

# 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.

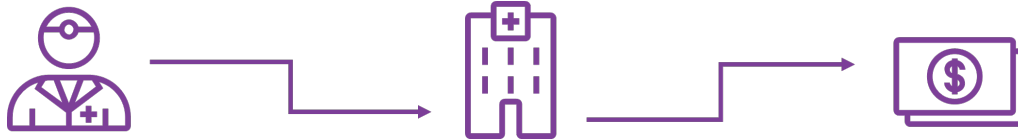
### Make your stay a bit easier

#### Manuel's story\*

"Instead of spending my vacation on the beach, I spent it in the hospital with appendicitis."

"The only thing more painful was the hospital bill after being admitted for emergency surgery."

"Thankfully, my hospital indemnity plan paid me cash. It helped me pay medical costs, plus my car payment."



#### Your plan — your benefits

Here's what the plan pays if you're a member and face a situation like Manuel's.

Covered hospitalization	Benefit
Hospital admission ( <i>initial day of stay</i> )	\$1,000
Daily hospital stay ( <i>non-ICU, three days total</i> )	\$450
<b>Total benefits paid</b>	<b>\$1,450</b>

#### 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 — ICU/non-ICU\*\*\*
- Rehabilitation, mental disorder, & substance abuse stays\*\*\*
- Newborn routine care
- Nursing care benefit
- Observation care (*one day per plan year*)
- Hospice care benefit



**Want to learn more?** 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 paid two times per plan year for initial day of inpatient stay in a hospital. Admission benefits must be separated by at least 30 days in a row.

\*\*\*Daily stays start on day one of an inpatient stay and count toward a combined maximum of 30 days per plan year. ICU daily stays pay higher benefits.

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## 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 and face a situation like Monique's.

Covered hospitalization	Benefit
Hospital admission ( <i>initial day of stay</i> )	\$1,000
Daily hospital stay ( <i>non-ICU, three days total</i> )	\$450
Newborn routine care ( <i>two births</i> )	\$1,000
<b>Total benefits paid</b>	<b>\$2,450</b>

#### 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 — ICU/non-ICU\*\*\*
- Rehabilitation, mental disorder, & substance abuse stays\*\*\*
- Newborn routine care
- Nursing care benefit
- Observation care (*one day per plan year*)
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# Aetna<sup>®</sup> Supplemental Health Plans

## We make it simple

If you're eligible to enroll and apply for coverage, we guarantee your acceptance. We pay cash benefits directly to you. And we don't reduce those benefits due to any other insurance you may have. You get access to group rates and the ease of payroll deductions to pay your premiums. And, if you leave your employer, you can take your plan with you.

### Aetna Easy File™

After you become a member, you'll enjoy an [Aetna Simplified Claims Experience™](#) on our member portal at [MyAetnaSupplemental.com](https://myaetnasupplemental.com) or on the **My Aetna Supplemental** app.

Filing a claim is easy. Just answer a few brief questions online. You can also view your coverage and sign up for direct deposit. Our system retrieves medical information needed to process your claim. That's less paperwork for you.

Don't have Medica through Windstream Services? No problem, just upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary Plans.

### What else do I need to know?

If you are enrolled in a hospital indemnity plan with the prior carrier, simply re-enroll in a comparable Aetna plan effective January 1, 2024. Please continue to make claims with the prior carrier for events that occur prior to the effective date of your new coverage.

### Questions? Ready to enroll?

Visit <https://windstreambenefits.com> to view more coverage details. You'll also find rates and instructions on how to sign up. If you have questions about the plans, call Aetna Member Services at **1-800-607-3366 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM.

# Exclusions and limitations

This plan has 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® Hospital Indemnity Plan exclusions and limitations**

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

**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](mailto: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

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

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

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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)

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

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

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

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

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

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

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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)

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

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

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

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

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

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

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