Here’s how the plan works:

1. You have an unexpected event and have to go to the hospital.
2. You are admitted into the hospital and spend two days there.
3. You submit your hospital claim to Aetna.
4. Aetna pays benefits directly to 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. 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 policy, alone, does not meet Massachusetts Minimum Creditable Coverage standards.
Covered Benefit for Inpatient Stays

**Hospital stay - Admission**
Provides a lump sum benefit for the initial day of your stay in a hospital.

*Maximum 1 stay per plan year*

**Hospital stay - Daily**
Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.

*Maximum 30 days per plan year*

**Hospital stay - (ICU) Daily**
Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.

*Maximum 30 days per plan year*

**Newborn routine care**
Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.

**Observation unit**
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.

*Maximum 1 day per plan year*

**Substance abuse stay - Daily**
Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse.

*Maximum 30 days per plan year*

**Mental disorder stay - Daily**
Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders.

*Maximum 30 days per plan year*

**Rehabilitation unit stay - Daily**
Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.

*Maximum 30 days per plan year*

**Important Note:**
All inpatient stays begin on day two and count toward the plan year maximum.
## Surgery Benefits

**Inpatient surgery**
Provides a benefit for each day you have an inpatient surgical procedure during your stay due to an illness, accidental injury, or cesarean section.

*Maximum 1 stay per plan year*

| Plan 3 | $750 |

## Complete Accident Benefits

### Emergency room - accidental injury only
Pays a benefit for each day you receive care in a hospital emergency room for an emergency medical condition due to an accidental injury.

*Maximum 3 days per plan year*

| Plan 3 | $100 |

### Physician visits - Office/Urgent care facility - accidental injury only
Pays a benefit for each day you have a physician visit due to an accidental injury: At a physician's office; At an urgent care facility

*Maximum 3 days per plan year*

| Plan 3 | $50 |

### Physician visits - Telemedicine services/Walk-in clinic - accidental injury only
Pays a benefit for each day you have a physician visit due to an accidental injury: In a walk-in clinic; By way of telemedicine consultation

*Maximum 3 days per plan year*

| Plan 3 | $35 |

### X-ray and lab - accidental injury only
Pays a benefit for each day on which you have an X-ray or lab for an accidental injury only.

*Maximum 3 days per plan year*

| Plan 3 | $50 |

### Medical imaging - accidental injury only
Pays a benefit for each day on which you have a covered medical imaging test for an accidental injury only.

*Maximum 1 day per plan year*

| Plan 3 | $250 |
Health Screening Benefits

Health screening

Pays a lump sum benefit for each day you receive any of the approved health screening tests.

*Maximum 1 day per plan year*

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Carotid Doppler Ultrasound
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Chest x-ray (CXR)
- Thermography
- Ultrasound screening for abdominal aortic aneurysms
- Bone marrow screening
- Adult and child immunizations
- HPV vaccine (Human Papillomavirus)
- Bone mass density measurement (DEXA, DXA)
- Skin cancer screening
- Serum protein electrophoresis (blood test for myeloma)
- Prostate Specific Antigen (PSA) Test
- Flexible sigmoidoscopy
- Digital rectal exams (DRE)
- Hemoccult stool analysis
- Colonoscopy
- Virtual colonoscopy
- Carcinoembryonic Antigen (CEA)
- Cancer Antigen (CA) Test 15-3 (breast cancer)
- Mammography
- Breast Ultrasound
- Cancer Antigen (CA) Test 125 (ovarian cancer)
- Pap smears
- Cytologic Screening
- ThinPrep Pap Test

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.

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 30th day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.
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 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
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 or 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 I lose my employment, can I take the Hospital Indemnity Plan with me?
Yes, you are able to continue coverage under the Portability provision. You will need to pay premiums directly to Aetna.

How do I file a claim?
Go to 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 case of an emergency?
In case of 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?
Please call us. We want you to understand these benefits before you decide to enroll. You may reach one of our Customer Service representatives Monday through Friday, 8 a.m. to 6 p.m., by calling 1-800-607-3366. We’re here to answer questions before and after you enroll.
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 e-mail 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, coordination of payments with other insurers, 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.
If you require language assistance, please call Member Services at 1-800-607-3366 and an Aetna representative will connect you with an interpreter. 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 Servicios al Miembro a 1-800-607-3366, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna 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 (www.mahealthconnector.org). THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. 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 www.mass.gov/doi.

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.

Plans are underwritten by Aetna Life Insurance Company (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.

Hospital Indemnity Policy forms issued in Idaho, Oklahoma and Missouri include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.