



# Covering your bases

## Aetna Accident Plan

### Be prepared for the unexpected

Accidents are just that — accidents. You can't plan for them. But, you can protect yourself financially as much as possible.

### What is the Accident Plan?

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

### How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with an accidental injury.

The Aetna Accident Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

### How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like:

- deductibles or copays
- mortgage or rent
- groceries or utility bills

...or anything else you choose.

### Rest assured

Enrollment is guaranteed. We don't ask any questions about your health. And, you get benefits paid directly to you by check or direct deposit.

[Aetna.com](https://www.aetna.com)

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## “What ifs” are everywhere

**2.6+ million children** get seen in emergency departments for injuries related to sports and recreation each year<sup>1</sup>. An American has an accidental injury **every second**<sup>2</sup>.



### Because you never know

Miguel\* didn't expect to get rear-ended in the middle of rush hour on his drive home. But it happened, and now his back and his car need some work.

Luckily, he had the Aetna Accident Plan. He submitted his claim online and his benefits were deposited directly into his bank account.

He used some of the money to pay out-of-pocket medical costs. The rest went towards getting his car back into shape.

### One less worry

If you're an Aetna Medical member and have a covered accident, you don't need to file a claim\*\*. We'll use the information from your medical claim to automatically process the accident claim.

If you don't have Aetna Medical, filing a claim is easy with our **Simplified Claims Experience™**. Just register on the **My Aetna Supplemental** app or at **Myaetnasupplemental.com**. Click “Report New Claim”, answer a few quick questions, and upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary Plans.

Visit the app or portal to view plan documents, submit and track claims, and sign up for direct deposit.



<sup>1</sup>Sports and Recreation Safety Fact Sheet (2015). Safe Kids Worldwide. February 2015. Available at: [safekids.org/sites/default/files/documents/skw\\_sports\\_fact\\_sheet\\_feb\\_2015.pdf](https://safekids.org/sites/default/files/documents/skw_sports_fact_sheet_feb_2015.pdf). Accessed April 18, 2018.

<sup>2</sup>National Safety Council. Injury Facts: The Source of Injury Stats. 2019. Available at <https://www.nsc.org/membership/member-resources/injury-facts>. Accessed January 28, 2019.

\*This is a fictional example of how the plan could work.

\*\* In some circumstances, you may have to submit a separate supplemental health claim, if the benefit does not generate a medical claim.

**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.**

**The Aetna Accident Plan is underwritten by Aetna Life Insurance Company (Aetna).** 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. For more information about Aetna plans, refer to **Aetna.com**.

**Policy forms issued in Oklahoma include:** GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01

**Policy forms issued in Missouri include:** GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.

# BENEFIT SUMMARY

**YALE UNIVERSITY**

**802666**

## **Aetna Off/On Job Accident Plan**

**THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at [www.medicare.gov](http://www.medicare.gov).**

**Insurance plans are underwritten by Aetna Life Insurance Company.**

**The benefits in the table below will be paid when you receive covered treatment for a covered Accident. Unless otherwise indicated, all benefits and limitations are per covered person.**

***Note: Certain benefits are payable once per covered accident; while others are once per plan year. If a service or injury falls in more than one category, the plan will pay the greater of. Refer to the Certificate for more details.***

