



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.

The Aetna Accident Plan is underwritten by Aetna Life Insurance Company (Aetna).

How can you use the cash benefits?

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

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

...or anything else **you** choose.

Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered injury or treatment. And, benefits get paid directly to you by check or direct deposit.

BENEFIT SUMMARY

Education Service Center Region XII
802376

Aetna Off 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.

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	Low	High
Ambulance		
Ground ambulance 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.	\$300	\$300
Air ambulance 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>	\$1,500	\$1,500
	1	1
Initial Treatment		
Emergency room/Hospital 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.	\$250	\$300

Covered Benefit	Low	High
<p>Physician's office/Urgent care facility</p> <p>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.</p>	\$250	\$300
<p>Walk-in clinic/Telemedicine</p> <p><i>Maximum visits per accident, combined for all places of service</i></p> <p><i>Maximum visits per plan year, combined for all places of service</i></p>	\$50 1 3	\$50 1 3
<p>X-ray/Lab</p> <p>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.</p>	\$50	\$75
<p>Medical imaging</p> <p>Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following:</p> <ol style="list-style-type: none"> 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) <p>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.</p>	\$150	\$200

Follow-up Care

Covered Benefit	Low	High
Accident follow-up		
Emergency room/Hospital Pays a benefit if an insured person receives follow-up treatment in emergency room or hospital for an accidental injury within one year of the accident.	\$100	\$125
Physician's office/Urgent care facility Pays a benefit if an insured person receives follow-up treatment in a physician's office or urgent care center for an accidental injury within one year of the accident.	\$100	\$125
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	\$300	\$300
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$150	\$150
Chiropractic treatment and alternative therapy	\$35	\$35
<i>Maximum visits per accident</i>	10	10
<i>Maximum visits per plan year</i>	30	30
Pain management (epidural anesthesia) 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.	\$150	\$150
Prescription drugs	\$10	\$10
Prosthetic device/Artificial limb		
One limb	\$1,500	\$1,500
Multiple limbs	\$3,000	\$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	\$35	\$35
<i>Maximum visits per accident</i>	10	10

Hospital Care

Covered Benefit	Low	High
Hospital stay – admission (initial day)		
Non-ICU admission 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	\$1,500
ICU admission 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	\$3,000
Hospital stay – daily*		
Non-ICU daily Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.	\$250	\$300
ICU daily 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.	\$500	\$600
Step down intensive care unit daily <i>Maximum days per accident (combined for all stays due to the same accident)</i>	\$500 365	\$600 365
Rehabilitation unit stay – daily 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. <i>Maximum days per accident</i>	\$300 30	\$350 30
Observation unit 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	\$100

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

Surgical Care

Covered Benefit	Low	High
Blood/Plasma/Platelets 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	\$500
Eye Injury		
Surgical repair	\$300	\$400
Removal of foreign object	\$200	\$300
Surgery (without repair)		
Arthroscopic or exploratory 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	\$300
Surgery (with repair)		
Cranial, open abdominal or thoracic 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	\$2,000
Hernia 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	\$300
Ruptured disc 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	\$1,000
Tendon/Ligament/Rotator cuff		
Single repair	\$750	\$1,000
Multiple repairs	\$1,500	\$2,000
Torn knee cartilage 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	\$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	Low	High
Lodging	\$200	\$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	30
Transportation	\$450	\$500
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	Low	High
Dislocations – Closed Reduction*		
Hip	\$4,000	\$6,000
Knee	\$1,500	\$3,000
Ankle – bone or bones of the foot (other than toes)	\$750	\$1,500
Collarbone (sternoclavicular)	\$750	\$1,200
Lower jaw	\$750	\$1,200
Shoulder (glenohumeral)	\$750	\$1,200
Elbow	\$750	\$1,200
Wrist	\$750	\$1,200
Bone or bones of the hand (other than fingers)	\$750	\$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

Covered Benefit

Low

High

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	\$5,500	\$8,250
Skull (except bones of the face or nose), non-depressed	\$5,500	\$8,250
Hip, thigh (femur)	\$1,725	\$3,450
Vertebrae, body of (excluding vertebral processes)	\$1,725	\$2,250
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$1,725	\$2,250
Leg (tibia and/or fibula malleolus)	\$1,725	\$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

Accidental Death & Dismemberment and Paralysis Benefits

Covered Benefit	Low	High
Accidental death		
Pays a benefit if an insured person sustains an accidental injury which causes the insured person's death within 90 days after an accident.		
Employee	\$50,000	\$100,000
Covered dependent spouse	\$25,000	\$50,000
Covered dependent children	\$25,000	\$50,000
Accidental death common carrier		
Pays a benefit if an insured person sustains an accidental injury while the insured person is a fare paying passenger on a common carrier and the accidental injury causes the insured person's death within 90 days after an accident.		
Employee	\$100,000	\$200,000
Covered dependent spouse	\$50,000	\$100,000
Covered dependent children	\$50,000	\$100,000
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	\$12,500	\$20,000
Loss of hand	\$12,500	\$20,000
Loss of leg	\$12,500	\$20,000
Loss of foot	\$12,500	\$20,000
Loss of sight	\$12,500	\$20,000
Loss of ability to speak	\$25,000	\$30,000
Loss of hearing	\$12,500	\$20,000
<i>Maximum dismemberments per accident (non-finger, toe)</i>	2	2
Loss of finger	\$3,250	\$5,000
Loss of toe	\$3,250	\$5,000
<i>Maximum dismemberments per accident (finger, toe)</i>	4	4
Home and vehicle alteration	\$2,500	\$2,500
Paralysis (complete, total and permanent loss)		
Pays a benefit if an insured person sustains paralysis as a result of an accidental injury. A physician must diagnose paralysis within 60 days after the accidental injury; and confirm the paralysis continued for a period of 90 consecutive days.		
Quadriplegia	\$25,000	\$40,000
Triplegia	\$15,000	\$25,000
Paraplegia	\$12,500	\$20,000
Hemiplegia	\$12,500	\$20,000
Diplegia	\$12,500	\$20,000
Monoplegia	\$2,500	\$5,000

Other Accidental Injuries

Covered Benefit	Low	High
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		
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	\$2,000	\$2,000
Third degree burn, less than 5% of total body surface	\$2,000	\$2,500
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
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.		
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>	10	10
Dental treatment		
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	\$100
Crown	\$225	\$300
Gunshot wound	\$1,500	\$2,000
Laceration		
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	\$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>	1	1
Service dog	\$1,500	\$1,500
<i>Maximum service dogs per your lifetime</i>	1	1

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 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

Organized Sports Rider

Covered Benefit	Benefit Amount
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%

Excluded benefits for Organized Sports Rider

- Accidental death
- Accidental death common carrier
- Animal bite
- Burn
- Burn skin graft
- Gunshot wound
- Service Dog

Health Screening Rider

Covered Benefit	Benefit Amount
Health screening* <i>Maximum 1 test per plan year</i>	\$50

*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