.

Aetna Easy File™

After you become a member, you'll enjoy an [Aetna Simplified Claims Experience™](#) on the **My Aetna Supplemental** app, or on our member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com). Filing claims is easy; just answer a few short questions online. You can also view your coverage and sign up for direct deposit.

To submit a claim, just upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary plans.

Got questions? Ready to enroll?

If you want more information on these benefits, call Member Services at **1-800-607-3366 (TTY: 711)**, Monday through Friday, 8 a.m. to 6 p.m.

Visit your enrollment website to view more coverage details, including rates, and enroll.

Monthly Rates

	Employee	Employee + Spouse	Employee + Child(ren)	Family
Plan 1	\$7.97	\$16.51	\$12.53	\$19.84
Plan 3	\$24.20	\$53.86	\$41.48	\$68.54

Exclusions and Limitations

These plans have exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, 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 the following:

Hospital Plan Exclusions and Limitations

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;
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. Education, training or retraining services or testing;
14. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
15. Exams except as specifically provided in the Benefits under your plan section of the certificate;
16. Dental and orthodontic care and treatment;
17. Family planning services;
18. Any care, prescription drugs, and medicines related to infertility;
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
21. Vision-related care.

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

Plan Policy form issued in Missouri include: AL VOL HPOL-Hosp 01, GR-96172-01.

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. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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. For more information about Aetna plans, refer to [Aetna.com](https://www.aetna.com).



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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 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 1-888-772-9682. (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 (フリーダイヤル) 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)

برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (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)
