

Highlights of the Aetna Accident Plan

The Aetna Accident Plan pays benefits for injuries related to an accident. The plan pays benefits for a long list of minor to serious injuries resulting from an accident. Below are just a few of the available benefits. Limits apply to the number of times a benefit is paid, as specified in your enrollment materials. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Accident Plan	Benefits
X-ray/Lab	\$100/\$50
Traumatic Brain Injury – <i>Mild (Concussion)/Moderate to severe</i>	\$300/\$300
Follow-up treatment – <i>ER or hospital/physician's office or urgent care/Walk-in clinic or telemedicine</i>	\$150/\$150/\$50 (3 visits per accident)
Therapy services (up to 5 visits per accident)	\$75
Dislocations (range)	\$300 - \$6,000 closed/ \$600 - \$12,000 surgically repaired
Fractures (range)	\$500 - \$8,250 closed/ \$1,000 - \$16,500 surgically repaired
Burns (2 nd and 3 rd degree – range)	\$1,500 - \$20,000
Paralysis (range)	\$5,000 - \$50,000
Ground/air ambulance	\$600 ground/\$3,000 air
Initial treatment – <i>ER or hospital/physician's office or urgent care/Walk-in clinic or telemedicine</i>	\$400/\$150/\$150 (1 visit per accident/5 per year)
Accidental Death / Accidental Death Common Carrier*	\$100,000/\$100,000
Accidental Dismemberment (range)	\$2,000 - \$30,000

*Dependent child(ren) Accidental Death benefit equals 50% of the employee's benefit (\$50,000).

Get rewarded for taking care of your health

Aetna Health Screening	Benefit
Pays a benefit of \$100 per covered member per plan year for certain preventive health screening tests, including COVID-19 testing. See the complete list of tests in your benefit summary.	\$100



Here are more highlights of the Aetna Accident Plan

Aetna Accident Plan hospital benefits	Benefit
Hospital/Intensive care unit (ICU) – <i>admission*</i>	\$3,000/\$6,000
Inpatient hospital / Intensive Care Unit (ICU) / ICU step-down – <i>Daily stays**</i>	\$750/\$1,500/\$750
Rehabilitation unit – Daily (<i>up to 30 days</i>)	\$225
Observation unit*	\$100
Hospital benefits paid for sickness - Inpatient hospital / Intensive Care Unit (ICU) / ICU step-down – <i>Daily stays***</i>	\$300/\$300/\$300

*Admission and Observation benefits paid once per plan year.

**Daily inpatient benefits start on day 1 and are payable up to a combined maximum of 365 days per plan year.

***Daily stays start on day one up to a maximum of 90 daily stays combined per plan year.

Aetna Accident Plan surgical benefits*	Benefits
Eye injury – <i>Surgical repair/removal of a foreign object</i>	\$500/\$500
Surgery (<i>without repair – Arthroscopic or exploratory</i>)	\$400
Tendon, ligament, rotator cuff – Single repair/multiple repairs	\$1,200/\$1,800
Torn knee cartilage (<i>with repair</i>)	\$1,500
Surgery (<i>with repair</i>) <i>Cranial, Open Abdominal, & Thoracic</i>	\$3,000
<i>Hernia</i>	\$300
<i>Ruptured disc</i>	\$1,000
Surgery (<i>non-specified</i>) – Inpatient / Outpatient	\$500/\$500

*Maximum 2 surgeries combined per accident.

Aetna Organized Sports	Benefit
If an accidental injury occurs while playing as a registered member of an organized sporting activity, total benefits increase by a percentage*	25% additional

*Some benefits are excluded.

Aetna Accident Plan additional benefits	Benefit
Animal bite treatment (<i>tetanus/anti-venom/rabies</i>)	\$100/\$200/\$300
Service dog (<i>once per lifetime</i>)	\$1,500

Filing a claim couldn't be easier

After you become a member, you can file a claim, review your benefits and the status of claims on our member portal at Myaetnasupplemental.com or download our My Aetna Supplemental mobile app. Just follow the instructions on the member portal to file your claim.

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. Assault, felony, illegal occupation, or other criminal act;
5. Bacterial infections that are not caused by a cut or wound from an accidental injury;
6. Care provided by immediate family members or any household member;
7. Elective or cosmetic surgery;
8. Nutritional supplements;
9. 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;
10. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
11. 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.

Inpatient Sickness Rider Exclusions and Limitations

Benefits under this rider will not be payable for any sickness caused in whole or in part by or resulting in whole or part from the following:

1. Accidental injuries;
2. Act of war, riot, war;
3. Assault, felony, illegal occupation, or other criminal act;
4. Care provided by immediate family members or any household member;
5. Cosmetic services and plastic surgery, with certain exceptions;
6. Mental disorders in a hospital or mental disorder treatment facility;
7. Care for a newborn child following birth unless the child has a sickness;
8. Outpatient care, services, prescription medications or supplies used to treat a sickness;
9. 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;
10. Treatment of substance abuse in a hospital or substance abuse treatment facility, except when resulting from a diagnosed disorder;

The initial day of your stay must be on or after the effective date of this rider and while coverage is in force. The stay must take place in the United States or its territories.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

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

Accident Plan Policy form numbers issued in Oklahoma include: AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.

