



We've got your back

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 minor to 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 plans.

How can you use the cash benefits?

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

- deductibles or copays
- mortgage or rent
- groceries or utility bills

...or anything else you choose.

Rest assured

Enrollment is guaranteed. We don't ask you any questions about your health. And, you get benefits paid directly to you by check or direct deposit.



“What ifs” are everywhere

2.6+ million children get seen in emergency departments for injuries related to sports and recreation each year¹.

An American has an accidental injury **every second**².

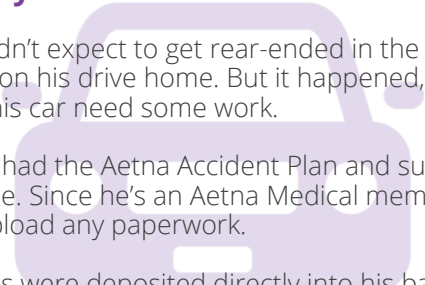


Because you never know

Miguel* didn't expect to get rear-ended in the middle of rush hour on his drive home. But it happened, and now his back and his car need some work.

Luckily, he had the Aetna Accident Plan and submitted his claim online. Since he's an Aetna Medical member, he didn't need to upload any paperwork.

His benefits were deposited directly into his bank account and used some of the money to pay out-of-pocket medical costs. The rest went towards getting his car back into shape.



Handy online tools for you

You can find everything you need in one place at our member website: **myaetnasupplemental.com**. Aetna medical members can also access the site from **aetna.com**. You can view your plan documents, submit and track the status of claims, and even sign up for direct deposit.

Filing a claim is easy. Just create or log into your account on the member website. Click “Report New Claim” and answer a few quick questions. If you have an Aetna medical plan, we'll automatically retrieve any medical information needed to process your claim. That's less paperwork for you.



You can also print and mail a paper claim form to Aetna Voluntary Plans. Once your claim is approved, we will send you a check, or deposit your benefits directly into your bank account. You choose.

¹Sports and Recreation Safety Fact Sheet (2015). Safe Kids Worldwide. February 2015. Available at: safekids.org/sites/default/files/documents/skw_sports_fact_sheet_feb_2015.pdf. Accessed April 18, 2018.

²National Safety Council. Injury Facts: The Source of Injury Stats. 2019. Available at <https://www.nsc.org/membership/member-resources/injury-facts>. Accessed January 28, 2019.

*This is a fictional example of how the plan could work.

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

The Aetna Accident Plan is underwritten by Aetna Life Insurance Company (Aetna). 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. 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. For more information about Aetna plans, refer to **aetna.com**.

Policy forms issued Oklahoma include: GR-96841, GR-96842; AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01

Policy forms issued in Missouri include: GR-96841 01, GR-96842 01.



BENEFIT SUMMARY

PSEB LLC

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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	Plan 1	Plan 2
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. <i>Maximum 1 transport per Accident</i>	\$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 1 transport per Accident</i>	\$1,500	\$1,500
Initial Treatment - Emergency Room 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. <i>Maximum 3 visits per plan year</i>	\$100	\$150

Covered Benefit	Plan 1	Plan 2
<p>Initial Treatment - Physician's Office or Urgent Care</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> <p><i>Maximum 3 visits per plan year</i></p>	\$100	\$150
<p>X-ray</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>	\$25	\$50
<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>	\$100	\$150

Follow-up Care

Covered Benefit	Plan 1	Plan 2
<p>Accident Follow-up</p> <p>Pay a benefit if an insured person receives follow-up treatment in a physician's office, urgent care center or emergency room for an accidental injury within one year of the accident.</p> <p><i>Maximum visits per accident and plan year</i></p>	\$50 (2 visits per Accident / 6 visits per plan)*	\$50 (3 visits per Accident / 9 visits per plan)*

*Accident Follow-up maximum visits per Accident, per plan year

Appliances

Pays if a physician prescribes the use of an appliance as an aid in personal locomotion or mobility as a result of an accidental injury. The use of an appliance must begin within 90 days after the accidental injury.

\$50 \$100

Prosthetic Device/Artificial Limb

Pays a benefit if an insured person receives One prosthetic device/artificial limb when the insured person loses a hand, foot or one eye as the result of an accidental injury. The prosthetic device(s)/artificial limb(s) must be received within one year of the accidental injury.

