



Cover your bases

Aetna® Accident Plan

Prepare for the unexpected

Would you be financially ready if you had an accidental injury? The Aetna Accident Plan can help supplement your medical coverage.

What is the Aetna 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 more 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 pay **doctors and hospitals** directly for treatment related to your care. But these plans usually don't cover 100 percent of the costs until you meet deductibles and co-insurance, and you have to come up with the rest. Medical plans also don't cover other expenses health events might impact, like day care, rent and more, if you're out of work.

The Aetna Accident Plan pays benefits directly to **you**. You'll get extra cash when you need it most. The 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. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **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. We will pay benefits directly to you by check or direct deposit.

Accident insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96842, AL HPOL-VOL Acc01.



“What ifs” are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately **\$6,620**¹. Home accidents injure **one person every four seconds** in the U.S.²



Because you never know

Miguel* didn't expect to get hit from behind in the middle of rush hour. But it happened. Now his back and his car need some work.

Luckily, he had the Aetna® Accident Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits were deposited directly into his bank account. He used some of the money to pay out-of-pocket medical costs. The rest went toward getting his car back into shape.

An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click “Report New Claim” and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



¹Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/31888976/>. Accessed June 17, 2022.

²About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety. Accessed June 17, 2022.

* For illustrative purposes only; does not reflect events experienced by an actual participant.



Benefit Summary

Aetna® On/Off-Job Accident Plan



Southwest ISD
6500663

The accident plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Be ready for when real life happens.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

This is a summary of your benefits. Limits apply to the number of times a benefit is paid, as specified in your Certificate of Coverage. If a service or injury falls in more than one category, the plan will pay only one benefit, and the highest benefit that applies. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage. This policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Note: The Aetna Accident Plan pays benefits for specific care, treatment and services related to a covered accident. The plan doesn't pay benefits for care, treatment or services related to an accident that occurs before the plan's coverage effective date.

Accident plan



Initial care

| Covered Benefit | Low | High |
|---|----------|----------|
| Ground ambulance | \$500 | \$500 |
| Air ambulance | \$1,600 | \$1,600 |
| <i>Max trips per accident, air and ground combined</i> | <i>1</i> | <i>1</i> |
| Emergency room/Hospital | \$200 | \$250 |
| Physician's office/Urgent care facility | \$200 | \$250 |
| Walk-in clinic/Telemedicine | \$50 | \$50 |
| <i>Max visits for all places of service per accident</i> | <i>1</i> | <i>1</i> |
| <i>Max visits for all places of service per plan year</i> | <i>3</i> | <i>3</i> |
| X-ray | \$75 | \$125 |
| Lab | \$75 | \$125 |
| Medical Imaging | \$225 | \$225 |

Follow-up care

| Covered benefit | Low | High |
|---|-----------|-----------|
| Emergency room/Hospital | \$75 | \$75 |
| Physician's office/Urgent care facility | \$75 | \$75 |
| Walk-in clinic/Telemedicine | \$25 | \$25 |
| <i>Max visits for all places of service per accident</i> | <i>3</i> | <i>4</i> |
| <i>Max visits for all places of service per plan year</i> | <i>9</i> | <i>12</i> |
| Major appliances | \$200 | \$300 |
| Minor appliances | \$125 | \$150 |
| <i>Maximum appliances per accident, major & minor combined</i> | <i>1</i> | <i>1</i> |
| Chiropractic treatment/Alternative therapy | \$25 | \$35 |
| <i>Max combined visits per accident</i> | <i>10</i> | <i>10</i> |
| <i>Max combined visits per plan year</i> | <i>30</i> | <i>30</i> |
| Pain management (<i>epidural anesthesia</i>) | \$100 | \$150 |
| Prescription drugs | \$10 | \$10 |
| One prosthetic device/Artificial limb | \$750 | \$1,500 |
| Multiple prosthetic devices/Artificial limbs | \$1,500 | \$3,000 |
| <i>Max prosthetic benefits per accident</i> | <i>1</i> | <i>1</i> |
| Repair or replace (<i>percentage of Prosthetic device/Artificial limb benefit amount</i>) | 25% | 25% |
| <i>Max repair or replace per plan year</i> | <i>1</i> | <i>1</i> |
| Therapy services | \$25 | \$35 |
| <i>Max therapy services per accident</i> | <i>10</i> | <i>10</i> |
| <i>Max therapy visit per plan year</i> | <i>30</i> | <i>30</i> |

Note: Major appliances include: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair.

Note: Minor appliances include: Brace, cane, crutches, walker, walking boot, other medical devices to aid in physical movement.

