



# 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 year<sup>1</sup>.

An American has an accidental injury **every second**<sup>2</sup>.



## 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.

<sup>1</sup>Sports 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](https://safekids.org/sites/default/files/documents/skw_sports_fact_sheet_feb_2015.pdf). Accessed April 18, 2018.

<sup>2</sup>National 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



Insurance plans are underwritten by Aetna Life Insurance Company (Aetna)

## Aetna Off/On Job Accident Plan

DXC Technology Company

802521

Here's an example of how the plan can help you:



You're hurt in a covered accident.



You submit a claim, and in a few quick clicks...



You can get cash benefits to spend how you want.

### The Accident Plan meets your needs

- Your enrollment is guaranteed, with no Evidence of Insurability
- You can choose coverage for just yourself, or add coverage for your spouse or children.
- Benefits are paid directly to you, to use for medical or everyday expenses
- Premiums are low and they're easy to pay through payroll deduction
- Plans are portable, so you can take your plans with you if you're no longer eligible for coverage

Breathe easy with the power to be ready for the unexpected.

This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations and conditions of coverage.

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](http://www.medicare.gov).

The benefits in the tables below will be paid when covered treatment for a covered accident is received. Unless otherwise indicated, all benefits and limitations are per covered person. It is also important to note that 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.

Note: The plan does not pay for care, treatment, services or diagnosis that occurred prior to the effective date under this plan.

## Initial Care

### Ambulance

Covered Benefit	Plan 2
<b>Ground ambulance:</b> Transportation to or from a hospital must occur within <b>24 hours</b> after an accidental injury.	\$300
<b>Air ambulance:</b> Transportation to or from a hospital must occur within <b>48 hours</b> after an accidental injury.	\$1,500
Maximum trips per accident, air and ground combined	1

**Initial treatment:** The initial examination and treatment must be received within **72 hours** after the accidental injury.

Covered Benefit	Plan 2
Emergency room/Hospital	\$200
Physician's office/Urgent care facility	\$100
Walk-in clinic/Telemedicine	\$50
Maximum visits per accident, combined for all places of service	1
Maximum visits per plan year, combined for all places of service	3

**X-ray/Lab:** Must be performed within **30 days** after the accidental injury.

Covered Benefit	Plan 2
X-ray/Lab	\$50
Maximum benefit per <b>accident</b> , for all X-ray and Lab services combined	1

**Medical imaging:** The test must be ordered by a physician and performed in a medical facility on an inpatient or outpatient basis within **180 days** after the accidental injury.

Covered Benefit	Plan 2
Medical imaging	\$150
Maximum imaging tests per accident	1

## Follow-up care

**Accident follow-up:** The follow-up treatment must be received within **365 days** after the accidental injury.

Covered Benefit	Plan 2
Emergency room/Hospital	\$50
Physician's office/Urgent care facility	\$50
Walk-in clinic/Telemedicine	\$25
Maximum visits per accident, combined for all places of service	3
Maximum visits per plan year, combined for all places of service	9

*For more info about benefits refer to the "Benefit Descriptions" section of the benefit summary.*

**Appliances:** The appliance must be prescribed and purchased within **90 days** after the accidental injury.

Covered Benefit	Plan 2
<b>Major Appliances</b>	\$200
Maximum major appliances per accident	1
<b>Minor Appliances</b>	\$100
Maximum major appliance and minor appliance per accident	1

**Chiropractic treatment and alternative therapy:** Treatment must begin within **90 days** after the accidental injury and must be completed within **365 days** after the accidental injury.

Covered Benefit	Plan 2
<b>Chiropractic Treatment</b>	\$25
<b>Alternative therapy</b>	\$25
Maximum visits per accident	10
Maximum visits per plan year	30

**Pain management (epidural anesthesia):** Must be administered within **60 days** after the accidental injury.

Covered Benefit	Plan 2
<b>Pain management (epidural anesthesia)</b>	\$100
Maximum administrations per accident	1

**Prescription drugs:** Must be dispensed by a licensed pharmacist on an outpatient basis within **10 days** after the accidental injury.

Covered Benefit	Plan 2
<b>Prescription drugs</b>	\$10
Maximum prescriptions per accident	1

**Prosthetic device/Artificial limb & Repair or replace:** Must be received within **one year** of the accidental injury.

