

Be prepared for the road ahead

An Aetna Hospital Indemnity Plan can help

Maybe you're expecting to have a hospital stay — or maybe not. The Aetna Hospital Indemnity Plan pays you benefits when you have a hospital stay on or after the plan's effective date. And that includes stays for delivering a baby! It's an extra layer of financial protection when you really need it.

Make your stay a bit easier

Monique's story*

"My spouse and I were excited when we found out we were expecting. And to double the good news, we had twins!"

"As first-time parents, there was a lot for us to prepare for. We appreciated any help we could get."

"My hospital indemnity plan paid cash to help with our out-of-pocket medical bills – plus, we got some furnishings for **the nursery!**"



Your plan — your benefits

Here's what the plan pays if you're a member admitted into a designated preferred **WMC Health facility**.

Covered hospitalization	Low Plan	High Plan
Hospital admission (initial day)	\$750	\$1,500
Daily hospital stay (3 days total)	\$300	\$480
Nursery admission (2 births)	\$200	\$200
Total benefits paid	\$1,250	\$2,180

Aetna Hospital Indemnity Plan benefits

An Aetna Hospital Indemnity Plan can help if you have a hospital stay. It pays benefits for the following situations:

- Hospital admission**
- Daily hospital stays***
- Rehabilitation, mental disorder, & substance abuse stays***
- Nursery admission (non-ICU)
- **WMC Health** designated preferred facility†



Want to learn more? You have a choice of plan options. Limits apply to the number of times we pay a benefit per plan year. Check out your plan summary for a complete list of benefits, details, exclusions and limitations.

*The above member story illustrates how the plan works but does not reflect events of real participants.

**Admission benefits are paid for the initial day of hospitalization and must be separated by at least 30 consecutive days.

***Daily stays start on the first day of a hospitalization and count toward a combined maximum of 30 days per plan year for all facilities. ICU daily hospital stays pay higher benefits.

† Higher admission paid at a WMC Health designated facility.

Exclusions and limitations

These plans have exclusions and limitations. Refer to the actual policy and certificate to see which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. But the plans may contain exceptions to this list based on state mandates or the plan design purchased. Benefits under the policy will not be payable for anything related to:

Aetna Accident Plan exclusions and limitations

1. Engaging in extra-hazardous activities, meaning aviation and related activities such as parachuting and skydiving;
2. Participating as a professional in athletics or sports;
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 immediate family members;
7. Elective or cosmetic surgery;
8. Suicide, attempt at suicide, or intentionally self-inflicted injury, except when resulting from a diagnosed disorder;
9. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
10. Accidental injury sustained while intoxicated or under the influence of any narcotic, unless administered on the advice of a physician and taken in the prescribed dose.

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury.

The stay, visit or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States, its territories or the countries of Canada and Mexico.

Accident Policy form issued in Oklahoma include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01

Accident Policy form issued in Missouri and Wyoming include: GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01

Accident Policy forms issued in Washington include: GR-96842 01

Aetna Hospital Indemnity Plan exclusions and limitations

1. Engaging in extra-hazardous activities meaning aviation and related activities;
2. Participating as a professional in athletics or sports;
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, or sibling;
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, its possessions or the countries of Canada and Mexico;
13. Accidental injury sustained while under the influence of any narcotic unless administered on the advice of a physician and taken in the prescribed dose;
14. Dental and orthodontic care and treatment;
15. Any care, prescription drugs, and medicines related to infertility;
16. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
17. Vision-related care

Hospital Indemnity Plan Policy form issued in Oklahoma include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01, GR-96173-HI 01

Hospital Indemnity Plan Policy form issued in Missouri and Wyoming include: AL VOL HPOL-Hosp 01, GR-96172-01

Hospital Indemnity Plan Policy forms issued in Washington include: GR-96172 01, AL VOL HPOL-Hosp 01

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND 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. 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. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna plans.

Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-888-772-9682 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)