# Initial Care

| Covered Benefit                                                                                                                                                                                                                                                                                             | Benefit Amount |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|
| <b>Ambulance</b>                                                                                                                                                                                                                                                                                            |                |   |
| <b>Ground ambulance</b>                                                                                                                                                                                                                                                                                     | \$300          |   |
| Pays a benefit for when you are transported by a licensed professional ambulance company by a Ground ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 24 hours after an accidental injury. |                |   |
| <b>Air ambulance</b>                                                                                                                                                                                                                                                                                        | \$1,500        |   |
| Pays a benefit for when you are transported by a licensed professional ambulance company by an Air ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 48 hours after an accidental injury.   |                |   |
| <i>Maximum trips per accident, air and ground combined</i>                                                                                                                                                                                                                                                  |                | 1 |
| <b>Initial Treatment</b>                                                                                                                                                                                                                                                                                    |                |   |
| <b>Emergency room/Hospital</b>                                                                                                                                                                                                                                                                              | \$150          |   |
| Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.                                                              |                |   |
| <b>Physician's office/Urgent care facility</b>                                                                                                                                                                                                                                                              | \$150          |   |
| Pays a benefit if an insured person requires initial examination and treatment in a physician's office or urgent care center as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.                                     |                |   |
| <b>Walk-in clinic/Telemedicine</b>                                                                                                                                                                                                                                                                          | \$50           |   |
| <i>Maximum visits per accident, combined for all places of service</i>                                                                                                                                                                                                                                      |                | 1 |
| <i>Maximum visits per plan year, combined for all places of service</i>                                                                                                                                                                                                                                     |                | 3 |
| <b>X-ray/Lab</b>                                                                                                                                                                                                                                                                                            | \$150          |   |
| Pays if an insured person receives an X-ray due to an accidental injury. The X-ray(s) must be prescribed by a physician and performed by a licensed facility within 30 days after the accidental injury.                                                                                                    |                |   |
| <b>Medical imaging</b>                                                                                                                                                                                                                                                                                      | \$150          |   |
| Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following:                                                                                                                                                          |                |   |
| 1. Positron Emission Tomography (PET)                                                                                                                                                                                                                                                                       |                |   |
| 2. Computed Tomography Scan (CT)                                                                                                                                                                                                                                                                            |                |   |
| 3. Computed Axial Tomography (CAT)                                                                                                                                                                                                                                                                          |                |   |
| 4. Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI)                                                                                                                                                                                                                                              |                |   |
| 5. Electroencephalogram (EEG)                                                                                                                                                                                                                                                                               |                |   |
| The test must be ordered by a physician and performed in a medical facility on an outpatient basis within 180 days after the accidental injury.                                                                                                                                                             |                |   |

| Covered Benefit                                                                                                                                             | Benefit Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Accidental ingestion of a controlled substance</b>                                                                                                       |                |
| <b>Outpatient emergency medical care (Annual max of \$500)</b>                                                                                              | Up to \$500*   |
| If initial examination and treatment in an emergency room is received within 72 hours after an accidental ingestion.                                        |                |
| <b>Hospital stay – daily</b>                                                                                                                                |                |
| <b>Non-ICU daily</b>                                                                                                                                        | \$200          |
| <b>Step down intensive care unit daily</b>                                                                                                                  | \$300          |
| <b>ICU daily</b>                                                                                                                                            | \$400          |
| Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury. |                |
| <i>Maximum days per accident (combined for all stays due to the same accidental ingestion)</i>                                                              | 365            |
| <i>Maximum accidents per plan year</i>                                                                                                                      | 1              |
| * Not to exceed billed charge                                                                                                                               |                |

## Follow-up Care

| Covered Benefit                                                                                                                                                                                  | Benefit Amount |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Accident follow-up</b>                                                                                                                                                                        |                |
| <b>Emergency room/Hospital</b>                                                                                                                                                                   | \$50           |
| Pay a benefit if an insured person receives follow-up treatment in a physician's office, urgent care center or emergency room for an accidental injury within one year of the accident.          |                |
| <b>Physician's office/Urgent care facility</b>                                                                                                                                                   | \$50           |
| Pay a benefit if an insured person receives follow-up treatment in a physician's office, urgent care center or emergency room for an accidental injury within one year of the accident.          |                |
| <b>Walk-in clinic/Telemedicine</b>                                                                                                                                                               | \$25           |
| <i>Maximum visits per accident, combined for all places of service</i>                                                                                                                           | 3              |
| <i>Maximum visits per plan year, combined for all places of service</i>                                                                                                                          | 9              |
| <b>Appliances</b>                                                                                                                                                                                |                |
| <b>Major:</b> Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair                                                                                                 | \$200          |
| <b>Minor:</b> Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement                                                                                | \$100          |
| <b>Chiropractic treatment and alternative therapy</b>                                                                                                                                            | \$25           |
| <i>Maximum visits per accident</i>                                                                                                                                                               | 10             |
| <i>Maximum visits per plan year</i>                                                                                                                                                              | 30             |
| <b>Pain management (epidural anesthesia)</b>                                                                                                                                                     | \$100          |
| Pays a benefit if an insured person receives epidural anesthesia as the result of an accidental injury. The epidural anesthesia must be administered within 60 days after the accidental injury. |                |
| <b>Prescription drugs</b>                                                                                                                                                                        | \$10           |
| <b>Prosthetic device/Artificial limb</b>                                                                                                                                                         |                |
| <b>One limb</b>                                                                                                                                                                                  | \$750          |
| <b>Multiple limbs</b>                                                                                                                                                                            | \$1,500        |
| <i>Maximum benefit per accident</i>                                                                                                                                                              | 1              |
| <b>Repair or replace</b>                                                                                                                                                                         | 25%            |
| <i>Maximum benefit per plan year</i>                                                                                                                                                             | 1              |
| <b>Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation</b>                                                                                                  | \$25           |
| <i>Maximum visits per accident</i>                                                                                                                                                               | 10             |
| <b>Home health care</b>                                                                                                                                                                          | \$50           |
| <i>Maximum days per accident</i>                                                                                                                                                                 | 15             |
| <i>Maximum days per plan year</i>                                                                                                                                                                | 90             |

