

AARP Hospital Indemnity Plans

Definitions

Hospital – A Hospital must be properly licensed as a Hospital and it must provide organized facilities for, or make provisions for, major surgery and diagnosis. It must have registered or graduate nurses providing 24-hour nursing service and have licensed physicians always on call. In Utah, a Hospital is an institution which provides medical care and treatment for such injured persons and is duly licensed by the State of Utah and is operating within the scope of that license. Although confinement in a skilled nursing care unit is specifically excluded, the Hospital Stay benefit will be paid for up to an additional 20 days in a skilled nursing facility or skilled nursing care unit as long as the stay immediately follows a covered Hospital Stay, skilled nursing care is provided, and the facility or unit is approved for payment by Medicare or operated pursuant to state law to provide skilled nursing care.

Period of Hospital Stay – A Period of Hospital Stay is the total number of days of all successive Hospital Stays for the same or related causes. Hospital Stays, which are separated by more than 6 months, or those which are due to unrelated causes, are not part of the same period of Hospital Stay. Successive Hospital Stays for the same or related causes which begin respectively before and after the first day of the month in which you become age 65 are not part of the same period of Hospital Stay.

Hospital Stay – A Hospital Stay is the continuous period of time that begins on the day you enter a Hospital as an inpatient and ends when you have been discharged from a Hospital (or skilled nursing facility/unit of the same Hospital) for at least 24 hours.

Ambulatory Surgical Center – An Ambulatory Surgical Center must be licensed as an ambulatory surgical center by the state in which it is located; or be a freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis and has written agreements with local hospitals for the immediate acceptance of patients who develop complications or require post-operative confinement.

Outpatient Observation Care Benefit – If Outpatient Observation Care is required, a benefit will be paid equal to the applicable Hospital Stay Benefit. Benefits will be paid when Outpatient Observation Care is done by a Hospital on the Hospital's premises to provide the use of a bed and periodic monitoring to evaluate the patient's condition to determine the need for an inpatient submission. The benefit will be paid when all of the following conditions are met: (1) the care is Medically Necessary; (2) medical advice, tests or treatment are received while confined in a Hospital on an outpatient basis for at least 12 hours; and (3) a room charge (other than an inpatient room and board charge) is incurred. Confinement in an emergency room or in an outpatient surgical unit is not considered Outpatient Observation Care. Benefits for Outpatient Observation Care will be based on the amount payable for the first day of an inpatient hospital confinement as determined by the Schedule of Benefits. No more than 2 days of Hospital Stay benefits will be payable during any one period of Outpatient Observation Care.

What is Not Covered

- Stays, visits, or care which are not needed to treat a sickness or injury (or dental conditions, in Florida) are not covered.
- Stays that start, or care received, within three months after the effective date if caused by or resulting from a pre-existing condition. (A pre-existing condition is any injury or sickness [or dental condition, in Florida] for which you received medical advice or treatment during the six months prior to the effective date.) Note: If you are replacing your current supplemental health insurance plan with an AARP Hospital Indemnity Plan, this exclusion will not apply to you.
- Stays that begin before the insurance effective date.
- Illness or injury due to future acts of war, even if the war is not declared.
- There is a lifetime limit of 190 days of benefit payments for Hospital Stays due to mental, psychoneurotic or personality disorders. **(For Connecticut Residents only:** There is a limit of 60 days of benefit payments per Calendar Year for Hospital Stays due to mental, psychoneurotic or personality disorders.)
- **(For District of Columbia Residents only:** There is a limit of 45 days of benefit payments per Calendar Year for Hospital Stays when the primary diagnosis is for Mental Illness, subject to a total lifetime maximum benefit of \$80,000.)
- Confinement in an institution or unit thereof which primarily provides treatment for substance abuse.
- Stays or care for cosmetic surgery performed mainly to change a person's appearance.
- Stays or service for which no charge would be made to you in the absence of insurance.
- Medical expenses incurred prior to the effective date or in conjunction with a stay which began prior to the effective date.
- Outpatient surgical care provided in a physician's office.
- Outpatient surgical care received outside the United States and its possessions.
- Stays or services caused, wholly or partly, by intentionally self-inflicted injury, or attempted suicide, while sane or insane.

