

Highlights of the Aetna Hospital Indemnity Plan

The Aetna Hospital Indemnity Plan pays benefits related to an inpatient hospital stay. Below are some of the benefits available. Benefits are payable once per member during a plan year unless otherwise specified. Pre-existing condition exclusions do not apply to your plan. You have two options to choose from.. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Hospital Plan	Low Plan	High Plan
Hospital Admission	\$1,500	\$3,000
Inpatient hospital stay – Daily*	\$150	\$300
Intensive care unit (ICU) stay – Daily*	\$300	\$600
Rehabilitation unit stay - Daily*	\$50	\$75
Newborn routine care	\$100	\$200
Observation unit	\$100	\$200
Substance abuse/Mental disorder stay – Daily*	\$100	\$150

*All daily inpatient stay benefits begin on day two and count toward the plan year maximum. Maximum 60 daily benefits per plan year combined for all stays.



Monthly Rates

Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken. You can only choose one plan option and tier below.

Plan Option	Employee	Employee + Spouse	Employee + Child(ren)	Family
Low Plan	\$21.89	\$44.67	\$34.24	\$54.52
High Plan	\$43.45	\$88.67	\$67.24	\$107.23

Lubbock ISD



Hospital Indemnity Plan 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, 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

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

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

