



Life changing

Aetna Supplemental Health Plans

We pay you cash benefits

These plans pay you cash for events that happen on or after the plan's effective date. That's right. Our plan pays you cash benefits for a covered accident that occurs on or off the job. Use the money to pay medical bills or everyday living expenses. The choice is yours.

Our plans work with your health plan

We won't deny coverage based on your health. There are no doctor exams to take or medical questions to answer. And we pay you even if you have other insurance coverage.

Aetna Accident Plan*

Pays you for covered accidents and treatments both on and off the job. And you have a choice of two plan options.

| Your child broke their leg while playing on the school soccer team. Here's how the high plan pays if you're a member of the Aetna Accident Plan. | Covered care | Benefit amount |
|---|-----------------------------------|-----------------------|
| | Initial treatment — ER | \$225 |
| | X-ray | \$100 |
| | Broken leg (surgically repaired) | \$4,500 |
| | Appliances (crutches) | \$150 |
| | Follow-up doctor's office visit | \$75 |
| | Physical therapy (6 visits) | \$210 |
| | Organized sports (25% additional) | \$1,315 |
| | Total benefits paid | \$6,575 |

Policies are insured by Aetna Life Insurance Company (Aetna) located at 151 Farmington Avenue, Hartford, CT 06156.

*FOR AETNA ACCIDENT PLAN: Limits apply to the number of times we pay a benefit. See your plan summary for details.



**Alvarado Independent
School District**

Enjoy an Aetna Simplified Claims Experience®

Register on [MyAetnaSupplemental.com](https://www.myaetnasupplemental.com) or on the **My Aetna Supplemental** app to file a claim. Just upload a PDF or picture of your medical bill. You can also complete a paper form and return it by mail or fax to Aetna Voluntary Plans.

If your claim is approved, we'll mail you a check or deposit cash directly into your bank account.

Questions? We're here to help

Call us at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM in all time zones.

*FOR CLAIM PROCESSING: Sometimes you may need to provide documentation if the benefit doesn't create a medical claim, or we need more details to process your claim.

Exclusions and limitations

These plans have exclusions and limitations. Refer to the actual policy and certificate to see which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. But the plans may contain exceptions to this list based on state mandates or the plan design purchased. Benefits under the policy will not be payable for anything related to:

Aetna Accident Plan exclusions and limitations

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, 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. Assault, felony, illegal occupation, or other criminal act;
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;
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. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Accidental injury sustained while 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.

The stay, visit or service must be on or after the effective date of coverage, while coverage is in force. It must take place in the United States or its territories.

Policy forms issued in Oklahoma, Missouri, Wyoming and Washington include: GR-96842 01, AL HPOL-VOL Acc 01

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THEY ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

These plans provide limited benefits. They pay 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. Providers are independent contractors and are not agents of Aetna®. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna plans.

Aetna Federal ACA 1557 Non- Discrimination Notice

Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call **1-800-872-3862 (TTY: 711)**.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator

Attn: 1557 Coordinator , CVS Pharmacy, Inc., 1 CVS Drive, MC 2332, Woonsocket, RI 02895

Phone: **1-800-648-7817**, TTY: **711** | Email: **CRCoordinator@aetna.com**

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**. This notice is available at Aetna Inc.'s website: **<https://www.aetna.com/>**

TTY: 711

To access language services at no cost to you, call 1-888-772-9682.

Para acceder a los servicios de idiomas sin costo, llame al 1-888-772-9682. (Spanish)

如欲使用免費語言服務，請致電 1-888-772-9682。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-888-772-9682. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-772-9682. (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-772-9682 an. (German)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-888-772-9682. (Arabic)

Pou jwenn sèvis lang gratis, rele 1-888-772-9682. (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-772-9682. (Italian)

言語サービスを無料でご利用いただくには、1-888-772-9682 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-888-772-9682 번으로 전화해 주십시오. (Korean)

برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-772-9682 تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 1-888-772-9682. (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-772-9682. (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-772-9682. (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-772-9682. (Vietnamese)
