



BENEFITS SUMMARY
Aetna Voluntary Plans
Aetna Voluntary Hospital Plan

Plan design and benefits provided by Aetna Life Insurance Company (Aetna) and administered by Aetna or Strategic Resource Company (SRC).

Unless otherwise indicated, all benefits and limitations are per covered person.

IMPORTANT DISCLOSURE:

This plan does not offer comprehensive benefits. It provides **limited coverage** and is not intended to replace other health insurance coverage. This plan has specific limits and other restrictions on the dollar amounts covered under the plan. Once these limits have been reached, the plan will not pay any more towards this coverage. This Benefits Summary explains these limits. Please read it carefully so that you understand the limits to what the plan will pay before you enroll.

Hospital Indemnity

Lump-sum benefit	\$1,000 for one stay in the hospital as an inpatient per coverage year; plus
Daily benefit	\$100 per day, for up to 100 days that you are an inpatient in a hospital 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 Stays only.** An **Inpatient 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. An Inpatient Stay does not include time in the hospital because of custodial or personal needs that do not require medical skills or training. An Inpatient Stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to an Inpatient Stay.

This policy does not meet **Massachusetts** Minimum Creditable Coverage standards.

"For enrollees of California policies: In order to enroll in the hospital indemnity plan, you must be enrolled in medical coverage."

Hospital Indemnity Limitations and Exclusions:

This plan does not cover all health care expenses and has exclusions and limitations. Members should refer to their 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, your plan may contain exceptions to this list based on state mandates or the plan design purchased.**



Exclusions:

- 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, but not limited to, artificial insemination and advanced reproductive technologies.
- Non medically necessary services or supplies.
- Over-the-counter medications and supplies.
- Reversal of sterilization.
- Observation.
- Emergency room (unless emergency room leads to an Inpatient Stay).

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.

THIS PLAN DOES NOT PROVIDE COMPREHENSIVE MEDICAL COVERAGE. IT IS AN INDEMNITY POLICY AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS PLAN IS NOT DESIGNED TO COVER THE COSTS OF SERIOUS OR CHRONIC ILLNESS. IT CONTAINS SPECIFIC LIMITS THAT WILL BE PAID FOR MEDICAL SERVICES WHICH MAY NOT BE EXCEEDED. IF THE COST OF SERVICES EXCEEDS THOSE LIMITS, THE BENEFICIARY AND NOT THE INSURER IS RESPONSIBLE FOR PAYMENT OF THE EXCESS AMOUNTS. THE SPECIFIC LIMITS ARE DESCRIBED IN THIS BENEFITS SUMMARY.

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.

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. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Discount programs provide access to discounted prices and are not insured benefits. Information is believed to be accurate as of the production date; however, it is subject to change.

Insurance plans are underwritten by Aetna Life Insurance Company (referred to as "Aetna") and administered by Aetna or Strategic Resource Company (SRC, an Aetna company).

Policy forms issued include GR-29, GR-96172 and GR-96173.