

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 60 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)
- Portable
- Waiver of Premium

Value Added Programs

- Member-only CVS shopping site with 20% discount:
 - Curated CVS shopping site for members to shop a variety of health and wellness products including adult care, cold care, first aid, home health care, feminine products, pain relief, vitamins and more
 - Unique code gives members 20% off CVS branded items

Hospital Indemnity Plan Benefits

Covered Benefit for Inpatient Stays	Plan 1	Plan 2
<p>Hospital Stay – Admission</p> <p>Provides a lump sum benefit for the initial day of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 2 days per plan year; separated by 30 days in a row</i></p>	\$1,000	\$2,000
<p>Hospital Stay – Daily</p> <p>Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p>Hospital Stay – Daily (ICU)</p> <p>Pays a daily benefit, beginning on day two of your stay in a ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$200	\$400
<p>Observation Unit</p> <p>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.</p> <p>Observation unit stays longer than 24 hours will be payable under admission and daily stay benefits.</p> <p><i>Maximum 1 day per plan year</i></p>	\$100	\$200
<p>Substance Abuse Stay – Daily</p> <p>Provides a daily benefit for each day you have a stay in hospital or substance abuse treatment facility for the treatment of substance abuse.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p>Mental Disorders Stay – Daily</p> <p>Pays a daily benefit for each day you have a stay in hospital or mental disorder treatment facility for the treatment of mental disorders.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p>Rehabilitation Unit Stay – Daily</p> <p>Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p>Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year 30 days maximum.</p>		

Newborn Benefits

Covered Benefit for Newborn	Plan 1	Plan 2
Newborn routine care	\$100	\$200

Provides a lump-sum after the birth of your newborn. This will not pay for an outpatient birth.

Maximum 1 day per plan year

Important Note: Hospital Stay – Admission, Hospital Stay – Daily, & Hospital Stay – Daily (ICU) are payable for NICU, accident and sickness for newborns.

Stays due to complications of pregnancy are payable to the same extent as any other illness.

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 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

Monthly Rates - Hospital Indemnity Plan

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

May 13, 2024

Commission Percentage **Heaped 55% / 5%**

100% Voluntary

	Hospital Indemnity - Plan 1 (HSA)			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$14.54	\$29.08	\$26.17	\$40.71

100% Voluntary

	Hospital Indemnity - Plan 2 (HSA)			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$28.80	\$57.59	\$51.83	\$80.63

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.

This is hospital indemnity insurance. This is a supplement to health insurance and is not a substitute for major medical coverage or other minimum essential coverage.