



# Less stress

## Aetna Hospital Indemnity Plan

### Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

### What is the Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

### How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

### How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like:

- deductibles or copays
- mortgage or rent
- groceries or utility bills

...or for anything else you choose.

### Rest assured

Enrollment is guaranteed. We don't ask you any questions about your health. And, you get benefits paid directly to you by check or direct deposit.



## Because it happens

**More than 35 million**  
Americans were hospitalized in 2016<sup>1</sup>.

The average hospital stay in the U.S.  
costs **\$10,700<sup>2</sup>**.

## Ready...or not

Carter\* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Indemnity Plan. He submitted his claim and the benefits were deposited right into his bank account.

That money helped make up for the time he missed work to recover and to pay some of his deductible. Now, he can focus more on his health.

## Handy online tools for you

You can find everything you need in one place at our member website: **myaetnasupplemental.com**. You can view your plan documents, submit and track the status of claims, and even sign up for direct deposit.

**Filing a claim is easy.** Just create or log into your account on the member website. Click "Report New Claim" and answer a few quick questions. Then, upload your medical documentation.



You can also print and mail a paper claim form to Aetna Voluntary Plans. Once your claim is approved, we will send you a check, or deposit your benefits directly into your bank account. You choose.

<sup>1</sup>American Hospital Association. Fast facts on U.S. hospitals, 2018. February 2018. Available at: [aha.org/research/rc/stat-studies/fastfacts.shtml](http://aha.org/research/rc/stat-studies/fastfacts.shtml). Accessed April 25, 2018.

<sup>2</sup>Michaels M. The 35 most expensive reasons you might have to visit a hospital in the US — and how much it costs if you do. Business Insider. March 1, 2018. Available at:

[businessinsider.com/most-expensive-health-conditions-hospitalcosts-2018-2](http://businessinsider.com/most-expensive-health-conditions-hospitalcosts-2018-2). Accessed April 25, 2018.

\*This is a fictional example of how the plan could work.

## **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.**

**The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).** The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. 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. For more information about Aetna plans, refer to **aetna.com**.

**Policy forms issued in Missouri and Oklahoma include:** GR-96172 01, AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.



# Benefit Summary

City of Cedar Park

802404

## Aetna Hospital Indemnity

Insurance plans are underwritten by Aetna Life Insurance Company.

Here's an example of how the plan can help you:



Unless otherwise indicated, all benefits and limitations are per covered person.

**The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan with other fixed indemnity benefits. THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE 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. These 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 IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at [www.medicare.gov](http://www.medicare.gov).

**This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations and conditions of coverage.**

**The policy, alone, does not meet Massachusetts Minimum Creditable Coverage standards**  
Benefit Summary - HSA

Inpatient benefits	Plan 1	Plan 3
<b>Hospital stay - admission</b> Provides a lump sum benefit for the initial day of your stay in a non-ICU room of a hospital. <i>Maximum 1 stay per plan year</i>	\$500	\$1,500
<b>Hospital stay - daily</b> Pays a daily benefit, for each day of your stay in a non-ICU room of a hospital, beginning on day two. <i>Maximum 30 days per plan year</i>	\$50	\$150
<b>Hospital stay - (ICU) daily</b> Pays a daily benefit, for each day of your stay in an ICU room of a hospital, beginning on day two. <i>Maximum 30 days per plan year</i>	\$100	\$300
<b>Newborn routine care</b> Pays a lump sum benefit after the birth of your newborn with an inpatient stay. This would not pay for an outpatient birth.	\$100	\$200
<b>Observation unit</b> Pays a lump sum benefit for the initial day of your observation. <i>Maximum 1 day per plan year</i>	\$100	\$200
<b>Substance abuse stay - daily</b> Pays a daily benefit for each day you have a stay in a substance abuse treatment facility, beginning on day one. <i>Maximum 30 days per plan year</i>	\$50	\$150
<b>Mental disorder stay - daily</b> Pays a daily benefit for each day you have a stay in a mental disorder treatment facility, beginning on day one. <i>Maximum 30 days per plan year</i>	\$50	\$150
<b>Rehabilitation unit stay - daily</b> Pays a daily benefit for each day of your stay in a rehabilitation unit immediately after your hospital stay, beginning on day one. <i>Maximum 30 days per plan year</i>	\$25	\$75

**Important note:**  
**All daily stay benefits count toward the combined plan year maximum.**

## Portability

If your employment ends, and as a result your coverage under the policy ends, you can choose to continue your coverage by enabling the portability provision in your coverage. Such coverage will be available to you and any of your covered dependents.

