

Highlights of the Aetna Hospital Indemnity Plan

The Aetna Hospital Indemnity Plan pays benefits related to an inpatient hospital stay. Listed below is an overview of the two plans available. Benefits are payable once per member during a plan year unless otherwise specified. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Hospital Indemnity Plan	Low Plan	High Plan
Hospital admission	\$1,500	\$2,500
Hospital daily*	\$100	\$200
Intensive care unit (ICU) daily*	\$200	\$400
Newborn routine care	\$100	\$200
Observation unit (max. 1 day per year)	\$100	\$200
Rehabilitation unit daily*	\$50	\$100

**All daily inpatient stay benefits begin on day two, and count toward the 30-day plan year maximum.*

We make it simple

If you're eligible to enroll and apply for coverage, your acceptance is guaranteed. We don't ask you any questions about your health. Cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. And there's more:

- You get access to negotiated group rates.
- You'll enjoy the convenience of payroll deduction to pay premiums.
- If you leave your company, you can take your plan with you.

Questions? Need assistance?

For additional information, or to enroll in this plan, please log into <http://www.txescbenefits.com/> during your open enrollment period. If you have questions, you can also call Aetna Supplemental Health Customer Service at 1-800-607-3366, 8 a.m. to 6 p.m.

Filing a claim couldn't be easier

After you become a member, you can review your benefits and file claims on our member portal at myaetnasupplemental.com. If you're an Aetna medical plan member, you don't typically need to provide medical

paperwork to process a claim. Not an Aetna medical plan member? No problem. Just fill out the online form and upload your medical paperwork.

Aetna Hospital Indemnity Plan Rates*	Low Plan	High Plan
Yourself only	\$20.82	\$36.64
Yourself & spouse	\$44.21	\$78.23
Yourself plus child(ren)	\$29.58	\$52.09
Yourself and family	\$48.85	\$86.18

*You may enroll in one option only.

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.

This plan provides limited benefits. It pays 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.

Hospital Indemnity Plan Policy form numbers issued in Oklahoma include: GR-96172, GR-96173.

Hospital Indemnity Plan Policy form numbers issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.

Hospital Indemnity Plan Policy form numbers issued in Missouri include: GR-96172 01.

Hospital Indemnity Exclusions & Limitations

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. Benefits will not be paid for any service for an illness or accidental injury related to the following:**

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. Education, training or retraining services or testing
14. Mental disorders
15. Treatment of substance abuse in a hospital or substance abuse treatment facility
16. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant
17. Exams except as specifically provided in the Benefits under your plan section of the certificate
18. Dental and orthodontic care and treatment
19. Family planning services
20. Any care, prescription drugs and medicines related to infertility
21. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins
22. Outpatient cognitive rehabilitation, physical therapy, occupational therapy or speech therapy for any reason
23. Vision-related care