Accident plan



Hospital care

Hospital and all other stays related to a covered accident.

| Covered benefit | Low | High |
|--|---------|---------|
| Non-ICU hospital admission (<i>initial day</i>) | \$1,000 | \$1,500 |
| ICU hospital admission (<i>initial day</i>) | \$2,000 | \$3,000 |
| Non-ICU hospital stay — daily | \$200 | \$300 |
| Step down intensive care unit hospital stay— daily | \$300 | \$450 |
| ICU hospital stay — daily | \$400 | \$600 |
| <i>Max days per accident (combined for all stays due to the same accident)</i> | 365 | 365 |
| Rehabilitation unit stay — daily | \$100 | \$150 |
| <i>Max days for rehabilitation stay per accident</i> | 30 | 30 |
| Observation unit (<i>one day per plan year</i>) | \$100 | \$100 |

Note: Hospital daily stay begins on day 1, and all daily stays (except rehabilitation) add up to a maximum combined 365 days per person, per accident.

Surgical care

| Covered benefit | Low | High |
|--|---------|---------|
| Blood/Plasma/Platelets | \$400 | \$500 |
| Eye injury — surgical repair | \$300 | \$400 |
| Eye injury — removal of foreign object | \$150 | \$200 |
| Surgery (<i>without repair</i>) — arthroscopic or exploratory | \$175 | \$275 |
| Cranial, open abdominal & <i>thoracic (surgery with repair)</i> | \$1,500 | \$2,000 |
| Hernia (<i>surgery with repair</i>) | \$250 | \$300 |
| Ruptured disc (<i>surgery with repair</i>) | \$750 | \$1,000 |
| Tendon/Ligament/Rotator cuff — single repair (<i>surgery with repair</i>) | \$750 | \$1,000 |
| Tendon/Ligament/Rotator cuff — multiple repairs (<i>surgery with repair</i>) | \$1,500 | \$2,000 |
| Torn knee cartilage (<i>surgery with repair</i>) | \$750 | \$1,000 |
| Inpatient surgery (<i>non-specified with repair</i>) | \$250 | \$300 |
| Outpatient surgery (<i>non-specified with repair</i>) | \$250 | \$300 |
| <i>Max benefits per accident, combined for all surgery (with and without repair)</i> | 2 | 2 |

Note: Surgical benefits must be related to a covered accident.

Lodging/Transportation

| Covered benefit | Low | High |
|--------------------------------------|-------|-------|
| Lodging | \$200 | \$200 |
| <i>Max lodging days per accident</i> | 30 | 30 |
| Transportation | \$400 | \$400 |
| <i>Max trips per accident</i> | 3 | 3 |

Note: Lodging and transportation must be related to a covered accident, and member, or companion must travel over 50 miles from home for care.

Accident plan



Dislocations- closed reduction (*non-surgical*)

| Covered benefit | Low | High |
|--|---------|---------|
| 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 (<i>percentage of named dislocation</i>) | 25% | 25% |
| <i>Max dislocations per accident</i> | 3 | 3 |

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Accident plan



Fractures- closed reduction (*non-surgical*)

| Covered benefit | Low | High |
|--|---------|---------|
| 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 or thigh (<i>femur</i>) | \$1,725 | \$3,450 |
| Vertebrae — excluding vertebral processes | \$1,125 | \$2,250 |
| Pelvis — including 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 (<i>except alveolar process</i>) | \$600 | \$1,200 |
| Upper arm between elbow and shoulder (<i>humerus</i>) | \$600 | \$1,200 |
| Lower jaw, mandible (<i>except alveolar process</i>) | \$600 | \$1,200 |
| Collarbone (<i>clavicle, sternum</i>) | \$600 | \$1,200 |
| Shoulder blade (<i>scapula</i>) | \$600 | \$1,200 |
| Vertebral process | \$600 | \$1,200 |
| Forearm (<i>radius and/or ulna</i>) | \$450 | \$900 |
| Kneecap (<i>patella</i>) | \$450 | \$900 |
| Hand/foot (<i>except fingers, toes</i>) | \$450 | \$900 |
| Ankle/wrist | \$450 | \$900 |
| Rib | \$225 | \$450 |
| Coccyx | \$225 | \$450 |
| Finger, toe | \$225 | \$450 |
| Chip fracture (<i>percentage of named fracture</i>) | 25% | 25% |
| <i>Max fractures per accident</i> | 3 | 3 |

Note: Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

Accident plan



Accidental death

| Covered benefit | Low | High |
|----------------------------|----------|-----------|
| Employee | \$50,000 | \$100,000 |
| Covered dependent spouse | \$25,000 | \$50,000 |
| Covered dependent children | \$25,000 | \$50,000 |

Accidental death common carrier

| Covered benefit | Low | High |
|----------------------------|-----------|-----------|
| Employee | \$100,000 | \$200,000 |
| Covered dependent spouse | \$50,000 | \$100,000 |
| Covered dependent children | \$50,000 | \$100,000 |

Note: Accidental death common carrier benefit pays when you or a covered dependent have an accidental injury as a fare paying passenger on a public airline, railroad, bus line, taxicab, etc. that results in death.

