# Aetna Hospital Indemnity Plan

### **Plan Description**

Our hospital indemnity plan pays members cash directly when they have a covered inpatient hospital stay.

### **Plan Eligibility**

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan

## **Plan Highlights**

- Guaranteed Issue every year for employees and their families even if coverage waived in the past
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- HSA compatible
- Cash benefits paid directly to the employee
- Pre-ex waived
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

#### **Plan Features**

- Lump-sum payment for first day of inpatient stay, when stay begins during the plan year
- Daily benefit payment beginning on the second day
- Increased per day payment in an intensive care unit (ICU)
- Waiver of Premium
- Portable

### Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, weight-loss programs and meal plans, books and magazine subscriptions, gym memberships, health and wellness products, hearing and dental products, eye care and more.

# **Hospital Indemnity Plan Benefits**

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Covered Benefit for Inpatient Stays	Plan 1	Plan 2
Hospital stay - Admission	\$500	\$1,000
Provides a lump sum benefit for the initial day of your stay in a hospital.		
Maximum 2 stays per plan year; separated by 30 days in a row		
Hospital stay - Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.	\$50	\$100
Maximum 30 days per plan year		
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.	\$100	\$200
Maximum 30 days per plan year		
<b>Newborn routine care</b> Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.	\$100	\$100
Observation unit Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury.	\$100	\$100
Maximum 1 day per plan year		
Substance abuse stay - Daily Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse.	\$50	\$100
Maximum 30 days per plan year		
Mental disorder stay - Daily Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders.	\$50	\$100
Maximum 30 days per plan year		
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.	\$25	\$50

Maximum 30 days per plan year

**Important Note:** All daily inpatient stay benefits begin on day two and count toward the plan year maximum.

## **Waiver of Premium**

Covered Benefit	Plan 1	Plan 2
If you are in a hospital for more than 30 days in a row, we will waive	Included	Included
the premium beginning on the first premium due date that occurs		
after the 30th day of your stay, through the next 6 months of		
coverage. During your stay, you must remain employed with the		
policyholder.		

## Monthly Rates - Hospital Indemnity Plan

Commission Percentage	55% / 5	5%			
100% Voluntary					
	Hospital Indemnity – Plan 1 (HSA)				
	Employee	Employee & Spouse	Employee & Children	Family	
Monthly Rate	\$7.87	\$17.45	\$13.47	\$22.24	
100% Voluntary					
	Hospital Indemnity – Plan 2 (HSA)				
	Employee	Employee & Spouse	Employee & Children	Family	
Monthly Rate	\$15.38	\$34.21	\$26.24	\$43.41	
Monthly Nacc	Ψ13.30	434.21	¥20.24		

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.