The replacement or repaired prosthetic device or artificial limb must occur within **180 days** after the accidental injury

Covered Benefit	Plan 2
<b>One prosthetic device/artificial limb</b>	\$750
<b>Multiple prosthetic devices / artificial limbs</b>	\$1,500
Maximum benefit per accident	1
<b>Repair or replace</b>	25% of the Prosthetic device/ Artificial limb benefit amount

*For more info about benefits refer to the "Benefit Descriptions" section of the benefit summary.*

**Therapy services:** Must begin within **90 days** after the accidental injury and must be completed within **365 days** after the accidental injury.

Covered Benefit	Plan 2
<b>Therapy services</b>	\$25
Maximum visits per accident	10

## Hospital Care

### Hospital admission - initial day

Covered Benefit	Plan 2
<b>Non-ICU admission:</b> The stay must begin within <b>180 days</b> after the accidental injury.	\$1,000
<b>ICU admission:</b> The stay must begin within <b>30 days</b> after the accidental injury.	\$2,000
Maximum admissions per accident	1

### Hospital stay- daily - day two

Covered Benefit	Plan 2
<b>Non-ICU daily:</b> The stay must begin within <b>180 days</b> after an accidental injury.	\$100
<b>Step down intensive care unit:</b> The stay must begin within <b>10 days</b> after an accidental injury.	\$150
<b>ICU daily:</b> The stay must begin within <b>30 days</b> after an accidental injury.	\$200
Maximum days per accident, combined day for all stays due to the same accident	365

**Rehabilitation unit stay – daily:** Pays a benefit for a transfer to a rehabilitation unit within **24 hours** after a stay in a hospital due to an accidental injury.

Covered Benefit	Plan 2
Rehabilitation unit stay	\$100
Maximum days per accident	30

**Observation unit:** The initial day of observation must begin within **72 hours** after the accidental injury.

Covered Benefit	Plan 2
<b>Observation unit</b>	\$100
Maximum observations per accident	1

*For more info about benefits refer to the "Benefit Descriptions" section of the benefit summary.*

## Surgical Care

**Blood/Plasma/Platelets:** The transfusion must take place within **90 days** after the accidental injury.

Covered Benefit	Plan 2
Blood/Plasma/Platelets	\$400
Maximum transfusions per accident	1

**Eye Injury:** Surgery must occur within **90 days** after the accidental injury.

Covered Benefit	Plan 2
Surgical repair	\$300
Removal of foreign object	\$150
Maximum benefit per accident	1

### Surgeries

Covered Benefit	Plan 2
<b>Surgery (without repair) - Arthroscopic or exploratory:</b> Surgery must be within <b>60 days</b> after the accidental injury.	\$150
<b>Cranial, open abdominal &amp; thoracic (With repair):</b> Must be physician recommended within <b>72 hours</b> after the accidental injury. Surgery must be performed within <b>30 days</b> after the accidental injury.	\$1,500
<b>Hernia (With repair):</b> Must be physician-diagnosed within <b>30 days</b> after the accidental injury. Must be surgically repaired within <b>60 days</b> after the accidental injury.	\$250
<b>Ruptured disc (With repair):</b> Must be physician-diagnosed ruptured disc within <b>60 days</b> after the accidental injury. It must be surgically repaired within <b>180 days</b> after the accidental injury.	\$750
<b>Tendon/Ligament/Rotator cuff- Single Repair (With repair):</b> Must be a physician-diagnosed tear, rupture or sever within <b>60 days</b> after the accidental injury. Must be surgically repaired within <b>180 days</b> after the accidental injury.	\$750
<b>Tendon/Ligament/Rotator cuff- Multiple Repairs (With repair):</b> Must be a physician-diagnosed tear, rupture or sever within <b>60 days</b> after the accidental injury. Must be surgically repaired within <b>180 days</b> after the accidental injury.	\$1,500
<b>Torn knee cartilage (With repair):</b> Must be a physician-diagnosed torn knee cartilage within <b>60 days</b> after the accidental injury. Must be surgically repaired within <b>180 days</b> after the accidental injury.	\$750
<b>Inpatient (Non-specified with repair):</b> The surgery must be performed within <b>180 days</b> after the accidental injury.	\$250
<b>Outpatient (Non-specified with repair):</b> The surgery must be performed within <b>180 days</b> after the accidental injury.	\$250
Maximum benefits per accident, combined for all surgery benefits	2

*For more info about benefits refer to the "Benefit Descriptions" section of the benefit summary.*

