

Aetna Hospital Indemnity Plan

Plan Description

Our hospital indemnity plan provides fixed payments directly to members 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
- 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
- Benefits paid 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)
- Health Screening Benefit
- Waiver of Premium
- Portable

Value Added Programs

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

Hospital Indemnity Plan Benefits

Covered Benefit for Inpatient Stays	Plan 2	Plan 4
Hospital stay - Admission Provides a lump sum benefit for the initial day of your stay in a hospital. <i>Maximum 1 stay per plan year</i>	\$1,000	\$2,000
Hospital stay - Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. <i>Maximum 30 days per plan year</i>	\$100	\$200
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. <i>Maximum 30 days per plan year</i>	\$100	\$200
Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum.		

Waiver of Premium

Covered Benefit	Plan 2	Plan 4
If you are in a hospital for more than 30 days in a row, we will waive 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.	Included	Included

Health Screening

*Covered Health Screenings	Plan 2	Plan 4
<p>Health screening</p> <p>Pays a lump sum benefit for each day you receive any of the approved health screening tests.</p> <p><i>Maximum 1 day per plan year</i></p> <ul style="list-style-type: none"> • Lipoprotein profile (serum plus HDL, LDL and triglycerides) • Fasting blood glucose test • Doppler screenings for peripheral vascular disease (also known as arteriosclerosis) • Carotid Doppler Ultrasound • Electrocardiogram (EKG, ECG) • Echocardiogram (ECHO) • Chest x-ray (CXR) • Thermography • Ultrasound screening for abdominal aortic aneurysms • Bone marrow screening • Adult and child immunizations • HPV vaccine (Human Papillomavirus) • Bone mass density measurement (DEXA, DXA) • Skin cancer screening • Serum protein electrophoresis (blood test for myeloma) 	\$50	\$50
<ul style="list-style-type: none"> • Prostate Specific Antigen (PSA) Test • Flexible sigmoidoscopy • Digital rectal exams (DRE) • Hemocult stool analysis • Colonoscopy • Virtual colonoscopy • Carcinoembryonic Antigen (CEA) • Cancer Antigen (CA) Test 15-3 (breast cancer) • Mammography • Breast Ultrasound • Cancer Antigen (CA) Test 125 (ovarian cancer) • Pap smears • Cytologic Screening • ThinPrep Pap Test 		

Note: COVID-19 testing is covered as an eligible health screening benefit

Monthly Rates - Hospital Indemnity Plan

Quoted Rates are guaranteed for 90 days from the date of this Proposal.

06/03/2020

Commission Percentage 45% / 5%

100% Voluntary

	Hospital Indemnity - Plan 2 (HSA)			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$17.21	\$36.37	\$23.73	\$38.99

100% Voluntary

	Hospital Indemnity - Plan 4 (HSA)			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$32.98	\$69.85	\$45.12	\$73.91

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.

Hospital Indemnity Plan Exclusions and Limitations

This plan has 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 plan may contain exceptions to this list based on state mandates or the plan design purchased.

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

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. This plan provides limited benefits. The benefit 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 plan does not count as Minimum Essential Coverage under the Affordable Care Act.