## Waiver of Premium

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 30<sup>th</sup> day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.

## 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. 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

## Frequently asked questions (FAQs) about the Hospital Indemnity plans

### **Do I have to be Actively at Work to enroll in coverage?**

Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible to enroll.

### **Can I enroll in the Aetna Hospital Indemnity plan even though I have a Health Savings Account (HSA)?**

Yes, you can still enroll in the Aetna Hospital Indemnity plan if you have a Health Savings Account.

### **What is considered a hospital stay?**

A stay is a period during which you are admitted as an inpatient; and are confined in a hospital, non-hospital residential facility, or rehabilitation facility; and are charged for room, board and general nursing services. A stay does not include time in the hospital because of custodial or personal needs that do not require medical skills or training. A stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to a stay. If you are in confined in an observation unit for over 24 hours in a row, it will be treated as a stay.

### **What happens if I lose my employment? Can I take the Hospital Indemnity Plan with me?**

Yes, you are able to continue coverage under the portability provision; however, you will need to pay premiums directly to Aetna.

### **How do I file a claim?**

Go to [myaetnasupplemental.com](http://myaetnasupplemental.com) and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.

### **What should I do in an emergency?**

In an emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

### **What if I don't understand something I've read here, or have more questions?**

We want you to understand these benefits before you decide to enroll. Reach out to us. Call toll-free at **1-800-607-3366**, Monday through Friday, 8 a.m. to 6 p.m. We're here to answer questions before and after you enroll.



## Important Information about your benefits

**IN ORDER FOR THE HOSPITAL INDEMNITY BENEFITS TO BE PAYABLE, THE INITIAL DAY OF YOUR STAY AND OTHER SERVICES MUST BE ON OR AFTER YOUR EFFECTIVE DATE OF COVERAGE.**

### **Complaints and appeals**

Please tell us if you are not satisfied with a response you received from us or with how we do business. Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. You can also email Member Services through the secure member website. If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate department. If you don't agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

### **We protect your privacy**

We consider personal information to be private. Our policies protect your personal information from unlawful use. By "personal information," we mean information that can identify you as a person, as well as your financial and health information. Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to: your doctors, dentists, pharmacies, hospitals and other caregivers, other insurers, vendors, government departments and third-party administrators (TPAs).

We obtain information from many different sources —particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

These parties are required to keep your information private as required by law. Some of the ways in which we may use your information include: Paying claims, making decisions about what the plan covers quality assessment activities to improve our plans and audits

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

If you'd like a copy of our privacy notice, call **1-800-607-3366** or visit us at **[www.aetna.com](http://www.aetna.com)**.



## RATE SHEET

*Rates shown are based on semimonthly deductions. Your payroll deductions will be taken after taxes are taken.*



### Hospital Indemnity Plan

*You may enroll in one option only.*

<u>Low</u>	<u>Cost</u>	<u>High</u>	<u>Cost</u>
Yourself only	\$4.67	Yourself only	\$13.75
Yourself & spouse	\$9.49	Yourself & spouse	\$28.12
Yourself plus child(ren)	\$7.40	Yourself plus child(ren)	\$21.76
Yourself and family	\$11.66	Yourself and family	\$34.40

### 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.

**Plans are underwritten by Aetna Life Insurance Company (Aetna).** Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. 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 [www.aetna.com](http://www.aetna.com).

**Financial Sanctions Exclusions Clause:** If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

**Policy forms issued in Oklahoma and Idaho include:** AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.





# 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](mailto: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

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

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

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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)

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

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

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

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

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

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

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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)

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

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

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

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

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

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

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