Aetna Accident Plan

Prepare for the unexpected

Would you be financially ready if you had an accidental injury? The **Aetna Accident Plan** can help you be prepared.

This plan is different from medical plans

Medical plans pay **doctors and hospitals** for treatment related to your care. But they usually don't cover 100% of the costs. They leave you to come up with the rest.

Medical plans also don't cover other expenses health events might impact, like day care and rent.

How do supplemental health plans help?

The Aetna Accident Plan pays benefits directly to you, providing extra cash when you need it most. This supplemental health plan 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. Here are just some of the things you can use the cash for:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

Use the cash benefits any way *you* choose.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna). Policy forms issued in Idaho include: Accident plan GR-96842.

REGION 3 EDUCATION SERVICE CENTER

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1967804-01-01

Accident Plan Benefits

Each benefit is payable once per accident, unless stated otherwise. Details are in the Policy.

Initial Care

Covered Benefit	Plan 2	Plan 3
Ambulance		
Ground ambulance	$300	$300
Air ambulance	$1,500	$1,500
Maximum trips per accident, air and ground combined	*1*	*1*
Initial Treatment		
Emergency room/Hospital	$250	$300
Physician's office/Urgent care facility	$250	$300
Walk-in clinic/Telemedicine	$50	$50
Maximum visits per accident, combined for all places of service	*1*	*1*
Maximum visits per plan year, combined for all places of service	*3*	*3*
X-ray/Lab	$150	$225
Medical imaging	$100	$200

Follow-up Care

Covered Benefit	Plan 2	Plan 3
Accident follow-up		
Emergency room/Hospital	$75	$125
Physician's office/Urgent care facility	$75	$125
Walk-in clinic/Telemedicine	$25	$25
Maximum visits per accident, combined for all places of service	*3*	*4*
Maximum visits per plan year, combined for all places of service	*9*	*12*
Appliances		
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	$250	$300
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	$200	$250
Chiropractic treatment and alternative therapy	$25	$35
Maximum visits per accident	*10*	*10*
Maximum visits per plan year	*30*	*30*
Pain management (epidural anesthesia)	$100	$150
Prescription drugs	$10	$10
Prosthetic device/Artificial limb		
One limb	$750	$1,500
Multiple limbs	$1,500	$3,000
Maximum benefit per accident	*1*	*1*
Repair or replace	25%	25%
Maximum benefit per plan year	*1*	*1*
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation	$45	$65
Maximum visits per accident	*10*	*10*

Hospital Care

Covered Benefit	Plan 2	Plan 3
Hospital stay – admission (initial day)		
Non-ICU admission	$1,250	$1,500
ICU admission	$2,500	$3,000
Hospital stay – daily*		
Non-ICU daily	$250	$350
ICU daily	$500	$700
Step down intensive care unit daily	$300	$450
Maximum days per accident (combined for all stays due to the same accident)	*365*	*365*
Rehabilitation unit stay – daily	$150	$225
Maximum days per accident	*30*	*30*
Observation unit	$100	$100

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

Surgical Care

Covered Benefit	Plan 2	Plan 3
Blood/Plasma/Platelets	$450	$625
Eye Injury		
Surgical repair	$300	$400
Removal of foreign object	$150	$200
Surgery (without repair)		
Arthroscopic or exploratory	$150	$350
Surgery (with repair)		
Cranial, open abdominal or thoracic	$1,500	$2,000
Hernia	$250	$300
Ruptured disc	$750	$1,000
Tendon/Ligament/Rotator cuff		
Single repair	$750	$1,000
Multiple repairs	$1,500	$2,000
Torn knee cartilage	$750	$1,000
Non-Specified		
Inpatient	$250	$400
Outpatient	$250	$400
Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits	*2*	*2*

Transportation/Lodging Assistance

Covered Benefit	Plan 2	Plan 3
Lodging	$200	$200
Maximum days per accident	*30*	*30*
Transportation	$375	$600

