



Coverage that helps you when you have a covered hospital stay

Aetna Hospital Plan

A smart way to help you with your expenses

A lot of people worry about the expense of a hospital stay. Out-of-pocket costs can add up fast. The Aetna Hospital Plan can help you. This insurance plan sends you a **lump-sum payment** and a **per-day payment** for a hospital stay. This is in addition to other medical insurance coverage you may have.

While medical plans typically cover a covered hospital stay, they don't cover everything. **The Aetna Hospital Plan can help you.**

Cash benefits to help pay your bills

When you are admitted to the hospital for an inpatient stay for services covered under your Aetna Hospital Plan, send us your claim and we will mail you a check. You can use the money to pay for:

- Everyday expenses like mortgage payments, day care or bills
- Doctors' bills, coinsurance or to help cover your medical plan's deductible

It's up to you.

Why is a hospital plan important?



Unexpected hospital stays:
At least **35 million Americans** are hospitalized each year.¹

and ...



2 out of **4**
covered
workers ...

are in plans with a
deductible of \$1,000
or more for single coverage.²

It's convenient

Premiums are easy to pay through payroll deduction. Your benefits payment will be sent directly to you.

It's attainable

Your coverage is guaranteed. We don't ask you any questions about your health.

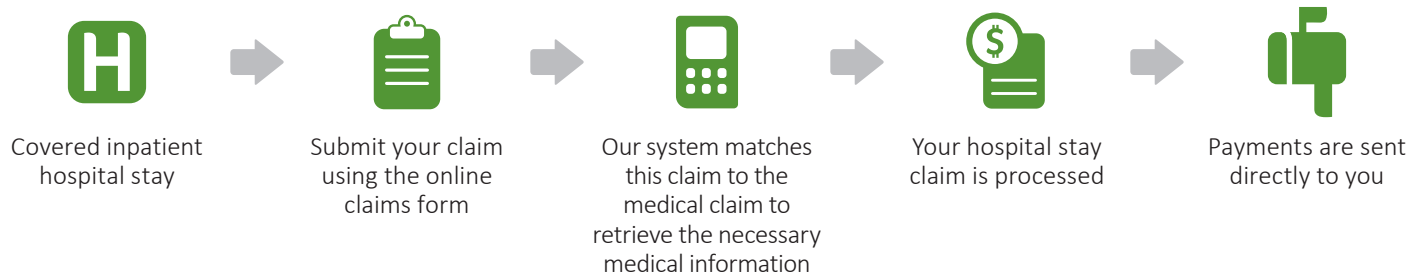
¹American Hospital Association. Fast Facts on US Hospitals 2017. Article online. Available at: www.aha.org/research/rc/stat-studies/fast-facts.shtml. Accessed March 16, 2017.

²The Kaiser Family Foundation, Health Research & Educational Trust. 2014 Employer Health Benefits Annual Survey. September 10, 2014.



Aetna's simplified claims process

If you are an Aetna medical plan member, we will use the medical claims data to process claims under the Aetna Hospital Plan for every inpatient stay. There's no additional paperwork. **Here's how it works.**



**Not an Aetna medical plan member?
Just upload your medical paperwork when submitting your claim.**

Submitting claims is easy

1. Go to myaetnasupplemental.com.
2. Click the "Create a new claim" button, answer a few quick questions, and submit.

Your payment for covered services will be on the way.

That's all there is to it!

*Claims can be completed online at myaetnasupplemental.com or printed and mailed to:
Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079.*

This plan provides limited benefits. The benefits payments are not intended to cover the full cost of medical care. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

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 TAX PAYMENT BY EMPLOYEES.

The Aetna Hospital Plan is offered and/or underwritten by Aetna Life Insurance Company (Aetna).

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. 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. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in Oklahoma and Idaho include: GR-96172, GR-96173.

Policy forms issued in Missouri include: GR-96172 01.

www.aetna.com

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Aetna Life Insurance Company

Hartford, Connecticut 06156

Outline of Coverage

This is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law.

Name of Policyholder: HireRight

Policy Number: 802121

This Outline of Coverage provides a very brief description of some important features of your plan. This is not an insurance contract and only the actual Booklet-Certificate provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and **Aetna**. The Booklet-Certificate itself must be consulted for the important details of the coverage provided. It is, therefore, important that you Read Your Booklet-Certificate Carefully!

Hospital Confinement Indemnity Coverage

This category of coverage is designed to provide you and any covered dependents a fixed daily benefit during periods of hospitalization resulting from a covered **injury** or **illness**, subject to any limitations set forth in the Booklet-Certificate. This coverage does not provide any benefits other than the fixed daily indemnity for hospital confinement and fixed indemnity inpatient and outpatient coverage.

Benefits

The Maximum Days and/or Maximum Stays for each benefit is located in the *Hospital Indemnity Coverage For You and Your Dependents* provision of the *Summary of Coverage* section of the Booklet Certificate. The benefits are described in the *Hospital Indemnity Plan* section of the Booklet Certificate.

Exceptions, Reductions and Limitations

Benefit exclusions are located in the *General Exclusions* section of the Booklet Certificate.

Continuation of Coverage

Refer to the *Continuation of Coverage For Your Dependents* section of the Booklet Certificate.

Premium or Contribution

The cost of the coverage is included within the premium or contribution paid by you and/or your employer for your plan.

BENEFITS SUMMARY

Aetna Hospital Plan

Insurance plans are underwritten by Aetna Life Insurance Company.

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

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. This plan provides limited benefits. It pays fixed daily dollar benefits for covered services without regard to the health care provider's actual charges. The 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.

Hospital Plan

Lump-sum benefit	\$2,000 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.

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

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.

Is time spent in an observation unit considered a hospital admission?

No, to receive the admission benefit your provider must actually admit you into the hospital

Can I enroll in the Aetna Hospital plan even though I have a Health Saving Account (HSA)?

Yes, you can still enroll in the Aetna Hospital plan if you have a Health Savings Account.

If I lose my employment, can I take my Hospital Plan with me?

No the Aetna Hospital Plan does not have a portability provision.

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

Hospital Plan Exclusions and Limitations

Except as otherwise provided by state law, no benefit is paid for or in connection with the following stays, visits or services:

1. All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents;
2. Cosmetic surgery, including breast reduction;
3. Custodial care;
4. Experimental and investigational procedures;
5. Infertility services, including donor egg retrieval, artificial insemination and advanced reproductive technologies;
6. Reversal of sterilization;
7. Nonmedically necessary services or supplies;
8. 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)

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, llame a Servicios al Miembro al 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 marque 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.

Plans are underwritten by Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products. This material is for information only and is not an offer or invitation to contract. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. 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. Insurance plans contain exclusions and limitations. 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. For more information about Aetna plans, refer to **www.aetna.com**.

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 in Idaho, Oklahoma and Missouri include: GR-96172, GR-96173.



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)
