

# Hospital Indemnity Plan: Be prepared for the road ahead

A hospital indemnity plan pays benefits when you have a hospital stay due to an illness, injury, surgery or childbirth. It's an extra layer of financial protection when you really need it.

## Sean's story\*

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



"The only thing more painful than my burst appendix was the hospital bill for being admitted for emergency surgery."



"Thankfully, my hospital indemnity plan paid me cash that I used for my out-of-pocket medical costs, as well as my car payment."



### Your plan, your benefits

Here's what your plan would pay if you enrolled in the **hospital indemnity plan** and experienced a situation like Sean's.

Covered hospitalization	Benefits
Hospital admission <i>(initial day)</i>	\$1,000
3-day hospital stay <i>(additional two days begins on second day)</i>	\$200
<b>Total benefits paid:</b>	<b>\$1,200</b>

### Covered hospital indemnity plan benefits

A hospital indemnity plan provides benefits when you have a covered hospital stay. Check out some of the benefits:

- Hospital admission\*\*
- Daily hospital stays\*\*
- Rehabilitation, mental disorder, and substance abuse stays\*\*
- Newborn routine care
- Observation care



**Want to learn more?** Check out your benefit summary for a complete list of benefits, details, exclusions, and limitations.

\*The above member story is for illustrative purposes only and does not reflect events experienced by actual participants.

\*\*Admission benefit paid initial day of hospital stay. Maximum of one admission benefit per year. Daily benefits begin on day two of a hospital stay and count towards the maximum daily benefit of 30 days per plan year.



# Supplemental health plans

## We make it simple

If you're eligible to enroll and apply for coverage, your acceptance is guaranteed. Cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. You get access to negotiated group rates and you enjoy the convenience of payroll deduction to pay premiums. And, if your employment ends, you can take your benefit with you – you'll just pay premiums directly to Aetna.

## Managing your plans

Once you're a member, you can access plan information and documents through your **MyMESSA** member portal at [messa.org](https://messa.org). You can also download the **My Aetna Supplemental** app or visit Aetna's member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com).

## Aetna Easy File™

Filing claims is easy. Once you register on the **My Aetna Supplemental** member app or at [Myaetnasupplemental.com](https://myaetnasupplemental.com), just answer a few short questions. Our system retrieves medical information needed to process your claim. That's less paperwork for you. You can also view your coverage and sign up for direct deposit.

## Got questions?

If you want more information on these benefits, call MESSA Member Services at **800-336-0013**.



# Exclusions and Limitations

These plans have exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, 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 the following:

## Hospital 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. Riot or war if you engage in willful criminal activity at the level of a misdemeanor or a felony;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Felony and illegal occupation;
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. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
11. Care or services received outside the United States or its territories;
12. Experimental or investigational drugs, devices, treatments, or procedures;
13. Education, training or retraining services or testing;
14. Accidental injury sustained while you were engaging in an illegal occupation or committing, or attempting to commit a felony, while intoxicated or under the influence of any drug intoxicant;
15. Exams except as specifically provided in the Benefits under your plan section of the certificate;
16. Dental and orthodontic care and treatment;
17. Family planning services;
18. Any care, prescription drugs, and medicines related to infertility;
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
21. 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 include:** AL VOL HPOL-Hosp 01, GR-96172-01

**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. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

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. For more information about Aetna plans, refer to [Aetna.com](https://www.aetna.com).



# 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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