Financial protection for out-of-pocket costs

Aetna Hospital Plan

Cash benefits directly to you if you are hospitalized

Would you be able to pay some of your day-to-day living expenses if you were hospitalized? Now you have an opportunity to be better prepared.

The Aetna Hospital Plan pays fixed cash benefits to help pay for your out-of-pocket expenses, such as your medical plan deductible, rent or groceries.

It’s important to note that the Aetna Hospital Plan provides limited coverage and is not intended to substitute for comprehensive health insurance. (See note on back*).

How the plan works with your medical insurance benefits

• You can purchase this insurance plan with any medical plan, including Aetna plans.
• The plan pays cash benefits in addition to any benefits you may receive under your health plan.

And the Aetna Hospital Plan is affordable. See your enrollment information for the cost of the plan.

If you have an Aetna medical plan, you don’t have to file a claim

If you do not have an Aetna medical plan, simply file a claim form directly with Aetna.

Locate a local preferred Hospital provider by visiting: www.aetna.com/docfind/custom/avp.

This policy, alone, does not meet Massachusetts Minimum Creditable Coverage standards.
This plan has a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you must wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 180 days prior to your effective date of coverage under this plan. The pre-existing condition exclusion applies to pregnancy. This exclusion applies until you have been covered under the plan for 365 days. In some states this exclusion may differ, including:

Indiana policies: This exclusion does not apply to pregnancy if you had prior coverage.
Massachusetts policies: This exclusion applies until you have been covered under the plan for 180 days.
Montana policies: This exclusion does not apply to pregnancy.
New York policies: If you are age 65 or older, this exclusion applies until you have been covered under the plan for 180 days.
Pennsylvania policies: This exclusion applies until you have been covered under the plan for 90 days.

Attention members under Nebraska Policies: This Plan does not provide ‘Basic Coverage’ for the treatment of alcoholism, as that term is defined by Nebraska law. Benefits for alcoholism treatment are paid to the same extent as benefits for treatment of physical illness.

Important information about the benefits you are being offered: The Aetna Hospital Plan is a hospital confinement indemnity plan. This plan provides limited benefits. This plan pays you fixed dollar amounts regardless of the amount that the provider charges. 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 disclosure provides a very brief description of the important features of the benefits being considered. It is not an insurance contract and only the actual policy provisions will control.

The Aetna Hospital Plan, a hospital indemnity insurance plan, is offered and/or 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.AetnaHospitalPlan.com.

Policy forms issued include: GR23, GR-96172, GR-96173.
IMPORTANT INFORMATION ABOUT THE BENEFITS YOU ARE BEING OFFERED: The Aetna Hospital Plan is a hospital confinement indemnity plan. This plan provides LIMITED BENEFITS. This plan pays you fixed dollar amounts regardless of the amount that the provider charges. 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 disclosure provides a very brief description of the important features of the benefits being considered. It is not an insurance contract and only the actual policy provisions will control. THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available from the company or at www.medicare.gov.

Hospital Plan

For enrollees of California policies: In order to enroll in the Aetna Hospital Plan, you must be enrolled in major medical coverage.

Lump-sum benefit $1,500 for the first day of one covered inpatient hospital stay per coverage year; plus

Daily benefit $100 per day for covered inpatient hospital stays

Up to 100 days per coverage year

This provides benefits if you or a covered dependent are admitted to the hospital as an inpatient. Benefits are provided for Inpatient Hospital Stays ("Stays") only. A Stay is a period during which you are admitted as an inpatient; and are confined in a hospital, non-hospital residential facility, hospice facility, skilled nursing 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.

This policy does not meet Massachusetts Minimum Creditable Coverage standards.
Pre-existing Condition Limitation:

This plan has a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you must wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 180 days prior to your effective date of coverage under this plan. The pre-existing condition exclusion applies to pregnancy. This exclusion applies until you have been covered under the plan for 365 days. In some states this exclusion may not apply to all conditions.

