Covering your bases

Aetna Accident Plan

Be prepared for the unexpected
Accidents are just that — accidents. You can't plan for them. But, you can protect yourself financially as much as possible.

What is the Accident Plan?
The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?
Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with an accidental injury.

The Aetna Accident Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

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

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

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

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

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

57.03.507.1 (02/21)

"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 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. He submitted his claim online and 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 towards getting his car back into shape.

A Simplified Claims Experience™

Register on the **My Aetna Supplemental** app or on the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit.

Filing a claim is easy! Click "Report New Claim", answer a few quick questions, and upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary Plans.

[1]Average 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.
[2]About 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.
*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.

This insurance 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 in Oklahoma include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01
Policy forms issued in Missouri include: GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.

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BENEFIT SUMMARY

Baylor Scott & White Health
803222
Aetna Off/On Job Accident Plan

THIS IS NOT A MEDICARE SUPPLEMENT (MEDIGAP) PLAN. If you are or will become eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available at www.medicare.gov.

Insurance plans are underwritten by Aetna Life Insurance Company.

The benefits in the table below will be paid when you receive covered treatment for a covered Accident. Unless otherwise indicated, all benefits and limitations are per covered person.

Note: Certain benefits are payable once per covered accident, while others are once per plan year. If a service or injury falls in more than one category, the plan will pay the greater of. Refer to the Certificate for more details.

Initial Care

Covered Benefit	Low	High
Ambulance		
Ground ambulance Pays a benefit for when you are transported by a licensed professional ambulance company by a Ground ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 24 hours after an accidental injury.	$500	$600
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.	$1,600	$2,000
Maximum trips per accident, air and ground combined	*1*	*1*
Initial Treatment		
Emergency room/Hospital Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.	$150	$250

Covered Benefit	Low	High
Physician's office/Urgent care facility 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.	$150	$250
Walk-in clinic/Telemedicine	$75	$125
Maximum visits per accident, combined for all places of service	*2*	*2*
Maximum visits per plan year, combined for all places of service	*8*	*8*
X-ray/Lab 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.	$100 / $75	$200/$100
Medical imaging Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following: 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) 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.	$100	$200

Follow-up Care

Covered Benefit	Low	High
Accident follow-up		
Emergency room/Hospital	$100	$150
Pays a benefit if an insured person receives follow-up treatment in emergency room or hospital for an accidental injury within one year of the accident.		
Physician's office/Urgent care facility	$100	$150
Pays a benefit if an insured person receives follow-up treatment in a physician's office or urgent care center for an accidental injury within one year of the accident.		
Walk-in clinic/Telemedicine	$50	$75
Maximum visits per accident, combined for all places of service	*4*	*4*
Maximum visits per plan year, combined for all places of service	*No Max*	*No Max*
Appliances		
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	$300	$400
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	$150	$200
Chiropractic treatment and alternative therapy	$50	$75
Maximum visits per accident	*10*	*10*
Maximum visits per plan year	*30*	*30*
Pain management (epidural anesthesia)	$100	$200
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.		
Prescription drugs	$10	$10
Prosthetic device/Artificial limb		
One limb	$750	$1,500
Multiple limbs	$1,500	$3,000
Maximum benefit per accident	*1*	*1*
Repair or replace	25%	25%
Maximum benefit per plan year	*1*	*1*
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation	$50	$75
Maximum visits per accident	*10*	*10*
Maximum visit per plan year	30	30

Hospital Care

Covered Benefit	Low	High
Hospital stay – admission (initial day)		
Non-ICU admission	$1,000	$2,000
Pays a benefit if an insured person is admitted into the hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or outpatient surgery. The stay must begin within 180 days after an accidental injury.		
ICU admission	$2,000	$4,000
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.		
Hospital stay – daily*		
Non-ICU daily	$150	$250
Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.		
ICU daily	$300	$500
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.		
Step down intensive care unit daily	$150	$250
Maximum days per accident (combined for all stays due to the same accident)	*365*	*365*
Rehabilitation unit stay – daily	$100	$200
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.		
Maximum days per accident	*90*	*90*
Observation unit	$100	$200
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.		