\$500 \$750

Covered Benefit	Plan 1	Plan 2
Pays a benefit if an insured person receives Multiple prosthetic devices/artificial limbs when the insured person loses a hand, foot or one eye as the result of an accidental injury. The prosthetic devices/artificial limbs must be received within one year of the accidental injury.	\$1,000	\$1,500
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.	\$50	\$100
Therapy Services If therapy is received within 90 days after an accidental injury.	\$15 (10 visits)	\$25 (10 visits)
Chiropractic Treatment Pays a benefit if an insured person suffers a structural imbalance due to an accidental injury and receives chiropractic care services by a chiropractor in a chiropractor's office. Treatment must begin within 90 days after the accidental injury and must be completed within one year after the accidental injury. <i>Maximum of 30 Chiropractic visits per plan year</i>	\$15 (10 visits)	\$25 (10 visits)

Hospital Care

Covered Benefit	Plan 1	Plan 2
Inpatient Hospital Admission - initial day Pays a benefit if an insured person is admitted into a 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. <i>Maximum 1 Admission, per Accident</i>	\$500	\$1,000
Inpatient ICU Admission - initial day 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. <i>Maximum 1 Admission, per Accident</i>	\$1,000	\$2,000
Inpatient Hospital Daily Pays a benefit if an insured person has a stay in a hospital due to accidental injury. The stay must begin within 180 days after an accidental injury. <i>Maximum 365 days per stay, Maximum 1 stay per accident</i>	\$100	\$200
Inpatient 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. <i>Maximum 365 days per stay, Maximum 1 stay per accident</i>	\$200	\$400

Covered Benefit	Plan 1	Plan 2
<p>Inpatient Rehabilitation Unit Daily</p> <p>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.</p> <p><i>Maximum 1 stay per accident, Maximum 30 days</i></p>	\$50	\$100
<p>Observation Unit</p> <p>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.</p>	\$100	\$100

Surgical Care

Covered Benefit	Plan 1	Plan 2
<p>Blood/Plasma/Platelets</p> <p>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</p>	\$300	\$400
<p>Eye Injury</p> <p>Pays a benefit if an insured person sustains an accidental injury to the eye. The eye injury must require surgery or the removal of a foreign object by a physician within 90 days after the accidental injury. An examination with anesthesia will not be considered surgery.</p>	\$200	\$300
<p>Ruptured Disc</p> <p>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.</p>	\$500	\$750
<p>Tendon/Ligament/Rotator Cuff</p> <p>Single</p> <p>Pays a benefit if an insured person sustains a torn, ruptured or severed tendon, ligament or rotator cuff as the result of an accidental injury. We will pay the Surgery for Single Repair Benefit if a physician treats the tear, rupture or sever within 60 days after the accidental injury; and repairs it through surgery within 180 days after the accidental injury.</p>	\$500	\$750
<p>Multiple</p> <p>Pays a benefit if an insured person sustains a torn, ruptured or severed tendon, ligament or rotator cuff as the result of an accidental injury. We will pay the Surgery for Multiple Repairs Benefit if a physician treats the tear, rupture or sever within 60 days after the accidental injury; and repairs it through surgery within 180 days after the accidental injury.</p>	\$1,000	\$1,500

Covered Benefit	Plan 1	Plan 2
<p>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.</p>	\$500	\$750
<p>Surgery (with repair)</p> <p>Cranial, Open Abdominal and 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.</p> <p>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.</p>	\$500	\$1,000
<p>Surgery (with no repair) - Exploratory or Arthroscopic Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within 60 days of the accidental injury.</p>	\$100	\$150

Transportation/Lodging Assistance

Covered Benefit	Plan 1	Plan 2
<p>Lodging 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 30 days per plan year</i></p>	\$100	\$100
<p>Transportation 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. <i>Maximum 1 Round Trip per Plan Year</i></p>	\$200	\$250

Dislocations and Fractures

Dislocation Benefit amounts for Closed Reduction are listed below.

Open Reduction = 2x Dislocation Benefit for Closed Reduction

Covered Benefit	Plan 1 Closed Reductions*	Plan 2 Closed Reductions*
Hip	\$2,000	\$3,000
Knee (except Patella)	\$1,000	\$1,500
Ankle - Bone or Bones of the Foot (other than Toes)	\$500	\$750
Collarbone (Sternoclavicular)	\$400	\$600
Lower Jaw	\$400	\$600
Shoulder (Glenohumeral)	\$400	\$600
Elbow	\$400	\$600
Wrist	\$400	\$600
Bone or Bones of the Hand (other than Fingers)	\$400	\$600
Collarbone (Acromioclavicular and separation)	\$100	\$150
One Toe or One Finger	\$100	\$150

Fractures - Closed Reduction

Fracture Benefit amounts for Closed Reduction are listed below.

