

Be prepared for the unexpected

An Aetna Accident Plan can help

“Our son’s broken ankle didn’t break our bank account.”

Accidents happen. And when you least expect it. You can’t protect yourself or your family from an accident. But an Aetna Accident Plan can help you be more financially prepared for what happens next. Employee-only rates start at **\$6.72 per month for Plan 1**. And if you buy coverage, you can also buy coverage for your family.

Heather’s story*

“We love watching my son play soccer, but when Zane fell during the game, that was not fun for anybody. Thank goodness I signed myself and my family up for the accident plan available through work.

Zane’s missing the rest of the season, but it could be worse. The medical bills really added up. My out-of-pocket medical costs:

\$1,380

My plan paid cash directly to me to use however I wanted. I used it to pay my mini-van payment and towards our out-of-pocket medical costs. And filing a claim was a breeze — right on Aetna’s website.”

Heather’s accident benefits

Initial treatment – ER	\$50
X-ray	\$25
Broken ankle (with surgical repair)	\$900
Concussion	\$100
Follow up care visit	\$50
6 physical therapy visits	\$90



\$1,215

Heather’s total benefits from Plan 1

*Here’s an example sharing some common things covered by Plan 1. But check out the benefit summary for more details. It shows what the plan covers, including exclusions and limitations that apply.

aetna®

Highlights of the Aetna Accident Plan

The Aetna Accident Plan pays benefits for injuries related to an accident that happens when you are on or off the job. The plan pays benefits for a long list of minor to serious injuries, including loss of life, resulting from an accident. You can choose from two available plans. Plan 2 pays higher benefits and the premiums are also higher.

Below are just a few of the available benefits. Benefits are payable once per member during a plan year unless otherwise specified. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Accident Plan	Plan 1	Plan 2
Ground/air ambulance	\$300 ground/ \$1,500 air	\$300 ground/ \$1,500 air
Initial treatment – ER, physician’s office or urgent care	\$50	\$100
X-ray	\$25	\$50
Medical imaging (MRI, CT Scan, EEG, etc.)	\$100	\$150
Concussion	\$100	\$150
Accident follow-up	\$50 (2 visits per accident, 6 visits per year)	\$75 (3 visits per accident, 9 visits per year)
Therapy services	\$15 (10 visits per accident)	\$25 (10 visits per accident)
Dislocations	\$100 - \$2,000 closed / \$200 - \$4,000 open	\$150 - \$3,000 closed / \$300 - \$6,000 open
Fractures	\$225 - \$4,125 closed / \$450 - \$8,250 open	\$375 - \$6,875 closed / \$750 - \$13,750 open
Appliances	\$50	\$100
Chiropractic treatment	\$15 (10 visits per accident)	\$25 (10 visits per accident)
Burns	\$500 - \$9,000	\$1,000 - \$18,000
Coma	\$5,000	\$10,000
Lacerations	\$25 - \$600	\$25 - \$600
Ruptured disc	\$500	\$750
Torn knee cartilage	\$500	\$750
Surgery (with repair) - Cranial, open abdominal and thoracic	\$1,000	\$2,000
Hernia	\$100	\$200
Surgery (without repair) – exploratory or orthoscopic	\$100	\$200

We make it simple

If you're eligible to enroll and apply for coverage, your acceptance is guaranteed. We don't ask you any questions about your health. Cash benefits are paid directly to you and are not reduced by other insurance benefits you may have. And there's more:

- You get access to negotiated group rates.
- You'll enjoy the convenience of payroll deduction to pay premiums.
- If you leave your company, you can take your plan with you.

Questions? Need assistance?

For more information, call us at 800-607-3366 with questions.

Filing a claim couldn't be easier

After you become a member, you can review your benefits and file claims on our member portal at myaetnasupplemental.com. If you're an Aetna medical plan member, you don't typically need to provide medical paperwork to process a claim. Not an Aetna medical plan member? No problem. Just fill out the online form and upload your medical paperwork.

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 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.

Accident Plan Policy form numbers issued in Oklahoma include: GR-96841, GR-96842.

Accident Plan Policy form numbers issued in Idaho include: GR-96841.

Accident Policy form numbers issued in Missouri include: GR-96841 01, GR-96842 01.

Accident Plans: 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:

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)

Being under the influence of a stimulant, depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the insured person, except when resulting from a diagnosed disorder in the most current version of the DSM

Engaging in an assault, felony, illegal occupation or other criminal act

Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection

Operating, learning to operate or serving as a crewmember of an aircraft, whether motorized or not

Engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing, mountaineering using ropes and/or other equipment, or motor-driven vehicle racing

Participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the insured person receives any compensation or remuneration

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

Any form of intentional asphyxiation

Elective or cosmetic surgery

Bacterial infection that was not caused by a cut or wound from an accidental injury

Occupational injuries

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

Clear Creek ISD 2019





RATE SHEET

Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.



Accident Plan

You may enroll in one option only.

Plan 1	Cost	Plan 2	Cost
Yourself only	\$6.72	Yourself only	\$12.64
Yourself & spouse	\$9.98	Yourself & spouse	\$18.96
Yourself plus child(ren)	\$12.70	Yourself plus child(ren)	\$24.12
Yourself and family	\$16.36	Yourself and family	\$30.50

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.

Plans are underwritten by Aetna Life Insurance Company (Aetna). 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. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. 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 Oklahoma and Idaho include: GR-96841, GR-96842.



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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)
