Aetna Hospital Indemnity plan, administered by Aetna Life Insurance Company

Federal Disclosure

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit <u>HealthCare.gov</u> or call 1-800-318-2596
 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (<u>naic.org</u>) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 0615.





Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

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

What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

How is this different from a major medical plan?

Medical plans help pay **doctors and hospitals** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**. So, you'll have 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 put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **you** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered hospital stay. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01



Because it happens

\$1.24 trillion was spent on hospital services in 2020. 60%-65% of all bankruptcies are related to medical expenses¹.

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 filed his claim online and, since he had signed up for direct deposit, his benefits went directly into his bank account.

He used the cash to help make up for the earnings he lost from the time he missed work while recovering and to help pay some of his deductible. Now, he can focus more on his health.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, access discounts and sign up for direct deposit. You can also access the portal from **Aetna.com**.

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



¹Debt.org. Hospital and Surgery Costs. October 2021. Available at: https://www.debt.org/medical/hospital-surgery-costs/. Accessed June 3, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary



Aetna Hospital Indemnity Plan

Devine Independent School District 6501135

The hospital indemnity plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Make your hospital stay a bit easier.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711),** Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

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

Note: The Aetna Hospital Indemnity Plan pays benefits when you have a covered hospital stay and other covered services. This plan doesn't pay for any stays or other services that happen before your effective date of coverage.

This plan is compatible with a Health Savings Account (HSA).



Hospital indemnity plan



A **stay** is a period during which you are inpatient and confined in a hospital, or other covered facility, and are charged for room, board, and general nursing services.

A stay does not include time in the hospital due to custodial or personal needs that do not require medical skills or training. A stay does not include time in the hospital in the emergency room unless this leads to a stay. A stay only covers the specific benefits listed below.

Inpatient benefits

| Covered benefit | Low | High |
|----------------------------------|----------|----------|
| Hospital admission (initial day) | \$1,000 | \$2,000 |
| Hospital daily stay — non-ICU | \$100 | \$200 |
| Hospital daily stay — ICU | \$200 | \$400 |
| Substance abuse daily stay | \$50 | \$75 |
| Mental disorder daily stay | \$50 | \$75 |
| Rehabilitation unit daily stay | \$50 | \$75 |
| Newborn routine care | \$100 | \$200 |
| Observation unit | \$100 | \$200 |
| Waiver of premium | Included | Included |

Note for hospital admission benefits: Max 2 admissions per plan year. Admissions must be separated by at least 30 days in a row

Note for inpatient daily stay benefits: All inpatient stay benefits begin on day two and count toward the plan year 30-day combined max days.

Note for newborn routine care benefits: Max lump sum benefit once per birth per year for delivery in a hospital. This will not pay for an outpatient birth.

Note for observation benefits: Max 1 day lump sum daily benefit per member per year for hospital observation visit. (Non-admission into hospital.) Observation unit stays 24 hours or longer will be treated as an admission.

Aetna Hospital Indemnity Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

| Covered | Vou only | Variation | Var. , abild(nan) | Van Gandha |
|----------------------|----------------------------|-------------------------|-----------------------------|-----------------------------|
| Coverage Low plan | You only \$18.74 | You + spouse \$37.47 | You + child(ren) \$33.73 | You + family \$52.46 |
| Coverage | You only | You + spouse | You + child(ren) | You + family |
| High plan | \$39.37 | \$78.74 | \$70.87 | \$110.24 |

Aetna Hospital Indemnity Plan exclusions and 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. Experimental or investigational drugs, devices, treatments, or procedures
- 14. Education, training or retraining services or testing
- 15. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant
- 16. Exams except as specifically provided in the Benefits under your plan section of the certificate
- 17. Dental and orthodontic care and treatment
- 18. Family planning services
- 19. Any care, prescription drugs and medicines related to infertility
- 20. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins
- 21. Outpatient cognitive rehabilitation, physical therapy, occupational therapy or speech therapy for any reason
- 22. Vision-related care

Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason. Refer to your certificate for additional portability provisions. If you have any questions, call member services at 1-800-800-8121 (TTY:711), Monday through Friday, 8 AM to 6 PM.

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.

THIS PLAN IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. 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. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

Policies are insured by Aetna Life Insurance Company (Aetna). Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features 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. Policies may not be available in all states, and rates and benefits may vary by location.

If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Cliente que figura en su tarjeta de identificación de Aetna, y un representante de Aetna lo pondrá en contacto con un intérprete. También puede obtener la asistencia de un intérprete para tratar problemas de manejo de utilización o para registrar una queja o una apelación. Si usted es sordo o tiene dificultades de audición, use su TTY y marque 711 para comunicarse con el servicio de retransmisión de telecomunicaciones. Una vez conectado, ingrese o brinde el número de teléfono de Aetna al que está llamando.