## Hospital Care

| Covered Benefit                                                                                                                                                                                                                                                                                                                 | Benefit Amount |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Hospital stay – admission (initial day)</b>                                                                                                                                                                                                                                                                                  |                |
| <b>Non-ICU admission</b><br>Pays a benefit if an insured person is admitted into the hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or outpatient surgery. The stay must begin within 180 days after an accidental injury.        | \$1,000        |
| <b>ICU admission</b><br>Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.                                                                                                                                             | \$2,000        |
| <b>Hospital stay – daily*</b>                                                                                                                                                                                                                                                                                                   |                |
| <b>Non-ICU daily</b><br>Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.                                                                                                                                                                                                               | \$100          |
| <b>ICU daily</b><br>Pays a benefit if an insured person has a stay in an ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.                                                                                                                                                        | \$200          |
| <b>Step down intensive care unit daily</b><br><i>Maximum days per accident (combined for all stays due to the same accident)</i>                                                                                                                                                                                                | \$150<br>365   |
| <b>Rehabilitation unit stay – daily</b><br>Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury.<br><i>Maximum days per accident</i>                                                                                                  | \$100<br>30    |
| <b>Observation unit</b><br>Pays a benefit if an insured person requires services in an observation unit as the result of an accidental injury. The Hospital Stay Admission Benefit will not be payable if the Observation Unit Benefit is payable. Observation services must begin within 72 hours after the accidental injury. | \$100          |

\* **Important Note:** All Hospital stay – daily benefits begin on day two.

## Inpatient Stays

| Covered Benefit                                                                                                                                                                    | Benefit Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Hospital stay - Daily</b><br>Pays a daily benefit, beginning on day one of your stay in a non-ICU room of a hospital for a sickness.<br><i>Maximum 31 days per plan year</i>    | \$100          |
| <b>Hospital stay - (ICU) Daily</b><br>Pays a daily benefit, beginning on day one of your stay in an ICU room of a hospital for a sickness.<br><i>Maximum 31 days per plan year</i> | \$200          |
| <b>Important Note:</b><br><b>All daily inpatient stay benefits begin on day one and count toward the plan year maximum.</b>                                                        |                |