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

Surgical Care

Covered Benefit	Low	High
Blood/Plasma/Platelets	$250	$500
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		
Eye Injury		
Surgical repair	$300	$500
Removal of foreign object	$150	$250
Surgery (without repair)		
Arthroscopic or exploratory	$250	$400
Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within 60 days of the accidental injury.		
Surgery (with repair)		
Cranial, open abdominal or thoracic	$1,500	$2,500
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.		
Hernia	$250	$400
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.		
Ruptured disc	$750	$1,500
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.		
Tendon/Ligament/Rotator cuff		
Single repair	$750	$1,500
Multiple repairs	$1,500	$3,000
Torn knee cartilage	$750	$1,500
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.		
Non-Specified		
Inpatient	$250	$400
Outpatient	$250	$400
Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits	*2*	*2*

Transportation/Lodging Assistance

Covered Benefit	Low	High
Lodging	$150	$300
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.		
Maximum days per accident	*30*	*30*
Transportation	$250	$500
We will pay the Transportation Benefit shown in the Schedule of Benefits for an insured person who must travel from his or her residence more than 50 miles one way on physician's advice for treatment of a payable Accidental injury.		
Maximum trips per accident	3	3

Dislocations and Fractures

Dislocations - Closed Reduction

Pays a benefit if an insured person sustains a dislocation as the result of an accidental injury.
A physician must diagnose the dislocation within 90 days after the accidental injury and correct it by ***closed reduction (non-surgical repair).***

Open reduction

Pays a benefit if an insured person sustains a dislocation as the result of an accidental injury.
A physician must diagnose the dislocation within 90 days after the accidental injury and correct it by open reduction *(surgical repair).*

Covered Benefit	Low	High
Dislocations – Closed Reduction*		
Hip	$2,000	$4,000
Knee	$2,000	$4,000
Ankle – bone or bones of the foot (other than toes)	$1,500	$3,000
Collarbone (sternoclavicular)	$750	$1,500
Lower jaw	$750	$1,500
Shoulder (glenohumeral)	$750	$1,500
Elbow	$750	$1,500
Wrist	$750	$1,500
Bone or bones of the hand (other than fingers)	$500	$1,000
Collarbone (acromioclavicular and separation)	$500	$1,000
Rib	$250	$500
One toe or one finger	$150	$300
Partial dislocation	25%	25%
Maximum dislocations per accident	*3*	*3*

*Open reduction pays 2.0 times the closed reduction benefit value

Covered Benefit	Low	High
Fractures - Closed Reduction*		
Pays a benefit if an insured person sustains a fracture as the result of an accidental injury.		
A physician must diagnose the fracture within **90 days** after the accidental injury and correct it by **closed reduction**.		
Skull (except bones of the face or nose), depressed	$3,000	$6,000
Skull (except bones of the face or nose), non-depressed	$3,000	$6,000
Hip, thigh (femur)	$2,500	$5,000
Vertebrae, body of (excluding vertebral processes)	$2,500	$5,000
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	$2,500	$5,000
Leg (tibia and/or fibula malleolus)	$1,500	$3,000
Bones of the face or nose (except mandible or maxilla)	$1,000	$2,000
Upper jaw, maxilla (except alveolar process)	$1,000	$2,000
Upper arm between elbow and shoulder (humerus)	$1,000	$2,000
Lower jaw, mandible (except alveolar process)	$1,000	$2,000
Collarbone (clavicle, sternum)	$1,000	$2,000
Shoulder blade (scapula)	$1,000	$2,000
Vertebral process	$1,000	$2,000
Forearm (radius and/or ulna)	$1,000	$2,000
Kneecap (patella)	$1,000	$2,000
Hand/foot (except fingers/toes)	$1,000	$2,000
Ankle/wrist	$1,000	$2,000
Rib	$300	$500
Coccyx	$200	$300
Finger, toe	$200	$300
Chip fracture	25%	25%
Maximum fractures per accident	*3*	*3*