Open Reduction = 2x Fracture Benefit for Closed Reduction

Maximum **1 fracture** per accident

Skull (except Bones of the Face or Nose), Depressed	\$2,750	\$4,125
Skull (except Bones of the Face or Nose), Non-Depressed	\$2,750	\$4,125
Hip, Thigh (Femur)	\$1,150	\$1,725
Vertebrae, Body of (excluding Vertebral Processes)	\$750	\$1,125
Pelvis (inc. Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$750	\$1,125
Leg (Tibia and/or Fibula Malleolus)	\$750	\$1,125
Bones of the Face or Nose (except Mandible or Maxilla)	\$400	\$600
Upper Jaw, Maxilla (except Alveolar Process)	\$400	\$600
Upper Arm between Elbow and Shoulder (Humerus)	\$400	\$600
Lower Jaw, Mandible (except Alveolar Process)	\$400	\$600
Collarbone (Clavicle, Sternum)	\$400	\$600
Shoulder Blade (Scapula)	\$400	\$600
Vertebral Process	\$400	\$600
Forearm (Radius and/or Ulna)	\$300	\$450
Kneecap (Patella)	\$300	\$450
Hand / Foot (except Fingers, Toes)	\$300	\$450
Ankle	\$300	\$450
Wrist	\$300	\$450
Rib	\$150	\$225
Coccyx	\$150	\$225
Finger, Toe	\$150	\$225

Accidental Death & Dismemberment and Paralysis Benefits

Covered Benefit	Plan 1	Plan 2
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	\$25,000	\$50,000
Insured Spouse	\$12,500	\$25,000
Insured Children	\$12,500	\$25,000
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	\$50,000	\$100,000
Insured Spouse	\$25,000	\$50,000
Insured Children	\$25,000	\$50,000
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.		
One Hand, Foot or Eye	\$2,500	\$5,000
One Hand and One Foot, One Hand and Eye, One Foot and Eye	\$5,000	\$10,000
Both Hands, Both Feet or Both Eyes	\$5,000	\$10,000
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.		
Paraplegia	\$2,500	\$5,000
Quadriplegia	\$5,000	\$10,000

Other Accidental Injuries

Covered Benefit	Plan 1	Plan 2
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.		
2nd Degree (greater than 5% of total body surface)	\$500	\$1,000
3rd Degree (less than 5% of total body surface)	\$750	\$1,500
3rd Degree (between 5% and 10% of total body surface)	\$3,000	\$6,000
3rd Degree (greater than 10% of total body surface)	\$9,000	\$18,000
Burn Skin Graft		
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.	50% of Burn Benefit	50% of Burn Benefit
Coma		
Pays a benefit if an insured person is in a coma as a result of an accidental injury. Benefits will not be paid for a medically induced coma. A physician must diagnose the Coma within 72 hours after the accidental injury.	\$5,000	\$10,000
Concussion		
Pays a benefit if an insured person sustains a concussion as the result of an accidental injury. A physician must diagnose the concussion within 72 hours after the accidental injury.	\$100	\$150
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	\$50	\$75
Crown	\$150	\$225
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 7.5cm)	\$75	\$75
With Stitches (between 7.6cm and 20cm)	\$300	\$300
With Stitches (greater than 20cm)	\$600	\$600

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 loss or accidental injury caused in whole or in part by or resulting in whole or part from the following:

1. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, except when resulting from a diagnosed disorder in the most current version of the Diagnostic and Statistical Manual (DSM)
2. Engaging in an assault, felony, illegal occupation or other criminal act
3. Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection
4. Operating, learning to operate or serving as a crewmember of an aircraft, whether motorized or not
5. Engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing, mountaineering using ropes and/or other equipment, or motor-driven vehicle racing
6. Participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the insured person receives any compensation or remuneration
7. Services ordered or performed by a physician, or supplies purchased from a provider, who is an insured person, the insured person's immediate family member, or someone who resides with or is employed by or who employs an insured person
8. Any form of intentional asphyxiation
9. Elective or cosmetic surgery
10. Bacterial infection that was not caused by a cut or wound from an accidental injury

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.

