

Be prepared for the road ahead

An Aetna Hospital Indemnity Plan can help

“A hospital stay after a car accident didn’t put a dent in my finances.”

Whether or not it’s unexpected or planned, a hospital stay can create a lot of additional expenses. The Aetna Hospital Indemnity Plan can put cash in your pocket to help. Rates start as low as **\$11.99** per month period for employee only coverage. And, if you buy coverage for yourself, you can also buy coverage for your family.

Sean’s story*

“I wasn’t ready for the car accident and the hospital stay that followed — who is? But I’m really glad I signed up for the hospital plan available through work.

Then, wham (literally) — the accident. The road to recovery was long and rough. And those bills! Even with medical insurance, my out-of-pocket costs:

\$3,250

But with my plan, I got a check paid directly to me to use however I wanted. The cash helped cover part of my medical bills, rent and even day care for my little guy. And filing a claim was easy — right on Aetna’s website.”

Sean’s hospital benefits

Initial hospital admission <i>(initial day stay)</i>	\$1,000
2-day ICU stay	\$400
3-day inpatient hospital stay	\$300
5-day rehabilitation unit stay	\$500



\$2,200

Sean's total benefits from the plan

*Here’s a fictional example sharing some common things covered by the plan. But check out the benefit summary for more details. It shows what the plan covers, including exclusions and limitations that apply.



Carilion Clinic 2019

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. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Hospital Plan	Benefits
Hospital stay – <i>Admission</i>	\$1,000
Inpatient hospital stay / Intensive care unit (ICU) stay – <i>Daily*</i>	\$100 / \$200
Rehabilitation unit stay - <i>Daily*</i>	\$100
Newborn routine care	\$100
Observation unit	\$100
Substance abuse / Mental disorder stay – <i>Daily*</i>	\$100

*All daily inpatient stay benefits begin on day two and count toward the plan year maximum. Maximum 30 daily benefits per plan year combined for all stays.

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 criminal occupation;
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

Filing a claim couldn't be easier

After you become a member, you can review your benefits and file claims on our member portal at **myaetnasupplemental.com** or download our mobile app. If you're an Aetna medical plan member, you don't typically need to provide medical paperwork to process a claim. Not an Aetna medical plan member? No problem. Just fill out the online form and upload your medical paperwork.

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 numbers issued in Oklahoma include: GR-96172, GR-96173.

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

Hospital Indemnity Plan Policy form numbers issued in Missouri include: GR-96172 01.