# Surgical Care

| Covered Benefit                                                                                                                                                                                                                                                                                                          | Benefit Amount |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Blood/Plasma/Platelets</b><br>Pays a benefit if an insured person receives the transfusion of blood, plasma and/or platelets due to an accidental injury. The transfusion must take place within 90 days after the accidental injury                                                                                  | \$400          |
| <b>Eye Injury</b><br><b>Surgical repair</b>                                                                                                                                                                                                                                                                              | \$300          |
| <b>Removal of foreign object</b>                                                                                                                                                                                                                                                                                         | \$150          |
| <b>Surgery (without repair)</b><br><b>Arthroscopic or exploratory</b><br>Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within 60 days of the accidental injury.                                                                                              | \$150          |
| <b>Surgery (with repair)</b><br><b>Cranial, open abdominal or thoracic</b><br>Pays a benefit if an insured person undergoes cranial, open abdominal or thoracic surgery, and repair is done, within 72 hours of the accidental injury.                                                                                   | \$1,500        |
| <b>Hernia</b><br>Pays a benefit if an insured person undergoes hernia surgery as the result of an accidental injury. A physician must diagnose the hernia within 30 days after the accidental injury; and perform surgery within 60 days after the accidental injury.                                                    | \$250          |
| <b>Ruptured disc</b><br>Pays a benefit if an insured person sustains a ruptured disc in the spine as the result of an accidental injury. A physician must treat the ruptured disc within 60 days after the accidental injury; and repair it through surgery within one year after the accidental injury.                 | \$750          |
| <b>Tendon/Ligament/Rotator cuff</b><br><b>Single repair</b>                                                                                                                                                                                                                                                              | \$750          |
| <b>Multiple repairs</b>                                                                                                                                                                                                                                                                                                  | \$1,500        |
| <b>Torn knee cartilage</b><br>Pays a benefit if an insured person sustains a torn knee cartilage (meniscus) as the result of an accidental injury. A physician must treat the torn knee cartilage within 60 days after the accidental injury; and repair it through surgery within 180 days after the accidental injury. | \$750          |
| <b>Non-Specified</b><br><b>Inpatient</b><br>Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury.                                                                                                                              | \$250          |
| <b>Outpatient</b>                                                                                                                                                                                                                                                                                                        | \$250          |
| <i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>                                                                                                                                                                                                       | 2              |

## Transportation/Lodging Assistance

| Covered Benefit                                                                                                                                                                                                                         | Benefit Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Lodging</b>                                                                                                                                                                                                                          | \$200          |
| Pays for one motel/hotel room for a companion to accompany you for each day of a stay due to an accidental injury. Your stay must be more than 50 miles from your home.                                                                 |                |
| <i>Maximum days per accident</i>                                                                                                                                                                                                        | 30             |
| <b>Transportation</b>                                                                                                                                                                                                                   | \$300          |
| We will pay the Transportation Benefit shown in the Schedule of Benefits for an insured person who must travel from his or her residence more than 50 miles one way on physician's advice for treatment of a payable Accidental injury. |                |

## Dislocations and Fractures

### Dislocations - Closed Reduction

*Pays a benefit if an insured person sustains a dislocation as the result of an accidental injury.*

*A physician must diagnose the dislocation within 90 days after the accidental injury and correct it by **closed reduction (non-surgical repair)**.*

### Open reduction

*Pays a benefit if an insured person sustains a dislocation as the result of an accidental injury.*

*A physician must diagnose the dislocation within 90 days after the accidental injury and correct it by **open reduction (surgical repair)**.*

| Covered Benefit                                     | Benefit Amount |
|-----------------------------------------------------|----------------|
| <b>Dislocations - Closed Reduction*</b>             |                |
| Hip                                                 | \$3,000        |
| Knee                                                | \$1,500        |
| Ankle - bone or bones of the foot (other than toes) | \$750          |
| Collarbone (sternoclavicular)                       | \$600          |
| Lower jaw                                           | \$600          |
| Shoulder (glenohumeral)                             | \$600          |
| Elbow                                               | \$600          |
| Wrist                                               | \$600          |
| Bone or bones of the hand (other than fingers)      | \$600          |
| Collarbone (acromioclavicular and separation)       | \$150          |
| Rib                                                 | \$150          |
| One toe or one finger                               | \$150          |
| Partial dislocation                                 | 25%            |
| <i>Maximum dislocations per accident</i>            | 3              |

\*Open reduction pays 2.0 times the closed reduction benefit value



## Fractures - Closed Reduction\*

Pays a benefit if an insured person sustains a fracture as the result of an accidental injury.

A physician must diagnose the fracture within **90 days** after the accidental injury and correct it by **closed reduction**.

