

Aetna Accident Plan

Plan Description

Aetna's Accident plan pays members cash directly to help cover out-of-pocket costs, such as deductibles or coinsurance, day care, utility bills or whatever else they need as a result of a covered accident.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required.
- Eligible dependents include: Legal spouse, domestic partner, civil union partner, children under age 26 and provided they meet the definition of dependent child as defined by the state.
- Retirees are not considered actively at work and therefore not eligible for this plan.

Plan Highlights

- Guaranteed Issue every year for employees and their families – even if coverage waived in the past
- Rate Guarantee for 60 months subject to all other terms in this Proposal
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- HSA compatible
- Cash benefits paid directly to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

Plan Features

- Full schedule of benefits payable for accidental injuries including initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D.
- On/Off job coverage
- Health screening rider
- Organized sports rider
- Waiver of premium
- Portable

Value Added Programs

- Member-only CVS shopping site with 20% discount:
 - Curated CVS shopping site for members to shop a variety of health and wellness products including adult care, cold care, first aid, home health care, feminine products, pain relief, vitamins and more
 - Unique code gives members 20% off CVS branded items

Accident Plan Benefits

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

Initial Care

Covered Benefit	Plan 1	Plan 2
Ambulance		
Ground ambulance	\$400	\$500
Air ambulance	\$1,750	\$2,000
<i>Maximum trips per accident, air and ground combined</i>	1	1
Initial Treatment		
Emergency room/Hospital	\$200	\$300
Physician's office/Urgent care facility	\$200	\$300
Walk-in clinic/Telemedicine	\$75	\$85
<i>Maximum visits per accident, combined for all places of service</i>	1	1
<i>Maximum visits per plan year, combined for all places of service</i>	3	3
X-ray	\$100	\$200
Lab	\$50	\$75
Medical imaging	\$200	\$275

Follow-up Care

Covered Benefit	Plan 1	Plan 2
Accident follow-up		
Emergency room/Hospital	\$100	\$125
Physician's office/Urgent care facility	\$100	\$125
Walk-in clinic/Telemedicine	\$50	\$65
<i>Maximum visits per accident, combined for all places of service</i>	3	3
<i>Maximum visits per plan year, combined for all places of service</i>	9	9
Appliances		
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$200	\$250
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$100	\$125
<i>Maximum appliance per accident, major & minor combined</i>	1	1
Chiropractic treatment and alternative therapy	\$45	\$55
<i>Maximum visits per accident</i>	10	10
<i>Maximum visits per plan year</i>	30	30
Pain management (epidural anesthesia)	\$100	\$125
Prescription drugs	\$15	\$15
Prosthetic device/Artificial limb		
One limb	\$750	\$1,200
Multiple limbs	\$1,500	\$2,400
<i>Maximum benefit per accident</i>	1	1
Repair or replace	25%	25%
<i>Maximum benefit per plan year</i>	1	1
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitative	\$50	\$65
<i>Maximum visits per accident</i>	10	10
<i>Maximum visits per plan year</i>	30	30

Hospital Care

Covered Benefit	Plan 1	Plan 2
Hospital stay – admission (initial day)		
Non-ICU admission	\$1,000	\$1,500
ICU admission	\$2,000	\$3,000
Hospital stay – daily*		
Non-ICU daily	\$200	\$300
ICU daily	\$400	\$600
Step down intensive care unit daily	\$300	\$375
<i>Maximum days per accident (combined for all stays due to the same accident):</i>	365	365
Rehabilitation unit stay – daily	\$100	\$125
<i>Maximum days per accident</i>	30	30
Observation unit	\$200	\$250

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

Surgical Care

Covered Benefit	Plan 1	Plan 2
Blood/Plasma/Platelets	\$400	\$450
Eye Injury		
Surgical repair	\$300	\$350
Removal of foreign object	\$150	\$175
Surgery (without repair)		
Arthroscopic or exploratory	\$250	\$275
Surgery (with repair)		
Cranial, open abdominal or thoracic	\$1,500	\$1,750
Hernia	\$250	\$275
Ruptured disc	\$750	\$875
Tendon/Ligament/Rotator cuff		
Single repair	\$750	\$875
Multiple repairs	\$1,500	\$1,750
Torn knee cartilage	\$750	\$875
Non-Specified		
Inpatient	\$250	\$275
Outpatient	\$250	\$275
<i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>	2	2

Transportation/Lodging Assistance

Covered Benefit	Plan 1	Plan 2
Lodging	\$250	\$275
<i>Maximum days per accident</i>	30	30
Transportation	\$400	\$450
<i>Maximum trips per accident</i>	3	3

