

Preparing for the unexpected

An Aetna Accident Plan can help

Accidents happen when you least expect them. But an Aetna Accident Plan helps you be more financially prepared whether the accident happens on or off the job. The plan pays cash benefits when you or a covered family member have an accident on or after the coverage effective date.

Be ready for when real life happens

Jorge's story*

"My 10-year-old son, Jorge, recently took a tumble during a school soccer match and ended up with a broken leg."

"Between the ER visit, surgery, countless doctors' appointments, and physical therapy, the bills really added up."

"But my accident plan helped us make ends meet. It paid me cash to use toward our deductible and bills. And filing a claim on the app was easy."



Your plan — your benefits

Here's what the plan pays if you're a member and face a situation like Jorge's.

Covered care	Low Plan	High Plan
Initial treatment — ER	\$150	\$300
X-ray	\$30	\$100
Broken leg (<i>surgery</i>)	\$3,500	\$7,000
Appliances (<i>crutches</i>)	\$100	\$150
Follow-up doctor visit	\$75	\$100
Physical therapy (<i>6 visits</i>)	\$210	\$300
Total benefits paid	\$4,065	\$7,950

Aetna Accident Plan benefits

An Aetna Accident Plan helps you stay on top of your bills. It pays benefits for these accidental injuries, and more:

- Initial & follow-up care
- Hospital stay & surgical care
- Dislocations & fractures
- Burns
- Concussions
- Paralysis
- Accidental death & dismemberment



Want to learn more? You have a choice of plan options. Limits apply to the number of times we pay a benefit. Check out your plan summary for a complete list of benefits, details, exclusions and limitations.

*The above member story illustrates how the plan works but does not reflect events of real participants.

Exclusions and limitations

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

Aetna Accident Plan exclusions and limitations

1. Engaging in extra-hazardous activities, meaning aviation and related activities such as parachuting and skydiving;
2. Participating as a professional in athletics or sports;
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. Care provided by immediate family members;
7. Elective or cosmetic surgery;
8. Suicide, attempt at suicide, or intentionally self-inflicted injury, except when resulting from a diagnosed disorder;
9. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
10. Accidental injury sustained while intoxicated or under the influence of any narcotic, unless administered on the advice of a physician and taken in the prescribed dose.

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, its territories or the countries of Canada and Mexico.

Accident Policy form issued in Oklahoma include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01

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

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

Aetna Hospital Indemnity Plan exclusions and limitations

1. Engaging in extra-hazardous activities meaning aviation and related activities;
2. Participating as a professional in athletics or sports;
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. Care provided by a spouse, parent, child, or sibling;
7. Cosmetic services and plastic surgery, with certain exceptions;
8. Custodial care;
9. Hospice services, except as specifically provided in the benefits under your plan section of the certificate;
10. Self-harm, suicide, 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. Care or services received outside the United States, its possessions or the countries of Canada and Mexico;
13. Accidental injury sustained while under the influence of any narcotic unless administered on the advice of a physician and taken in the prescribed dose;
14. Dental and orthodontic care and treatment;
15. Any care, prescription drugs, and medicines related to infertility;
16. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
17. Vision-related care

Hospital Indemnity Plan Policy form issued in Oklahoma include: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01, GR-96173-HI 01

Hospital Indemnity Plan Policy form issued in Missouri and Wyoming include: AL VOL HPOL-Hosp 01, GR-96172-01

Hospital Indemnity Plan Policy forms issued in Washington include: GR-96172 01, AL VOL HPOL-Hosp 01

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

These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna®. Aetna does not provide care or guarantee access to health services. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date however, it is subject to change. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna plans.

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)