Hospital Plan Limitations and Exclusions:

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.

- All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Experimental and investigational procedures.
- Infertility services, including donor egg retrieval, artificial insemination and advanced reproductive technologies.
- Reversal of sterilization.
- Nonmedically necessary services or supplies.
- Over-the-counter medications and supplies.

No benefit is paid for or in connection with the following stays or visits or services:

- Those received outside the United States
- Those for education, special education or job training, whether or not given in a facility that also provides medical or psychiatric treatment.
- Observation.
- Emergency room (unless emergency room leads to an Inpatient Stay).
Questions and answers

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 toll free 1-888-772-9682. We're here to answer questions before and after you enroll.

Important information about your benefits

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 1-888-772-9682 or visit us at www.aetna.com.
If you require language assistance, please call Member Services at 1-888-772-9682 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 1-888-772-9682, 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 617-521-7794 or visiting its website at www.mass.gov/doi.

ATTENTION MISSOURI RESIDENTS: An optional rider for elective abortion has not been purchased by the group contract holder pursuant to VAMS section 376.805. An enrollee who is a member of a group health plan with coverage for elective abortions has the right to exclude and not pay for coverage for elective abortions if such coverage is contrary to his or her moral, ethical or religious beliefs. Your plan sponsor does not include coverage for elective abortions.

This material is for information only and is not an offer or invitation to contract. Insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location. Information is believed to be accurate as of the production date; however, it is subject to change.

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.

Policy forms issued include: GR-96172, GR-96173.
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language.
For help, call us at the number listed on your ID card or 1-888-772-9682. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-888-772-9682. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打1-888-772-9682與我們聯繫。欲取得其他協助，請致電1-800-927-4357與加州保險部聯繫。Chinese


무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요한 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-888-772-9682번으로 문의해 주십시오. 보다 자세한 사람을 운의해실 분은 케미포지니 아 주한국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakahuna ka ng interpreter o tagasalin at maipapabasa mo sa Tagalog ang mga dokumento. Para makakahuna ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-888-772-9682. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Անարժային Ներկայացուցչիներ: Անհրաժեշտություն է ունեն ռուսերեն կամ անգլերեն լեզուով լսողության համար; Օգնության համար չի կարող զրկել ճարտարապետ Հայկ Սահակյան (ID) անձնական թղթային այս 1-888-772-9682 համարը: Անհրաժեշտություն է ունեն Russo-Armenian

Услуги переводчика: Бесплатные услуги переводчика для вас на русском языке. Если вам нужно помощь, свяжитесь с нами по номеру, указанному на вашей идентификационной карте, или по 1-888-772-9682. Если вам требуется дополнительная помощь, свяжитесь с Департаментом страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読み承ります。サービスをご希望の方は、IDカード記載の番号または1-888-772-9682までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

 خدمات çeviri ve destek: Size İngilizce ve Türkçe Dịch vụ dịch và đọc cho quý vị. Để được hỗ trợ, hãy gọi cho chúng tôi: 1-888-772-9682. Nếu bạn cần thêm, hãy liên hệ với Cục Bảo hiểm California theo số 1-800-927-4357. dịch và đọc được

Persian (CA Dept. of Insurance)

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مرشح وقراءة الوثائق باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم 1-888-772-9682 أو على الرقم 1-800-927-4357. تجربة. Arabic

Cov Kev Pab Txhais Lus Tsis Them Ngi. Koj yuav thov tau kom muaj neeg los txhais lus rau koi thiab kom neeg nyem cov ntauw ua lus Hmoob. Yeg xav tau kev pab, hau rau peb utawm tus xov looj nyob hauv koi dain yuaj ID los sis 1-888-772-9682. Yeg xav tau kev pab ntxiv hau rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntauw 1-800-927-4357 Hmong

CDI Notice of Language Assistance-SRC