No benefit is paid for or in connection with the following stays or visits or services:

- Those received outside the United States; and 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.

Questions and Answers about the Accident Plan

Do I have to answer any questions about my health to enroll?

No, you do not have to answer any questions about your health to enroll.

Do I have to be actively at work to enroll in coverage?

Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible to enroll.

Can I have more than one Accident Plan?

No, you are not allowed to have more than one Aetna Accident Plan.

To whom are benefits paid?

Benefits are paid to you, the member.

Is my Aetna Accident policy compatible with a Health Savings Account (HSA)?

Yes, Aetna Accident policies are compatible with Health Savings Accounts.

How does the Therapy Services benefit work if I receive multiple therapies in one day?

Only one Therapy Services benefit will be paid per day, no matter how many different Therapy Services you receive.

How do I submit a claim?

Go to myaetnasupplemental.com and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.

What if I don't understand something I've read here, or have more questions?

*Please call us. We want you to understand these benefits before you decide to enroll. You may reach one of our Customer Service representatives Monday through Friday, 8 a.m. to 6 p.m., by calling **1-800-607-3366**. We're here to answer questions before and after you enroll.*

What should I do in case of an emergency?

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

What happens if I lose my employment, can I take the Accident Plan with me?

Yes, you are able to continue coverage under the Portability provision; however, you will need to pay premiums directly to Aetna.

Important information about your benefits

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE 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. These benefit 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.

Complaints and appeals

Please tell us if you are not satisfied with a response you received from us or with how we do business. Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. You can also e-mail Member Services through the secure member website. If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate department.

If you don't agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

We protect your privacy

We consider personal information to be private. Our policies protect your personal information from unlawful use. By "personal information," we mean information that can identify you as a person, as well as your financial and health information. Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to: your doctors, dentists, pharmacies, hospitals and other caregivers, other insurers, vendors, government departments and third-party administrators (TPAs).

We obtain information from many different sources —particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

These parties are required to keep your information private as required by law. Some of the ways in which we may use your information include: Paying claims, making decisions about what the plan covers, coordination of payments with other insurers, quality assessment, activities to improve our plans and audits.

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

If you'd like a copy of our privacy notice, call **1-800-607-3366** or visit us at **www.aetna.com**.

If you require language assistance, please call Member Services at 1-800-607-3366 and an Aetna representative will connect you with an interpreter. 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 Servicios al Miembro a 1-800-607-3366, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna 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 (**www.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 **www.mass.gov/doi**.

Plans are underwritten by Aetna Life Insurance Company (Aetna). This material is for information only and is not an offer or invitation to contract. Each insurer has sole financial responsibility for its own products.

Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

Financial Sanctions Exclusions Clause

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 in Idaho, Oklahoma and Missouri include: GR-96841, GR-96842



Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

For the Accident Plan offered by Aetna Life Insurance Company

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This is accident-only coverage. The policy does not pay benefits for loss from sickness or occupational injuries except as provided by rider.

This disclosure document provides a very brief description of the important features of the coverage you are considering. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both you and Aetna Life Insurance Company (Aetna).

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), before you purchase this policy you should check with your tax advisor to be sure that you will continue to be eligible to contribute to the HSA if you purchase this coverage.

The benefits under this policy are summarized below.

Benefit Description	Benefit Amount
Accidental Death Benefit	
Employee	\$25,000 or \$50,000
Insured Spouse	50% of the employee amount
Insured Children	50% of the employee amount
Accidental Death Common Carrier Benefit	
Employee	\$50,000 or \$100,000
Insured Spouse	50% of the employee amount
Insured Children	50% of the employee amount
Accidental Dismemberment Benefit	
Loss Classification	
Loss of One Hand; or	\$2,500 or \$5,000
Loss of One Foot; or	
Loss of Sight of One Eye	

