

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, 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 36 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
- Organized sports rider
- Waiver of premium
- Portable

Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, weight-loss programs and meal plans, books and magazine subscriptions, gym memberships, health and wellness products, hearing and dental products, eye care and more.

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
<i>Maximum trips per accident, air and ground combined</i>	1	1
Initial Treatment		
Emergency room/Hospital	\$150	\$200
Physician's office/Urgent care facility	\$150	\$200
Walk-in clinic/Telemedicine	\$50	\$50
<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/Lab	\$50	\$75
Medical imaging	\$150	\$200

Follow-up Care

Covered Benefit	Plan 2	Plan 3
Accident follow-up		
Emergency room/Hospital	\$50	\$50
Physician's office/Urgent care facility	\$50	\$50
Walk-in clinic/Telemedicine	\$25	\$25
<i>Maximum visits per accident, combined for all places of service</i>	3	4
<i>Maximum visits per plan year, combined for all places of service</i>	9	12
Appliances		
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$200	\$300
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$100	\$150
Chiropractic treatment and alternative therapy	\$25	\$35
<i>Maximum visits per accident</i>	10	10
<i>Maximum visits per plan year</i>	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
<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 rehabilitation	\$25	\$35
<i>Maximum visits per accident</i>	10	10

Hospital Care

Covered Benefit	Plan 2	Plan 3
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	\$450
<i>Maximum days per accident (combined for all stays due to the same accident)</i>	365	365
Rehabilitation unit stay – daily	\$100	\$150
<i>Maximum days per accident</i>	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	\$400	\$500
Eye Injury		
Surgical repair	\$300	\$400
Removal of foreign object	\$150	\$200
Surgery (without repair)		
Arthroscopic or exploratory	\$150	\$200
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	\$300
Outpatient	\$250	\$300
<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 2	Plan 3
Lodging	\$200	\$200
<i>Maximum days per accident</i>	30	30
Transportation	\$300	\$300

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%
<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	\$4,125	\$8,250
Skull (except bones of the face or nose), non-depressed	\$4,125	\$8,250
Hip, thigh (femur)	\$1,725	\$3,450
Vertebrae, body of (excluding vertebral processes)	\$1,125	\$2,250
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$1,125	\$2,250
Leg (tibia and/or fibula malleolus)	\$1,125	\$2,250
Bones of the face or nose (except mandible or maxilla)	\$600	\$1,200
Upper jaw, maxilla (except alveolar process)	\$600	\$1,200
Upper arm between elbow and shoulder (humerus)	\$600	\$1,200
Lower jaw, mandible (except alveolar process)	\$600	\$1,200
Collarbone (clavicle, sternum)	\$600	\$1,200
Shoulder blade (scapula)	\$600	\$1,200
Vertebral process	\$600	\$1,200
Forearm (radius and/or ulna)	\$450	\$900
Kneecap (patella)	\$450	\$900
Hand/foot (except fingers/toes)	\$450	\$900
Ankle/wrist	\$450	\$900
Rib	\$225	\$450
Coccyx	\$225	\$450
Finger, toe	\$225	\$450
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 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	\$5,000	\$10,000
Loss of hand	\$5,000	\$10,000
Loss of leg	\$5,000	\$10,000
Loss of foot	\$5,000	\$10,000
Loss of sight	\$5,000	\$10,000
Loss of ability to speak	\$10,000	\$20,000
Loss of hearing	\$5,000	\$10,000
<i>Maximum dismemberments per accident (non-finger, toe)</i>	2	2
Loss of finger	\$500	\$1,000
Loss of toe	\$500	\$1,000
<i>Maximum dismemberments per accident (finger, toe)</i>	4	4
Home and vehicle alteration	\$1,000	\$1,500
Paralysis (Complete, Total and Permanent Loss)		
Quadriplegia	\$10,000	\$20,000
Triplegia	\$7,500	\$15,000
Paraplegia	\$5,000	\$10,000
Hemiplegia	\$5,000	\$10,000
Diplegia	\$5,000	\$10,000
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	\$150	\$200
Moderate/Severe traumatic brain injury	\$450	\$600
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)	\$10,000	\$20,000
PVS	\$10,000	\$20,000
Coma (induced)	\$250	\$250
<i>Maximum days per accident</i>	<i>10</i>	<i>10</i>
Dental treatment		
Extractions	\$75	\$100
Crown	\$225	\$300
Gunshot wound	\$1,500	\$2,000
Laceration		
Without stitches	\$25	\$25
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
<i>Maximum diagnoses 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 2	Plan 3
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 2	Plan 3
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
- Animal bite
- Burn
- Burn skin graft
- Gunshot wound
- Service Dog