Fractures and Dislocations

Covered Benefit	Plan 2	Plan 3
Dislocations – Closed Reduction*		
Hip	$3,000	$6,000
Knee	$1,500	$3,000
Ankle – bone or bones of the foot (other than toes)	$750	$1,500
Collarbone (sternoclavicular)	$600	$1,200
Lower jaw	$600	$1,200
Shoulder (glenohumeral)	$600	$1,200
Elbow	$600	$1,200
Wrist	$600	$1,200
Bone or bones of the hand (other than fingers)	$600	$1,200
Collarbone (acromioclavicular and separation)	$150	$300
Rib	$150	$300
One toe or one finger	$150	$300
Partial dislocation	25%	25%
Maximum dislocations per accident	*3*	*3*
*Open reduction pays 2.0 times the closed reduction benefit value		
Fractures - Closed Reduction*		
Skull (except bones of the face or nose), depressed	$4,125	$8,250
Skull (except bones of the face or nose), non-depressed	$4,125	$8,250
Hip, thigh (femur)	$3,000	$4,000
Vertebrae, body of (excluding vertebral processes)	$2,000	$4,000
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	$3,000	$4,000
Leg (tibia and/or fibula malleolus)	$2,000	$4,000
Bones of the face or nose (except mandible or maxilla)	$1,700	$2,200
Upper jaw, maxilla (except alveolar process)	$1,700	$2,200
Upper arm between elbow and shoulder (humerus)	$1,700	$2,200
Lower jaw, mandible (except alveolar process)	$1,700	$2,200
Collarbone (clavicle, sternum)	$1,700	$2,200
Shoulder blade (scapula)	$1,700	$2,200
Vertebral process	$1,700	$2,200
Forearm (radius and/or ulna)	$1,200	$1,600
Kneecap (patella)	$1,200	$1,600
Hand/foot (except fingers/toes)	$1,200	$1,600
Ankle/wrist	$1,200	$1,600
Rib	$225	$450
Coccyx	$225	$450
Finger, toe	$225	$450
Chip fracture	25%	25%
Maximum fractures per accident	*3*	*3*
*Open reduction pays 2.0 times the closed reduction benefit value		

AD&D and Paralysis

Covered Benefit	Plan 2	Plan 3
Accidental death		
Employee	$50,000	$100,000
Covered dependent spouse	$25,000	$50,000
Covered dependent children	$25,000	$50,000
Accidental death common carrier		
Employee	$100,000	$200,000
Covered dependent spouse	$50,000	$100,000
Covered dependent children	$50,000	$100,000
Accidental dismemberment		
Loss of arm	$30,000	$30,000
Loss of hand	$30,000	$30,000
Loss of leg	$30,000	$30,000
Loss of foot	$30,000	$30,000
Loss of sight	$30,000	$30,000
Loss of ability to speak	$30,000	$30,000
Loss of hearing	$30,000	$30,000
Maximum dismemberments per accident (non-finger, toe)	*2*	*2*
Loss of finger	$4,000	$4,000
Loss of toe	$4,000	$4,000
Maximum dismemberments per accident (finger, toe)	*4*	*4*
Home and vehicle alteration	$1,000	$1,500
Paralysis (Complete, Total and Permanent Loss)		
Quadriplegia	$22,500	$30,000
Triplegia	$11,250	$15,000
Paraplegia	$11,250	$15,000
Hemiplegia	$11,250	$15,000
Diplegia	$11,250	$15,000
Monoplegia	$2,500	$5,000

Other Accidental Injuries

Covered Benefit	Plan 2	Plan 3
Animal bite treatment		
Tetanus shot	$100	$100
Anti-venom shot	$200	$200
Rabies shot	$300	$300
Brain injury		
Concussion/Mild traumatic brain injury	$450	$600
Moderate/Severe traumatic brain injury	$500	$800
Burn		
Second degree burn, greater than 5% of total body surface	$1,000	$1,500
Third degree burn, less than 5% of total body surface	$1,500	$2,250
Third degree burn, 5-10% of total body surface	$6,000	$9,000
Third degree burn, greater than 10% of total body surface	$18,000	$27,000
Burn skin graft	50% of Burn	50% of Burn
Coma/Persistent vegetative state (PVS)		
Coma (non-induced)	$15,000	$20,000
PVS	$15,000	$20,000
Coma (induced)	$250	$250
Maximum days per accident	*10*	*10*
Dental treatment		
Extractions	$150	$200
Crown	$225	$300
Gunshot wound	$1,500	$2,000
Laceration		
Without stitches	$50	$50
With stitches, less than 7.5 centimeters	$75	$75
With stitches, 7.6 - 20.0 centimeters	$300	$300
With stitches, greater than 20.0 centimeters	$600	$600
Posttraumatic stress disorder (PTSD)	$500	$500
Maximum diagnoses per lifetime	*1*	*1*
Service dog	$1,500	$1,500
Maximum service dogs per your lifetime	*1*	*1*