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Benefit Description	Benefit Amount
<p>Loss Classification Loss of One Hand and One Foot; or Loss of One Hand and Sight of One Eye; or Loss of One Foot and Sight of One Eye</p> <p>Loss Classification Loss of Both Hands; or Loss of Both Feet; or Loss of Sight of Both Eyes</p>	<p>\$5,000 or \$10,000</p> <p>\$5,000 or \$10,000</p>
<p>Accident Follow-up Benefit Maximum Visits per Accident Maximum Visits per Plan Year</p>	<p>\$50</p> <p>2 or 3</p> <p>6 or 9</p>
<p>Ground Ambulance Benefit Maximum Trips per Accident</p>	<p>\$300</p> <p>1</p>
<p>Air Ambulance Benefit Maximum Trips per Accident</p>	<p>\$1,500</p> <p>1</p>
<p>Appliances Benefit Maximum Appliances per Accident</p>	<p>\$50 or \$100</p> <p>1</p>
<p>Blood/Plasma/Platelets Benefit Maximum Transfusions per Accident</p>	<p>\$300 or \$400</p> <p>1</p>
<p>Burn Benefit Burn Classifications: Second degree burn, >5% of total body surface Third degree burn, <5% of total body surface Third degree burn, 5-10% of total body surface Third degree burn, >10% of total body surface</p>	<p>\$500 or \$1,000</p> <p>\$750 or \$1,500</p> <p>\$3,000 or \$6,000</p> <p>\$9,000 or \$18,000</p>
<p>Burn Skin Graft Benefit Maximum Skin Grafts per Accident</p>	<p>50% of the Burn Benefit</p> <p>1</p>

Benefit Description	Benefit Amount
Chiropractic Treatment Benefit	\$15 or \$25
Maximum Visits per Accident	10
Maximum Visits per Plan Year	30
Coma Benefit	\$5,000 or \$10,000
Maximum Coma per Accident	1
Concussion Benefit	\$100 or \$150
Maximum Concussion per Accident	1
Dental Treatment Benefit	
Extractions	\$50 or \$75
Crown	\$150 or \$225
Dislocation Benefit	
Closed Reduction	
Hip	\$2,000 or \$3,000
Knee (except Patella)	\$1,000 or \$1,500
Ankle – Bone or Bones of the foot (other than toes)	\$500 or \$750
Collarbone (Sternoclavicular)	\$400 or \$600
Lower Jaw	\$400 or \$600
Shoulder (Glenohumera)	\$400 or \$600
Elbow	\$400 or \$600
Wrist	\$400 or \$600
Bone or Bones of the hand (other than fingers)	\$400 or \$600
Collarbone (Acromioclavicular and separation)	\$100 or \$150
One toe or one finger	\$100 or \$150
Open Reduction	2 x Dislocation Benefit – Closed Reduction
Maximum Dislocations per Accident	1
Eye Injury Benefit	\$200 or \$300
Maximum Visits per Accident	1

Benefit Description	Benefit Amount
Fracture Benefit	
Closed Reduction	
Skull (except bones of the face or nose), depressed	\$2,750 or \$4,125
Skull (except bones of the face or nose), non-depressed	\$2,750 or \$4,125
Hip, Thigh (Femur)	\$1,150 or \$1725
Vertebrae, Body of (excluding Vertebral Processes)	\$750 or \$1,125
Pelvis (inc. Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$750 or \$1,125
Leg (Tibia and/or Fibula Malleolus)	\$750 or \$1,125
Bones of the Face or Nose (except Mandible or Maxilla)	\$400 or \$600
Upper Jaw, Maxilla (except Alveolar Process)	\$400 or \$600
Upper Arm between Elbow and Shoulder (Humerous)	\$400 or \$600
Lower Jaw, Mandible (except Alveolar Process)	\$400 or \$600
Collarbone, (Clavicle, Sternum)	\$400 or \$600
Shoulder Blade (Scapula)	\$400 or \$600
Vertebral Process	\$400 or \$600
Forearm (Radius and/or Ulna)	\$300 or \$450
Kneecap (Patella)	\$300 or \$450
Hand/Foot (except fingers/toes)	\$300 or \$450
Ankle/Wrist	\$300 or \$450
Rib	\$150 or \$225
Coccyx	\$150 or \$225
Finger, Toe	\$150 or \$225
Open Reduction	2 x Fracture Benefit – Closed Reduction
Maximum Fractures per Accident	1

