

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna[®]

Coverage that
complements whatever
health insurance you have



Aetna Hospital Plan

www.aetna.com

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

A smart way to help you with your out-of-pocket expenses

Lots 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 cover those costs — no matter what other medical coverage you might have.

Cash to help pay your bills

The Aetna Hospital Plan pays cash benefits directly to you, when you're admitted to the hospital for an inpatient stay for covered services.

You can use the money to pay for everyday expenses like mortgage payments, day care or utility bills.

Or you can use the cash for expenses like coinsurance, or to help cover your medical plan's deductible.

It's up to you.

When you sign up with Aetna, you'll get:

Simplified claims submission. If you're an Aetna medical member, we can use your medical claims information to help speed the processing of your hospital claims.

Online claims access when you sign up for the Aetna Navigator® secure member website.

Here's how the plan helped Sara*



Sara added an **Aetna Hospital Plan** to her benefits package this year.



In April, Sara unexpectedly needed **back surgery**.



Sara was admitted to the **hospital** for the surgery and spent two additional days in recovery.



She submitted her **hospital claim** and **received \$1,200** from Aetna.

Sara's hospital plan paid her **\$1,200**.

She used this toward her deductible and copays.

Lump-sum admission	\$1,000
Two-day hospital stay	\$200
Benefits paid	\$1,200

*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

Why is a hospital plan important?



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

and ...



2 out of **5**
of covered workers ...

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

The plan includes features to meet your needs.

Flexible.

You can choose coverage for just yourself, or add coverage for your spouse or children.

Affordable.

Premiums are low and they're easy to pay with payroll deduction.

Attainable.

Your coverage is guaranteed, with no Evidence of Insurability.

It's easy to sign up

Follow the simple enrollment instructions in this packet. Or talk to your Human Resources representative to learn how you can get an **Aetna Hospital Plan**.

¹Centers for Disease Control and Prevention. National hospital discharge survey. Number and rate of hospital discharges, 2010. Available at: www.cdc.gov/nchs/nhds/nhds_tables.htm. Accessed May 2013.

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

This plan provides limited benefits. The benefit 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 you 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.

Exclusions and 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. No benefit is paid for or in connection with the following stays, visits or services:

- 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
- Non-medically necessary services or supplies

Pre-existing condition limitation

- If a member has a prior medical condition, they must be covered under the hospital plan for 365 days before the plan will provide coverage for that condition.
- This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the 180 days prior to their effective date of coverage under this plan.
- The pre-existing condition exclusion applies to pregnancy (where allowed by law).

This material is for information only. Health insurance plans contain exclusions and limitations. Not all health services are covered. 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

www.aetna.com.

Policy forms include: GR-96172 and GR-96173.

www.aetna.com

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.

IMPORTANT INFORMATION ABOUT THE BENEFITS YOU ARE BEING OFFERED: The Aetna Hospital Plan is a hospital confinement indemnity plan. This plan provides LIMITED BENEFITS. 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 PAYMENT WITH YOUR TAXES.**

THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available from the company or at www.medicare.gov.

This plan is designed to provide for additional dollars to help pay for covered expenses due to a hospital stay outside your regular Toys"R"Us Aetna medical coverage. This plan is not intended to replace Company-provided medical coverage and does not qualify as medical coverage under the Affordable Care Act.

Enrollment in a Toys"R"Us medical option is not required to elect this plan. You must provide the Social Security Number of any dependents and/or beneficiaries at the time of your election. Any potential payments received from the supplemental benefit plan(s) will not offset the amount you receive for short-term disability or sick pay.

Hospital Plan

Lump-sum benefit	\$1,000 for the first day of one covered inpatient hospital stay per coverage year; plus
Daily benefit	\$50 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

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.*

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, por favor llame al Servicios al Miembro a 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 marcar 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.

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. Information is believed to be accurate as of the production date; however, it is subject to change.

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 include: GR-96172, GR-96173.