Accidental dismemberment

| Covered benefit | Low | High |
|--|----------|----------|
| 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>Max dismemberments per accident (non-finger, toe)</i> | <i>2</i> | <i>2</i> |
| Loss of finger | \$500 | \$1,000 |
| Loss of toe | \$500 | \$1,000 |
| <i>Max dismemberments per accident (finger, toe)</i> | <i>4</i> | <i>4</i> |

Paralysis (complete, total & permanent loss)

| Covered benefit | Low | High |
|-----------------|----------|----------|
| 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 |

Accident plan



Other benefits

| Covered benefit | Low | High |
|--|-----------------|-----------------|
| Home and vehicle alteration | \$1,000 | \$1,500 |
| Animal bite treatment — tetanus shot | \$100 | \$100 |
| Animal bite treatment — anti-venom shot | \$200 | \$200 |
| Animal bite treatment — rabies shot | \$300 | \$300 |
| Brain injury — concussion/mild traumatic brain injury | \$225 | \$250 |
| Brain injury — moderate/severe traumatic brain injury | \$450 | \$600 |
| Burn — second degree burn (<i>greater than 5% of total body surface</i>) | \$1,000 | \$1,500 |
| Burn — third degree burn (<i>less than 5% of total body surface</i>) | \$1,500 | \$2,250 |
| Burn — third degree burn (<i>between 5% and 10% of total body surface</i>) | \$6,000 | \$9,000 |
| Burn — third degree burn (<i>greater than 10% of total body surface</i>) | \$18,000 | \$27,000 |
| Burn skin graft (<i>percentage of the named burn benefit</i>) | 50 % of Burn | 50 % of Burn |
| Coma (<i>non-induced</i>) | \$10,000 | \$20,000 |
| Persistent vegetative state (<i>PVS</i>) | \$10,000 | \$20,000 |
| Coma (<i>induced/per day</i>) | \$250 | \$250 |
| Dental extractions | \$75 | \$100 |
| Dental crown | \$225 | \$300 |
| Gunshot wound | \$1,500 | \$2,000 |
| Laceration without stitches | \$25 | \$25 |
| Laceration with stitches (<i>less than 7.5cm</i>) | \$100 | \$100 |
| Laceration with stitches (<i>between 7.6cm and 20cm</i>) | \$300 | \$300 |
| Laceration with stitches (<i>greater than 20cm</i>) | \$600 | \$600 |
| Posttraumatic stress disorder (<i>PTSD</i>) | \$500 | \$500 |
| Service dog | \$1,500 | \$1,500 |
| Waiver of premium | Included | Included |

Note: Max 10 days per accident for coma/PVS benefits.

Note: Posttraumatic stress disorder benefit is limited to 1 per person, per lifetime.

Note: Service dog benefit is limited to 1 dog, per lifetime.

Other benefits

Organized sports benefit

The **organized sports benefit** pays an additional **25** percent of benefits if a covered member is injured while participating as a registered member of an organized sporting activity.

Note: Organized sport benefit excludes the following benefits:

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

Accident plan



Health screening benefit

| Covered benefit | Benefit amount |
|--|----------------|
| Health screening benefit (<i>pays once per member per plan year for covered preventive tests</i>) | \$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
- Hemoccult 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 an eligible health screening benefit.

Aetna® Accident Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

| Coverage | You only | You + spouse | You + child(ren) | You + family |
|-----------|----------|--------------|------------------|--------------|
| Low plan | \$8.48 | \$16.97 | \$17.81 | \$26.30 |
| Coverage | You only | You + spouse | You + child(ren) | You + family |
| High plan | \$11.36 | \$22.73 | \$23.87 | \$35.24 |

Aetna® Accident plan exclusions and limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits under the policy will not be payable for any care, service or supply for an accidental injury related to the following:

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 and take place in the United States or its territories.

Portability

Your plan includes a portability option which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option if your employment ceases for any reason. Refer to your certificate for additional portability provisions. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.

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.

THIS PLAN IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. This plan

provides limited benefits. It pays 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. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

Policies are insured by Aetna® Life Insurance Company (Aetna). Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features 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. Policies may not be available in all states, and rates and benefits may vary by location.

If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.

Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Cliente que figura en su tarjeta de identificación de Aetna, y un representante de Aetna lo pondrá en contacto con un intérprete. También puede obtener la asistencia de un intérprete para tratar problemas de manejo de utilización o para registrar una queja o una apelación. Si usted es sordo o tiene dificultades de audición, use su TTY y marque 711 para comunicarse con el servicio de retransmisión de telecomunicaciones. Una vez conectado, ingrese o brinde el número de teléfono de Aetna al que está llamando.

ATTENTION MASSACHUSETTS RESIDENTS: As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at **1-877-MA-ENROLL (1-877-623-6765)** or visit the Connector website (**mahealthconnector.org**). THIS POLICY, ALONE, DOES NOT MEET MINIMUM CREDITABLE COVERAGE STANDARDS. If you have questions about this notice, you may contact the Division of Insurance by calling **1-617-521-7794** or visiting its website at **mass.gov/doi**.

Financial sanctions exclusion

If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Policy forms issued Oklahoma include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.

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

Policy forms issued in Washington include: GR-96842 01.



AETNA LIFE INSURANCE COMPANY

ACCIDENT-ONLY COVERAGE

THIS POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE

Policy form AL HPOL-VOL Acc 01, form AL HCOC-VOL Acc 01

1. **Read Your Policy Carefully**—This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**
2. Accident-only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
3. If you have an accidental injury, the benefits shown in the Schedule of benefits section of the certificate are payable. Covered benefits must meet all of these requirements:
 - Your accidental injury must:
 - Be on or after your effective date of coverage.
 - Must occur while your coverage is in force.
 - Take place in the United States or its territories.
 - Your care, services and supplies:
 - Must appear in this section.
 - Must be given or received or the diagnosis made due to an accidental injury .
 - Must be provided or the diagnosis made while your coverage under the certificate is in force.
 - Must be advised by a physician.
 - Must be given or received, in the United States or its territories.
 - Is not listed in the What your plan doesn't cover – exclusions section of the certificate.
 - Is not beyond any benefit maximums shown in the Schedule of benefits section of the certificate.
 - You must have been billed for your care, services or supplies due to an accidental injury.

4. We call care, services and supplies that are not covered “exclusions.” In the What your plan doesn’t cover - exclusions section of the certificate, we tell you about exclusions. Here is a summary:
- Act of war, riot, war
 - Aircraft
 - Self-harm, suicide
 - Professional activities and contests
5. **Portability:** We will provide portability coverage to the employee if
- Their employment ends and as a result their coverage under the policy ends
 - Their or their covered dependent becomes totally disabled while covered under the certificate and the policy ends

Please refer to the Portability provision in the certificate for details.

Our right to change premium rates: We have the right to change our premium rates. We will give the policyholder at least 31 days prior written notice of any change.

Renewability: The policy is optionally renewable.



Please review the below notice for Aetna Supplemental Health plan members who reside in the state of New Mexico.

ATTENTION NEW MEXICO RESIDENTS

The coverage provided under your benefits plan or policy underwritten by Aetna Life Insurance Company is limited in nature and may not provide financial protection for significant costs that you could incur for the diagnosis or treatment of COVID-19 ("Corona virus") related illness.

If you do not have comprehensive major medical coverage, in addition to the plan or policy issued by our company, you may incur significant uninsured medical expenses associated with the diagnosis and treatment of illness caused by COVID-19.

Major medical plans offer robust consumer protections, and are required to waive all deductibles, co-pays and other cost sharing expenses for the diagnosis or treatment of COVID-19 related illness. Your policy or plan with us is not a major medical plan and does not provide such protections.

If you do not have major medical coverage, you may:

1. Contact a licensed insurance broker or agent to see about major medical coverage availability.
2. To see if you are eligible for a special enrollment period for major medical coverage through the New Mexico Health Insurance Exchange, contact beWellnm toll-free at **1-833-862-3935**.
3. To see if you are eligible for Medicaid coverage and to complete an application, please call the Human Services Department's Medicaid Expansion Hotline toll-free at **1-855-637-6574** or visit **<https://www.yes.state.nm.us/yesnm/home/index>**.
4. To see if you are eligible for high risk pool coverage, please contact the New Mexico Medical Insurance Pool (the "High Risk Pool") at **1-844-728-7896** or **<https://nmmip.org/>**". If you are uninsured and have a COVID-19 diagnosis, your condition qualifies you for Pool coverage.

The Centers for Disease Control and the New Mexico Department of Health each have websites with considerable information on COVID-19. Visit each website at **<https://www.cdc.gov/>** or **<http://cv.nmhealth.org/>**.

Individuals who have symptoms consistent with COVID-19 should immediately call the NM Department of Health at **1-855-600-3453**.

Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-888-772-9682 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。 (Japanese)

본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)