Fractures and Dislocations

Covered Benefit	Plan 1	Plan 2
Dislocations – Closed Reduction*		
Hip	\$6,000	\$7,500
Knee	\$4,000	\$5,000
Ankle – bone or bones of the foot (other than toes)	\$2,000	\$2,500
Collarbone (sternoclavicular)	\$1,000	\$1,250
Lower jaw	\$1,000	\$1,250
Shoulder (glenohumeral)	\$1,000	\$1,250
Elbow	\$1,000	\$1,250
Wrist	\$1,000	\$1,250
Bone or bones of the hand (other than fingers)	\$1,000	\$1,250
Collarbone (acromioclavicular and separation)	\$300	\$375
Rib	\$300	\$375
One toe or one finger	\$300	\$375
Partial dislocation	25%	25%
<i>Maximum dislocations per accident</i>	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	\$8,000	\$10,000
Skull (except bones of the face or nose), non-depressed	\$8,000	\$10,000
Hip, thigh (femur)	\$6,000	\$7,500
Vertebrae, body of (excluding vertebral processes)	\$2,400	\$3,000
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$2,400	\$3,000
Leg (tibia and/or fibula malleolus)	\$2,400	\$3,000
Bones of the face or nose (except mandible or maxilla)	\$1,000	\$1,250
Upper jaw, maxilla (except alveolar process)	\$1,000	\$1,250
Upper arm between elbow and shoulder (humerus)	\$1,000	\$1,250
Lower jaw, mandible (except alveolar process)	\$1,000	\$1,250
Collarbone (clavicle, sternum)	\$1,000	\$1,250
Shoulder blade (scapula)	\$1,000	\$1,250
Vertebral process	\$1,000	\$1,250
Forearm (radius and/or ulna)	\$1,000	\$1,250
Kneecap (patella)	\$1,000	\$1,250
Hand/foot (except fingers/toes)	\$1,000	\$1,250
Ankle/wrist	\$1,000	\$1,250
Rib	\$300	\$375
Coccyx	\$300	\$375
Finger, toe	\$300	\$375
Chip fracture	25%	25%
<i>Maximum Fractures per accident</i>	3	3
*Open reduction pays 2.0 times the closed reduction benefit value		

AD&D and Paralysis

Covered Benefit	Plan 1	Plan 2
Accidental death		
Employee	\$50,000	\$50,000
Covered dependent spouse	\$25,000	\$50,000
Covered dependent children	\$25,000	\$25,000
Accidental death common carrier		
Employee	\$100,000	\$100,000
Covered dependent spouse	\$50,000	\$100,000
Covered dependent children	\$50,000	\$50,000
Accidental dismemberment		
Loss of arm	\$5,000	\$5,000
Loss of Hand	\$5,000	\$5,000
Loss of Leg	\$5,000	\$5,000
Loss of Foot	\$5,000	\$5,000
Loss of Sight	\$5,000	\$5,000
Loss of Ability to Speak	\$10,000	\$10,000
Loss of Hearing	\$5,000	\$5,000
<i>Maximum dismemberment per accident (non-finger, toe)</i>	2	2
Loss of Finger	\$500	\$500
Loss of Toe	\$500	\$500
<i>Maximum dismemberment per accident (finger, toe)</i>	4	4
Home and vehicle alteration	\$1,000	\$1,250
Paralysis (Complete, Total and Permanent Loss)		
Quadriplegia	\$10,000	\$15,000
Triplegia	\$7,500	\$11,250
Paraplegia	\$5,000	\$7,500
Hemiplegia	\$5,000	\$7,500
Diplegia	\$5,000	\$7,500
Monoplegia	\$2,500	\$3,750

Other Accidental Injuries

Covered Benefit	Plan 1	Plan 2
Animal bite treatment		
Tetanus Shot	\$200	\$225
Anti-venom Shot	\$400	\$450
Rabies Shot	\$600	\$650
Brain injury		
Concussion/Mild Traumatic Brain Injury	\$200	\$250
Moderate/Severe Traumatic Brain Injury	\$500	\$600
Burn		
Second degree burn, greater than 5% of total body surface	\$1,000	\$1,250
Third degree burn, less than 5% of total body surface	\$1,500	\$1,880
Third degree burn, 5-10% of total body surface	\$6,000	\$7,500
Third degree burn, greater than 10% of total body surface	\$18,000	\$22,500
Burn skin graft	50% of Burn	50% of Burn
Coma/Persistent vegetative state (PVS)		
Coma (non-induced)	\$10,000	\$15,000
PVS	\$10,000	\$15,000
Coma (induced)	\$350	\$400
<i>Maximum days per accident</i>	<i>10</i>	<i>10</i>
Dental treatment		
Extractions	\$75	\$90
Crown	\$225	\$265
Gunshot wound	\$1,500	\$1,750
Laceration		
Without stitches	\$40	\$50
With stitches, less than 7.5 centimeters	\$150	\$175
With stitches, 7.6 – 20.0 centimeters	\$400	\$450
With stitches, greater than 20.0 centimeters	\$800	\$900
Posttraumatic stress disorder (PTSD)	\$500	\$500
<i>Maximum diagnosis per lifetime</i>	<i>1</i>	<i>1</i>
Service dog	\$1,500	\$1,500
<i>Maximum service dogs per your lifetime</i>	<i>1</i>	<i>1</i>

Waiver of Premium

Covered Benefit	Plan 1	Plan 2
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 th 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	Included

Organized Sports Rider

Covered Benefit	Plan 1	Plan 2
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%	25%

Excluded benefits for the Organized Sports Rider

- Accidental death
- Accidental death common carrier
- Gunshot wound
- Service Dog
- Burn Skin Graft
- Animal bite
- Burn

Health Screening Rider

Covered Benefit	Plan 1	Plan 2
Health screening*	\$75	\$75

*Covered Health Screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemocult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is covered as an eligible health screening benefit

Monthly Rates - Accident Plan



100% Voluntary

	Accident 2.0 Plan 1			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$13.43	\$21.16	\$23.31	\$31.16

100% Voluntary

	Accident 2.0 Plan 2			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$18.76	\$26.95	\$30.83	\$39.10

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

This is accident-only insurance. It does not provide coverage for sickness. This is a supplement to health insurance and is not a substitute for major medical coverage or other minimum essential coverage.