Confinement is not covered if the primary purpose of the confinement is to provide any of the following types of care: (a) care of the type provided in a clinic, rest home, convalescent home, home for the aged or assisted living center; (b) skilled nursing care (except as otherwise expressly covered under the Plan); (c) intermediate care, extended care or custodial care; (d) residential care or care of the type provided in a domiciliary unit; (e) care of the type provided in a hospice; (f) care of the type provided in an ambulatory surgical center or dialysis center; (g) care consisting primarily of scheduled classes, training, education and/or recreation. Such confinement is not covered even when the facility or unit in which such care is provided is part of the Hospital.

Once you receive your Certificate of Insurance, read it over in the privacy of your own home as it details the full limitations and provisions of the Plan. If you are not completely satisfied with your coverage, just return your Certificate to UnitedHealthcare Insurance Company within 30 days of receiving it. Your insurance will be canceled, UnitedHealthcare Insurance Company will treat the Certificate as if it had never been issued and all premiums paid by the insured will be returned to the insured, less any benefits paid for claims.

AARP endorses the AARP Hospital Indemnity Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY 11749, for New York residents) Policy Form Number GRP 79171 GPS-1 (G-36000-2). AARP Hospital Indemnity Insurance Plans provide supplemental health insurance benefits and are not Medicare supplement or major medical plans. All plans may not be available in your state/area.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

To help prevent the possibility of becoming over-insured, you may not be enrolled at any time in more than one Plan of this type through UnitedHealthcare Insurance Company.

As an AARP member, age 50 or over, or the spouse of a member (for CA residents, an AARP member, age 50-64, or the spouse of a member under age 65), you are eligible for the AARP Group Hospital Indemnity Plan. These Plans pay indemnity benefits in a stated amount for hospitalization and Outpatient Surgical Care, regardless of expenses incurred. Only one benefit per day is payable. If you require a Hospital Stay (or Intensive Care Unit Stay) and Outpatient Surgery on the same day, you will receive the higher benefit payment. Benefits will be paid when you receive covered Outpatient Surgery performed by a physician in a Hospital operating room or Ambulatory Surgical Center. Benefits will be paid for a maximum of one visit per day. AARP Hospital Indemnity Plans pay benefits regardless of any other health insurance you may have.

Benefits change at age 65. For benefit information for those age 65 or older, please see the enclosed materials.

Age 65 and over benefits apply to covered Hospital Stays beginning, or covered Outpatient surgery received on or after the first day of the month in which you turn 65.

This package describes supplemental hospital indemnity insurance plans, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations.

Your coverage cannot be canceled while the Group Policy remains in force unless you fail to make your payments when due.

Benefits and costs vary depending upon the plan selected. Rates are subject to change. Any rate change will apply to all members of the same class insured under your Plan who reside in your state.

If you are covered under Medicaid, you generally do not need this Plan and should not enroll since, in such case, benefits payable under the Plan may be paid to your health care provider, as required by law.

The Policy Form No. GRP 79171 GPS-1 (GPS-36000-2) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan.

Plan RD: GH1144 (in Florida, GH1156), Plan RE: GH1145 (in Florida, GH1157), Plan RF: GH1138 (in Florida, GH1142).

Plan RG: GH1146 (in Florida, GH1158), Plan RH: GH1139 (in Florida, GH1143), Plan RI: GH1147 (in Florida, GH1159).

The AARP Insurance Plan ("Trust") is a trust that holds the master group insurance policy issued by UnitedHealthcare. Participants are issued certificates of insurance by UnitedHealthcare under the master group insurance policy. The benefits of participating in an insurance program carrying the AARP name are solely the right to receive the insurance coverage and ancillary services provided by the program in which you participate. Neither the Trust nor AARP provide insurance or guarantee the benefits offered by the insurer. Premiums are collected from you on behalf of the trustees of the Trust. These premiums are used to pay expenses incurred by the Trust in connection with the insurance programs and to pay the insurance company for your insurance coverage. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP and its members.

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.

These include:

- hospitalization
- hospice
- other approved items and services
- physician services
- outpatient prescription drugs if you are enrolled in Medicare Part D

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance program [SHIP].

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State-Specific Information

Important Information for Minnesota Residents:

This is a supplemental hospital indemnity plan, and does not meet the requirements of a Minnesota qualified plan. You may only enroll for this coverage if you are currently covered under a Minnesota qualified plan (the front page of the certificate or policy of a qualified plan is labeled as such) or a health maintenance plan.

North Carolina: The Plan(s) contain(s) an exclusion for pre-existing conditions. Your coverage will stop if: you are no longer an eligible member (or spouse of a member) of AARP; you fail to pay the required monthly payments due; or the Group Policy is terminated.