*Open reduction pays 2.0 times the closed reduction benefit value

Paralysis Benefits

Covered Benefit	Low	High
Home and vehicle alteration	$1,000	$1,500
Paralysis (complete, total and permanent loss)		
Pays a benefit if an insured person sustains paralysis as a result of an accidental injury. A physician must diagnose paralysis within 60 days after the accidental injury; and confirm the paralysis continued for a period of 90 consecutive days.		
Quadriplegia	$20,000	$30,000
Triplegia	$15,000	$25,000
Paraplegia	$10,000	$15,000
Hemiplegia	$10,000	$15,000
Diplegia	$10,000	$15,000
Monoplegia	$5,000	$10,000

Other Accidental Injuries

Covered Benefit	Low	High
Animal bite treatment		
Tetanus shot	$100	$100
Anti-venom shot	$200	$200
Rabies shot	$300	$300
Brain injury		
Concussion/Mild traumatic brain injury	$250	$500
Moderate/Severe traumatic brain injury	$1,000	$2,000
Burn		
Pays a benefit if an insured person receives a second degree burn or third degree burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.		
Second degree burn, greater than 5% of total body surface	$1,000	$1,500
Third degree burn, less than 5% of total body surface	$1,500	$2,250
Third degree burn, 5-10% of total body surface	$6,000	$9,000
Third degree burn, greater than 10% of total body surface	$18,000	$27,000
Burn skin graft	50% of Burn	50% of Burn
Pays a benefit if an insured person receives a skin graft for a burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.		
Coma/Persistent vegetative state (PVS)		
Coma (non-induced)	$10,000	$20,000
PVS	$10,000	$20,000
Coma (induced)	$250	$250
Maximum days per accident	*10*	*10*
Dental treatment		
Pays a benefit if an insured person sustains a broken tooth as the result of an accidental injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days after the accidental injury.		
Maximum 1 per accident		
Extractions	$75	$100
Crown	$225	$300
Gunshot wound	$1,000	$1,500
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	$50	$75
With stitches, less than 7.5 centimeters	$150	$200
With stitches, 7.6 - 20.0 centimeters	$400	$600
With stitches, greater than 20.0 centimeters	$600	$800
Posttraumatic stress disorder (PTSD)	$250	$500
Maximum diagnoses per lifetime	*1*	*1*
Service dog	$500	$1,000
Maximum service dogs per your lifetime	*1*	*1*

Organized Sports Rider

Covered Benefit	Benefit Amount
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%

Excluded benefits for Organized Sports Rider

- Burn skin graft
- Animal bite
- Burn
- Gunshot wound
- Service Dog

Health Screening Rider

Covered Benefit	Benefit Amount
Health screening Pays once per member per plan year for covered preventive tests. *Maximum 1 test per plan year*	$50

Covered Health Screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- 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 covered as an eligible health screening benefit

Employer Facility Rider

Covered Benefit	Benefit Amount
When you go to a designated facility, benefits payable under your plan will be increased by the percentage shown for these benefits:	25%

Hospital Care – Employer Facility Rider

Covered Benefit	Low	High
Hospital stay – admission (initial day		
Non-ICU admission	$1,250	$2,500
ICU admission	$2,500	$5,000
Hospital stay – daily*		
Non-ICU daily	$187.50	$312.50
Step down intensive care unit daily	$187.50	$312.50
ICU daily	$375	$625
Maximum days per accident (combined for all stays due to the same accident)	365	365

***Important Note:** All hospital stay – daily benefits begin on day one.

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.

- Ex-Pat coverage outside US:
  - Ex-Pats located outside the US must have a US address to enroll in coverage.
  - For any claim that occurs outside the US.
    - Claim submission and all medical claims information must be in English.
    - Claim payments will be paid in US dollars.
    - Claim payments will only be made to a US bank account. No foreign bank accounts permitted.

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.

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 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 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 **https://www.treasury.gov/resource-center/sanctions/Pages/default.aspx**.

Policy forms issued in Idaho, Oklahoma and Missouri include: GR-96841, GR-96842.

For Idaho Residents only

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（フリーダイアル）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)