Benefit Description	Benefit Amount
Hospital Stay - Admission Benefit Hospital Admission Maximum Admissions per Accident Intensive Care Unit (ICU) Admission Maximum Admissions per Accident	\$500 or 1,000 1 \$1,000 or \$2,000 1
Hospital Stay - Daily Benefit Hospital Daily Maximum Days per Stay Maximum Stays per Accident Intensive Care Unit (ICU) Daily Maximum Days per Stay Maximum Stays per Accident Rehabilitation Unit Daily Maximum Days per Stay Maximum Stays per Accident	\$100 or \$200 365 1 \$200 or \$400 365 1 \$50 or \$100 30 1
Initial Treatment Benefit - Emergency Room Maximum Visits per Accident Maximum Visits per Plan Year	\$100 or \$500 1 3
Initial Treatment Benefit - Physician's Office or Urgent Care Center Maximum Visits per Accident Maximum Visits per Plan Year	\$100 or \$150 1 3
Laceration Benefit Repair Classifications: Without stiches With Stiches, < 7.5 centimeters With stiches, 7.6 - 20.0 centimeters With stiches, > 20.0 centimeters Maximum Repairs per Accident	\$25 \$75 \$300 \$600 1

Benefit Description	Benefit Amount
Lodging Benefit Maximum Days per Accident	\$100 per day 30
Medical Imaging Benefit Maximum Imaging Tests per Accident	\$100 or \$150 1
Observation Unit Benefit Maximum Observations per Accident	\$100 1
Pain Management (Epidural Anesthesia) Benefit Maximum Administrations per Accident	\$50 or \$100 1
Paralysis Benefit Paraplegia Quadriplegia	\$2,500 or \$5,000 \$5,000 or \$10,000
Prosthetic Device/Artificial Limb Benefit One Limb Multiple Limbs	\$500 or \$750 \$1,000 or \$1,500
Ruptured Disc Benefit Maximum Repairs per Accident	\$500 or \$750 1
Surgery Benefit (with repair) Cranial, Open Abdominal & Thoracic Hernia Maximum Surgeries (with repair) per Accident	\$500 or \$1,000 \$100 or \$150 1
Surgery Benefit (with no repair) Exploratory or Arthroscopic Maximum Surgeries (with no repair) per Accident	\$100 or \$150 1
Tendon/Ligament/Rotator Cuff Benefit Surgery for Single Repair Surgery for Multiple Repairs Maximum Surgeries per Accident	\$500 or \$750 \$1,000 or \$1,500 1
Therapy Services Benefit - Physical Therapy Maximum Visits per Accident	\$15 or \$25 10

Benefit Description	Benefit Amount
Torn Knee Cartilage Benefit	\$500 or \$750
Maximum Repairs per Accident	1
Transportation Benefit	\$200 or \$250
Maximum Round Trips per Accident	1
X-ray Benefit	\$25 or \$50
Maximum X-rays per Accident	1

Coverage Availability:

No benefits are provided under this plan in the absence of payment of current premiums subject to the Grace Period and the Premium section of the Policy.

To be enrolled in this plan, the following requirements must be met:

- You are in an “eligible class,” as defined by the Policy;
- You have reached the “eligibility date” described in the Policy; and
- You have completed any probationary period required by your employer. Your employer will notify you of the length of the probationary period in your eligible class.

Duration of Coverage:

The Policy will be effective as shown in the Effective Date provision on page 1 of the Policy and will continue in force until terminated as provided in the Termination Provisions section of the Policy.

Renewability of Coverage:

The Aetna Accident Plan is optionally renewable, subject to the terms, conditions and limitations specified in the Policy.

Exclusions:

Accident only exclusions: Not every accident is covered by the plan, even if recommended, or approved by your health care provider. Refer to the Exclusions section of the Policy for a detailed explanation of what is not covered under the Policy. Below is a summary list of items that are not covered under this policy.

Benefits under the Policy will not be payable for any loss or **accidental injury** caused in whole or in part by or resulting in whole or part from the following:

1. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, except when resulting from a diagnosed disorder in the most current version of the Diagnostic and Statistical Manual (DSM);
2. Engaging in an assault, felony, illegal occupation or other criminal act;
3. Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection;
4. Operating, learning to operate or serving as a crewmember of an aircraft, whether motorized or not;
5. Engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing, mountaineering using ropes and/or other equipment, or motor-driven vehicle racing;

6. Participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the insured person receives any compensation or remuneration;
7. Services ordered or performed by a physician, or supplies purchased from a provider, who is an insured person, the insured person's immediate family member, or someone who resides with or is employed by or who employs an insured person;
8. Any form of intentional asphyxiation;
9. Elective or cosmetic surgery;
10. Bacterial infection that was not caused by a cut or wound from an accidental injury.

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.



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)
