



Aetna Fixed Indemnity Insurance



## Cash benefits to help you pay your bills

### Aetna Fixed Benefits<sup>SM</sup> Plan

#### Supplemental benefits you can use toward deductibles, coinsurance or everyday expenses

The Aetna Fixed Benefits Plan pays fixed cash payments for covered services. You can use these cash payments to help pay some of the cost of **doctor visits, hospital stays, prescriptions** or the **everyday expenses** that arise when you have to get medical care.

You choose how you want to spend the payments. Payments can be made directly to you or your health care provider. With fixed-cash benefits, the Aetna Fixed Benefits Plan can help you better afford a big deductible, which is common in many of today's major medical plans.

#### More great reasons to buy this plan

- **Enrollment guaranteed** — No doctor exam required and you can't be turned down during open enrollment.
- **Aetna network** — See any licensed health care provider. You may save money by seeing a provider in Aetna's network.
- **Easy to use** — The plan pays regardless of any other insurance coverage you may have. If offered by your plan sponsor, the cost of the plan may be deducted right from your paycheck, so you won't have a separate bill to pay.
- **Affordable** — Group rates that are typically less per week than the average cost of a couple's night out at the movies. See your enrollment information for the cost of your specific plan.

Our **DocFind**<sup>®</sup> online directory helps you locate in-network doctors and medical specialists in your area: [www.aetna.com/dse/custom/avp](http://www.aetna.com/dse/custom/avp) or call **1-888-772-9682**.

You can reduce your out-of-pocket medical costs when you visit a hospital, physician, pharmacy and/or other provider in Aetna's extensive network.

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

#### Exclusions and limitations

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

Exclusions include:

- 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
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies, donor egg retrieval and reversal of sterilization
- Non-medically necessary, and experimental or investigational, services and supplies

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

- Those received outside the United States
- Those for education or job training, whether or not given in a facility that also provides medical or psychiatric treatment

**IMPORTANT INFORMATION ABOUT THE BENEFITS YOU ARE BEING OFFERED: The Aetna Fixed Benefits Plan is a hospital confinement indemnity insurance plan with other fixed indemnity benefits. This plan provides LIMITED BENEFITS.** Benefits provided are supplemental and are not intended to cover all medical expenses. 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 TAX PAYMENT.**

\*If the provider participates in your underlying health plan's network, the provider may bill you for the rate the provider has negotiated with the health plan and the Aetna discounted rate cannot be guaranteed.

**The Aetna Fixed Benefits Plan is underwritten by Aetna Life Insurance Company (Aetna).** This material is for information only. Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Policies are subject to United States economic and trade sanctions. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice and is subject to change. Aetna does not provide care or guarantee access to health services. 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](http://www.aetna.com).

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

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

In case of emergency, call 911 or your local emergency hotline; or go directly to an emergency care facility.

#### Please keep in mind

**The Aetna Fixed Benefits Plan provides limited coverage** that is meant to complement other health insurance coverage you may have. It's important to know that the plan:

- Pays fixed dollar amounts per day for different kinds of medical services regardless of how much you have to pay for them, with limits on the number of benefits the plan will pay per year.
- Does not pay the full cost of medical care. You are responsible for making sure your doctor gets paid. If you see a provider in Aetna's network, the amount you owe the provider is reduced because Aetna has already negotiated a discount.\*
- May invalidate the pretax status of any tax-deferred health savings account that you have. If you or your spouse have a health savings account, please consult your tax adviser before you enroll.

**Enroll Today. Follow the instructions provided in your enrollment materials.**

## BENEFITS SUMMARY

### Aetna Voluntary Plans

Plan design and benefits insured and administered by Aetna Life Insurance Company (Aetna).