ATTENTION MASSACHUSETTS RESIDENTS: As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL (1-877-623-6765) or visit the Connector website (mahealthconnector.org). If you have questions about this notice, you may contact the Division of Insurance by calling 1-617-521-7794 or visiting its website at mass.gov/doi.

Financial Sanctions Exclusion

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 include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01, GR-96173-HI 01. Policy forms issued in Missouri and Wyoming include: AL VOL HPOL-Hosp 01, GR-96172-01. Policy forms issued in Washington include: GR-96172 01, AL VOL HPOL-Hosp 01.

Please review the below notice for Aetna Supplemental Health plan members who reside in the state of New Mexico.

ATTENTION NEW MEXICO RESIDENTS

The coverage provided under your benefits plan or policy underwritten by Aetna Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

- 1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
- 2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact be Wellnm toll-free at **1-833-862-3935**.
- 3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at **1-855-637-6574** or visit https://www.yes.state.nm.us/yesnm/home/index.
- 4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool") at **1-844-728-7896** or **https://nmmip.org/**". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at https://www.cdc.gov/ or http://cv.nmhealth.org/. Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at 1-855-600-3453.

Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - o Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call <u>1-800-872-3862</u> (TTY: <u>711</u>) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator

Attn: 1557 Coordinator CVS Pharmacy, Inc. 1 CVS Drive, MC 2332, Woonsocket, RI 02895

Phone: <u>1-800-648-7817</u>, TTY: <u>711</u> Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. This notice is available at Aetna Inc.'s website: https://www.aetna.com/

5356157-01-01 (07/25)

TTY: **711**

| English | To access language services at no cost to you, call . | | |
|-----------------------------------|---|--|--|
| Amharic | እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ ወደ ይደውሉ። | | |
| Arabic | للحصول على خدمات اللغة محانًا، اتصل على | | |
| Armenian | Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք հեռախոսահամարով: | | |
| Carolinian (Kapasal Falawasch) | ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye . | | |
| Chamorro | Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang . | | |
| Chinese Traditional | 如欲使用免費語言服務,請致電 . | | |
| Cushitic-Oromo | Tajaajila afaanii bilisaan argachuuf, irratti bilbilaa. | | |
| French | Afin d'accéder aux services langagiers sans frais, composez le . | | |
| French Creole (Haitian) | Pou w jwenn aksè ak sèvis lang gratis pou ou, rele . | | |
| German | Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie an. | | |
| Greek | Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό | | |
| Gujarati | તમારે કોઇ તના ખર્ચ વના ભાષાની સેવાઓની પહચ માટે, કોલ કરો . | | |
| Hindi | आपके लए बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, पर कॉल करे। | | |
| Hmong | Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu . | | |
| Italian | Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero | | |
| Japanese | 無料の言語サービスをご利用いただくには、 にお電話ください。 | | |
| Karen | လၢကမၤန့၊် ကျ်ာ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိဉ်လက်ဘူဉ်လက်စ္၊ လၢနဂီါ်အဂီါ်, . | | |
| Korean | 무료로 언어 서비스를 이용하려면 번으로 전화하세요 | | |
| Laotian | ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາ | | |
| Mon-Khmer, Cambodian | ដើម្បីទទួលនេសវាាផ្នែនកភាាសាាដោាយមិនគិតៃថ្លលពីអ្ននកសូមទូរសព្ទទទេលខ ។ | | |
| Navajo | T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne' | | |
| Pennsylvanian-Dutch | Um Schprooch Services zu griege mitaus Koscht, ruff . | | |
| Persian-Farsi | رای دسترسی به خدمات زبان به طور رایگان، با شماره تماس بگیرید. | | |
| Polish | Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer | | |
| Portuguese | Ligue para para receber assistência linguística gratuita. | | |
| Punjabi | ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 'ਤੇ ਫ਼ੋਨ ਕਰੋ। | | |
| Russian | Чтобы получить бесплатные языковые услуги, позвоните по номеру | | |
| Samoan | Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le | | |
| Serbo-Croatian | Za besplatne prevodilačke usluge pozovite . | | |
| Spanish | Para acceder a los servicios de idiomas sin costo, llame al . | | |
| Syriac-Assyrian | نم، مدنحن: ک همنوک یمن خ۲ شرخی د ښندې د ترځ خڅ۔ | | |
| Tagalog | Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tumawag sa | | |
| Thai | หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร . | | |
| Ukrainian | Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером | | |
| Vietnamese | Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số | | |