

Supplemental Health Plans for Advent Health

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna).

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Coverage equals cash

Aetna Supplemental Health plans pay cash benefits for expected — and unexpected — medical events; regardless of other health insurance.

While health insurance pays providers, **supplemental benefits pay benefits to the member**. Members decide how to use the cash — for out-of-pocket medical expenses or to help cover everyday expenses, like:

- Deductibles or copays
- Mortgage
- Childcare
- Groceries

How it Works

- The Aetna Hospital Indemnity Plan helps to cover out-of-pocket costs associated with a hospital admission – whether it's planned or unplanned.
- Members receive cash benefits for hospital admission, plus daily benefits.
- Spouse and children can also be covered.
- No medical questions asked to enroll, and pre-existing condition exclusions don't apply.

Aetna Hospital Indemnity Plan

Covered event	Benefit
Hospital admission (max. 1 stay per plan year)	\$1,500
Hospital stay (daily)*	\$200
Hospital Intensive Care Unit (ICU) stay (daily)*	\$200

*All daily inpatient stay benefits count towards a 30-day plan year maximum. Your enrollment materials contain complete details, including exclusions and limitations that apply.



Aetna Hospital Indemnity Plan example:

Sean's Story

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

Make your stay a bit easier



Instead of enjoying his recent vacation, Sean spent it in the hospital with appendicitis.



Fortunately, Sean had signed up for the Aetna Hospital Indemnity Plan during his employer's recent Open Enrollment.



The only thing more painful than his appendix, was the hospital bill for being admitted for emergency surgery.



The plan paid him cash he used towards his medical bills and treatment – plus extras, like his mortgage.

Sean's Benefits:

Covered care	Benefit
Hospital admission	\$1,500
1-day hospital stay (non-ICU)	\$200
Total Paid:	\$1,700

Aetna Hospital Indemnity Plan example:

Claire's Story

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

Make your stay a bit easier



Claire and her husband were excited when they found out they were expecting. And to double the good news – it was twins!



As first-time parents, they had a lot to prepare for. They appreciated all the help they could get, especially financial help.



Thankfully, Claire's hospital indemnity plan paid her benefits. She used the cash towards her out-of-pocket medical costs – plus a little extra for a few finishing touches in the nursery!

Claire's Benefits:

Covered care	Benefit
Hospital admission	\$1,500
3-day hospital stay (non-ICU)	\$600
Total Paid:	\$2,100

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Claim forms, filing process and general information available at:

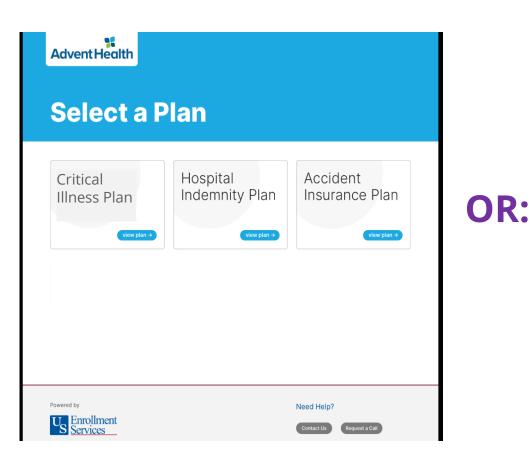
www.usevb.com/AdventHealth

OR:

Use the My Aetna Supplemental mobile app and Myaetnasupplemental.com member portal:

- Submit claims online and track status
- Sign up for direct deposit
- View your supplemental benefits and download plan documents
- Receive updates and helpful reminders

Claim Forms and General Information Available On The Web At: www.usevb.com/AdventHealth



A simple download to your mobile phone or tablet: **My Aetna Supplemental**



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Members enjoy a Simplified Claims Experience[™]

A covered hospitalization occurs.

Member submits claim on the Aetna supplemental app or portal.

2

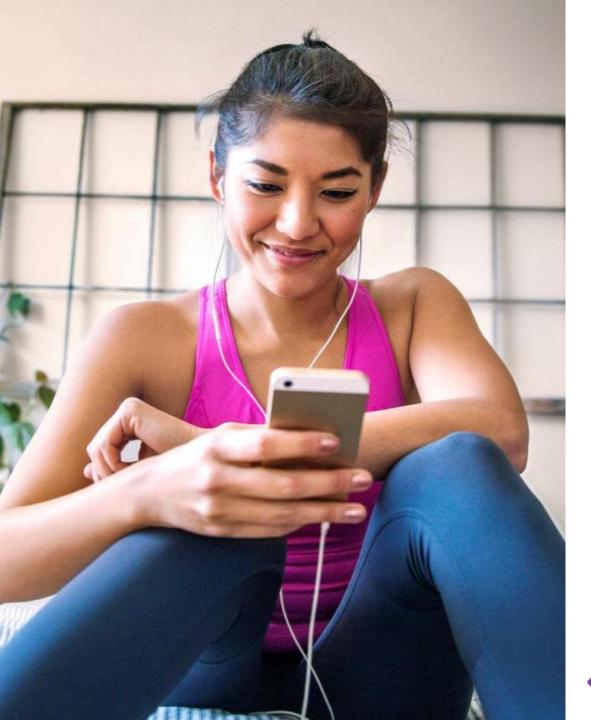
We use the information from the claim form and an itemized bill to process the claim.

3

We pay cash benefits directly to the member by check or direct deposit.

4





Help when you need it

The Aetna Supplemental Member Services team is here to help!

 Concierge assistance with claim filing from US Enrollments, Monday – Friday 9 AM – 5 PM, EST:

407-599-5001

• Claim forms, filing instructions, and general assistance:

www.usevb.com/AdventHealth

• Aetna's Toll free customer service number:

1-800-607-3366

- Knowledgeable customer service representatives
- Convenient hours of operation, Monday Friday, 8AM 6PM in all time zones
- Translation support in Spanish and other languages available upon request

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Thank you!



THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. 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.

Exclusions and limitations : These plans have exclusions and limitations and are subject to United States economic and trade sanctions. See the plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. 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.

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Hospital Indemnity Plan: Certain competitive or recreational activities, including but not limited to: Ballooning, bungee jumping, parachuting, skydiving; Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment; Act of war, riot, war; Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not; Assault, felony, illegal occupation, or other criminal act; Care provided by a spouse, parent, child, sibling or any other household member; Cosmetic services and plastic surgery, with certain exceptions; Custodial Care; Hospice services, except as specifically provided in the Benefits under your plan section of the certificate; Self-harm, suicide, except when resulting from a diagnosed disorder; Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle; Care or services received outside the United States or its territories; Experimental or investigational drugs, devices, treatments, or procedures; Education, training or retraining services or testing; Accidental injury sustained while intoxicated or under the influence of any drug intoxicant; Exams except as specifically provided in the Benefits under your plan section of the certificate; Dental and orthodontic care and treatment; Family planning services; Any care, prescription drugs, and medicines related to infertility; Nutritional supplements, including but not limited to: food items, infant formulas, vitamins; Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason; Vision-related care

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This material is for information only. Not all health services are covered, and coverage is subject to applicable laws and regulations. These are sample plan designs. State variations may apply. Benefits paid vary by specific services. 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. 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**.

Policy forms issued in Missouri include: GR-96842 01, 96844 01, GR-96172 01 and AL VOL HPOL-Hosp 01. **Policy forms issued in Oklahoma include:** GR-96842, GR-96844, GR-96172 and AL VOL HPOL-Hosp 01