|                                                               |         |
|---------------------------------------------------------------|---------|
| Skull (except bones of the face or nose), depressed           | \$4,125 |
| Skull (except bones of the face or nose), non-depressed       | \$4,125 |
| Hip, thigh (femur)                                            | \$1,725 |
| Vertebrae, body of (excluding vertebral processes)            | \$1,125 |
| Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx) | \$1,125 |
| Leg (tibia and/or fibula malleolus)                           | \$1,125 |
| Bones of the face or nose (except mandible or maxilla)        | \$600   |
| Upper jaw, maxilla (except alveolar process)                  | \$600   |
| Upper arm between elbow and shoulder (humerus)                | \$600   |
| Lower jaw, mandible (except alveolar process)                 | \$600   |
| Collarbone (clavicle, sternum)                                | \$600   |
| Shoulder blade (scapula)                                      | \$600   |
| Vertebral process                                             | \$600   |
| Forearm (radius and/or ulna)                                  | \$450   |
| Kneecap (patella)                                             | \$450   |
| Hand/foot (except fingers/toes)                               | \$450   |
| Ankle/wrist                                                   | \$450   |
| Rib                                                           | \$225   |
| Coccyx                                                        | \$225   |
| Finger, toe                                                   | \$225   |
| Chip fracture                                                 | 25%     |
| <i>Maximum fractures per accident</i>                         | 3       |

\*Open reduction pays 2.0 times the closed reduction benefit value

## Accidental Dismemberment

| Covered Benefit | Benefit Amount |
|-----------------|----------------|
|-----------------|----------------|

### Accidental dismemberment

Pays a benefit if an insured person sustains one or more limbs due to an accidental injury as classified below and in the schedule of benefits. The loss must occur within 90 days after an accidental injury.

|                                                              |          |
|--------------------------------------------------------------|----------|
| Loss of arm                                                  | \$10,000 |
| Loss of hand                                                 | \$10,000 |
| Loss of leg                                                  | \$10,000 |
| Loss of foot                                                 | \$10,000 |
| Loss of sight                                                | \$10,000 |
| Loss of ability to speak                                     | \$10,000 |
| Loss of hearing                                              | \$10,000 |
| <i>Maximum dismemberments per accident (non-finger, toe)</i> | 2        |
| Loss of finger                                               | \$500    |
| Loss of toe                                                  | \$500    |
| <i>Maximum dismemberments per accident (finger, toe)</i>     | 4        |

# Other Accidental Injuries

| Covered Benefit                                                                                                                                                                                                                                    | Benefit Amount |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Animal bite treatment</b>                                                                                                                                                                                                                       |                |
| Tetanus shot                                                                                                                                                                                                                                       | \$100          |
| Anti-venom shot                                                                                                                                                                                                                                    | \$200          |
| Rabies shot                                                                                                                                                                                                                                        | \$300          |
| <b>Brain injury</b>                                                                                                                                                                                                                                |                |
| Concussion/Mild traumatic brain injury                                                                                                                                                                                                             | \$150          |
| Moderate/Severe traumatic brain injury                                                                                                                                                                                                             | \$450          |
| <b>Burn</b>                                                                                                                                                                                                                                        |                |
| Pays a benefit if an insured person receives a second degree burn or third degree burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.                                 |                |
| Second degree burn, greater than 5% of total body surface                                                                                                                                                                                          | \$1,000        |
| Third degree burn, less than 5% of total body surface                                                                                                                                                                                              | \$1,500        |
| Third degree burn, 5-10% of total body surface                                                                                                                                                                                                     | \$6,000        |
| Third degree burn, greater than 10% of total body surface                                                                                                                                                                                          | \$18,000       |
| <b>Burn skin graft</b>                                                                                                                                                                                                                             | 50% of Burn    |
| Pays a benefit if an insured person receives a skin graft for a burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.                                                   |                |
| <b>Coma/Persistent vegetative state (PVS)</b>                                                                                                                                                                                                      |                |
| Coma (non-induced)                                                                                                                                                                                                                                 | \$10,000       |
| PVS                                                                                                                                                                                                                                                | \$10,000       |
| Coma (induced)                                                                                                                                                                                                                                     | \$250          |
| <i>Maximum days per accident</i>                                                                                                                                                                                                                   | 10             |
| <b>Dental treatment</b>                                                                                                                                                                                                                            |                |
| Pays a benefit if an insured person sustains a broken tooth as the result of an accidental injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days after the accidental injury. |                |
| <i>Maximum 1 per accident</i>                                                                                                                                                                                                                      |                |
| Extractions                                                                                                                                                                                                                                        | \$75           |
| Crown                                                                                                                                                                                                                                              | \$225          |
| <b>Gunshot wound</b>                                                                                                                                                                                                                               | \$1,500        |
| <b>Laceration</b>                                                                                                                                                                                                                                  |                |
| Pays a benefit if an insured person receives a laceration as the result of an accidental injury. The laceration must be repaired by a physician within 72 hours after the accidental injury.                                                       |                |
| Without stitches                                                                                                                                                                                                                                   | \$25           |
| With stitches, less than 7.5 centimeters                                                                                                                                                                                                           | \$75           |
| With stitches, 7.6 - 20.0 centimeters                                                                                                                                                                                                              | \$300          |
| With stitches, greater than 20.0 centimeters                                                                                                                                                                                                       | \$600          |
| <b>Posttraumatic stress disorder (PTSD)</b>                                                                                                                                                                                                        | \$500          |
| <i>Maximum diagnoses per lifetime</i>                                                                                                                                                                                                              | 1              |
| <b>Service dog</b>                                                                                                                                                                                                                                 | \$1,500        |
| <i>Maximum service dogs per your lifetime</i>                                                                                                                                                                                                      | 1              |