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

#### Inside this Benefits Summary:

- Fixed Benefits Plan
- Vision Care
- Dental
- Short Term Disability (STD)
- Term Life and Accidental Death Insurance

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#### IF YOU ARE ELIGIBLE FOR MEDICARE NOW OR IN THE NEXT 12 MONTHS, YOU SHOULD UNDERSTAND THAT:

- This IS NOT a Medicare Supplement Policy.
  - This prescription drug benefit IS NOT creditable coverage under Medicare Part D.
- You can get a free Guide to Health Insurance for People with Medicare at [www.medicare.gov](http://www.medicare.gov).

Aetna will pay benefits only for services provided while coverage is in force, and only for medically necessary, **covered** services. These benefits may be modified where necessary to meet state mandated benefit requirements.

If you or your spouse have a health saving account, please consult your tax advisor before you enroll about whether the Fixed Indemnity plan may affect it.

**You can lower your medical expenses by seeing a participating provider in the Aetna Open Choice® PPO network. To locate a participating provider, call toll-free 1-888-772-9682 or visit [www.aetna.com/dse/custom/avp](http://www.aetna.com/dse/custom/avp). If your provider participates in your comprehensive medical plan's network, the medical plan's negotiated rate with that provider applies.**

Group Fixed Indemnity coverage is not available if you reside in **North Dakota** or **Puerto Rico** or if you live and work in **New Hampshire**. This policy does not meet Massachusetts Minimum Creditable Coverage standards. This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

### Fixed Benefits Plan: Option 1

#### Inpatient Hospital Stay -- daily benefit

*(Includes maternity)*

Plan pays per day in a private or semi-private room	\$350
Plan pays per day in Intensive Care Unit (ICU)	\$700
Maximum number of stays per coverage year	2 stays

#### Inpatient Hospital Stay - lump-sum benefit

*(Includes maternity)*

Plan pays per initial day of an inpatient stay	\$500
Maximum number of days per coverage year	2 days

#### Inpatient surgical procedure

Plan pays per day on which a surgical procedure is performed	\$300
Maximum number of days per coverage year	2 days

#### Accident - additional benefit

Plan pays per initial day of treatment for an accident	\$200
Maximum number of days per coverage year	2 days

#### Emergency room

Plan pays per day on which an emergency room visit occurs	\$175
Maximum number of days per coverage year	2 days

#### Outpatient surgical procedure

Plan pays per day on which a surgical procedure is performed	\$300
Maximum number of days per coverage year	2 days

#### Outpatient doctors' office visits

*Includes doctors' service in the office, home, walk-in clinic, and urgent care clinic.*

Plan pays per day on which doctors' services are provided	\$60
Maximum number of days per coverage year	5 days

#### Outpatient laboratory and x-ray services

Plan pays per day on which lab or x-ray services are provided	\$70
Maximum number of days per coverage year	3 days

#### Prescription drugs, equipment and supplies

Plan pays per day on which a prescription drug, equipment or supply is obtained	\$30
Maximum number of days per coverage year	12 days

#### To use your prescription benefit:

- A) Present your Aetna identification (ID) card to the pharmacist.
- B) Participating pharmacies will apply a discount.
- C) You pay the amount charged by the pharmacy.
- D) Submit a medical claim form to Aetna Voluntary to receive your fixed benefit payment.

To find a participating pharmacy, call toll-free **1-888-772-9682** or visit [www.aetna.com/dse/custom/avp](http://www.aetna.com/dse/custom/avp).

Services to prevent illness are covered under the applicable benefit (Outpatient doctors' office visits or Outpatient laboratory and x-ray services) listed in this Benefit Summary, the same as services to treat illness.

## Fixed Benefits Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate to determine which 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, and reversal of sterilization.
- Nonmedically necessary services or 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.

## Terms defined

An **Inpatient Hospital Stay** (or "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 an Inpatient Stay.

A **Negotiated Charge** is the maximum amount that a preferred provider has agreed to charge for a covered visit, service, or supply. After your plan limits have been reached, the provider may require that you pay the full charge rather than the negotiated charge.