## Accident Plan: Exclusions and Limitations

This plan has 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 plan may contain exceptions to this list based on state mandates or the plan design purchased. Benefits under the policy will not be payable for any care, service or supply for an accidental injury or sickness related to the following:

1. Certain competitive or recreational aeronautical activities, including but not limited to: ballooning, 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. Committing or attempting to commit a felony;
6. Bacterial infections that are not caused by a cut or wound from an accidental injury;
7. Care provided by immediate family members or any household member;
8. Elective or cosmetic surgery;
9. Nutritional supplements including but not limited to: food items, infant formulas, vitamins;
10. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
11. Accidental injury sustained due to the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, unless prescribed by your physician
12. Accidental injury sustained due to being legally intoxicated or under the influence of any drug intoxicant, including those prescribed by a physician that are misused;

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury or inpatient hospital stays. The stay visit or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States or its territories.

## Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option, portability if your employment ceases for any reason. Refer to your Certificate for additional provisions.

## Waiver of Premium

| Covered Benefit                                                                                                                                                                                                                                                                                                                                                                     | Benefit Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| If, as a result of an accidental injury you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30 <sup>th</sup> day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents. | Included       |

## Questions and Answers about the Accident Plan

### **Do I have to answer any questions about my health to enroll?**

*No, you do not have to answer any questions about your health to enroll.*

### **Do I have to be actively at work to enroll in coverage?**

*Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible to enroll.*

### **Can I have more than one Accident Plan?**

*No, you are not allowed to have more than one Aetna Accident Plan.*

### **To whom are benefits paid?**

*Benefits are paid to you, the member.*

### **Is my Aetna Accident policy compatible with a Health Savings Account (HSA)?**

*Yes, Aetna Accident policies are compatible with Health Savings Accounts.*

### **Do I need to file a claim?**

*No, if you are an Aetna medical plan member, we can retrieve your medical information to process your Accident claim. Your medical claim kick-starts the process. Our system grabs your medical information to start the claim, your Accident claim is processed and payments are sent directly to you.*

### **How do I submit a claim?**

*Go to [myaetnasupplemental.com](http://myaetnasupplemental.com) and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.*

### **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 **1-800-607-3366**. We're here to answer questions before and after you enroll.*

### **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 is considered an inpatient hospital stay?**

An inpatient stay is a period during which you are admitted as an inpatient; and are confined in a: hospital, non-hospital residential 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 does not include routine nursery and newborn expenses. A stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to a stay.

### **What happens if I lose my employment, can I take the Accident Plan with me?**

*Yes, you are able to coverage under the portability provision; however, you will need to pay premiums directly to Aetna.*

## Important information about your benefits

**THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE 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. These benefit 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.**

### 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 **1-800-607-3366** or visit us at **[www.aetna.com](http://www.aetna.com)**.

**If you require language assistance, please call Member Services at 1-800-607-3366 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 1-800-607-3366, 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](http://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 **1-617-521-7794** or visiting its website at **[www.mass.gov/doi](http://www.mass.gov/doi)**.

Plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only and is not an offer or invitation to contract. Each insurer has sole financial responsibility for its own products.

Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. 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](http://www.aetna.com)**.

#### **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

**<https://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.**

**Policy forms issued in Idaho, Oklahoma and Missouri include:** GR-96841, GR-96842.



# 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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