## Lodging/Transportation

**Lodging:** This benefit is payable within **90 days** after the accidental injury.

Covered Benefit	Plan 2
<b>Lodging</b>	\$200
Maximum days for lodging per accident	30

**Transportation:** This benefit is payable within **90 days** after the accidental injury.

Covered Benefit	Plan 2
<b>Transportation</b>	\$300
Maximum transportation round trips per accident	1

## Dislocations and Fractures

**Dislocations:** Open reduction is 2 times the closed reduction amount.

Covered Dislocations	Plan 2 Closed Reductions
Hip	\$3,000
Knee (except patella)	\$1,500
Ankle - bone or bones of the foot (other than toes)	\$1,000
Collarbone (sternoclavicular)	\$600
Lower Jaw	\$600
Shoulder (glenohumeral)	\$600
Elbow	\$750
Wrist	\$600
Bone or bones of the hand (other than fingers)	\$600
Collarbone (acromioclavicular and separation)	\$150
Rib	\$150
One toe or One finger	\$150
Partial dislocation	25% of the named dislocation
Maximum dislocations per accident	3

*For more info about benefits refer to the "Benefit Descriptions" section of the benefit summary.*



**Fractures:** Open reduction is 2 times the closed reduction amount.

Covered Fractures	Plan 2 Closed Reductions
Skull (except bones of the face or nose), depressed	\$4,125
Skull (except bones of the face or nose), non-depressed	\$4,125
Hip or thigh (femur)	\$1,725
Vertebrae, body of (excluding vertebral processes)	\$1,500
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$1,500
Leg (tibia and/or fibia malleolus)	\$1,500
Bones of the face or nose (except mandible or maxilla)	\$600
Upper Jaw, maxilla (except alveolar process)	\$600
Upper arm between elbow and shoulder (humerous)	\$750
Lower jaw, mandible (except alveolar process)	\$600
Collarbone (clavicle, sternum)	\$600
Shoulder blade (scapula)	\$750
Vertebral process	\$600
Forearm (radius and/or ulna)	\$450
Kneecap (patella)	\$750
Hand / foot (except fingers, toes)	\$450
Ankle	\$750
Wrist	\$750
Rib	\$225
Coccyx	\$225
Finger, toe	\$225
Chip fracture	25% of the named fracture
Maximum fractures per accident	3

## Other Accidental injuries

**Animal bite treatment:** Treatment must take place within **30 days** after the accidental injury.

Covered Benefit	Plan 2
Anti-venom shot	\$200
Tetanus shot	\$100
Rabies shot	\$300
Maximum shots per accident	1

### Brain injury

Covered Benefit	Plan 2
<b>Concussion/Mild traumatic brain injury:</b> A physician must make the diagnosis <b>within 72 hours</b> after the accidental injury.	\$150
<b>Moderate/Severe traumatic brain injury:</b> A physician must make the diagnosis within <b>30 days</b> after the accidental injury.	\$450
Maximum brain injuries per accident, combined for all brain injuries	1

*For more info about benefits refer to the "Benefit Descriptions" section of the benefit summary.*

**Burn:** Treatment must be performed by a physician within **72 hours** after the accidental injury.

Covered Benefit	Plan 2
Second degree (greater than 5% of total body surface)	\$1,000
Third degree (less than 5% of total body surface)	\$1,500
Third degree (between 5% and 10% of total body surface)	\$6,000
Third degree (greater than 10% of total body surface)	\$18,000
Maximum burn classifications per accident	1

**Burn skin graft:** The skin graft must be performed by a physician within **365 days** after the accidental injury.

Covered Benefit	Plan 2
Burn skin graft	50% of Burn Benefit
Maximum skin graft per accident	1

**Coma/persistent vegetative state (PVS)**

Covered Benefit	Plan 2
<b>Coma (non-induced):</b> Must last at least <b>14 consecutive days</b> due to an accidental injury.	\$10,000
Maximum benefit per accident	1
<b>Persistent vegetative state (PVS):</b> Must last at least <b>30 consecutive days</b> due to an accidental injury.	\$10,000
Maximum benefit per accident	1
<b>Coma (induced)</b>	\$250
Maximum days per accident	10

**Dental treatment:** The dental services must begin within **60 days** after the accidental injury.

Covered Benefit	Plan 2
Extractions	\$75
Maximum extractions per accident	1
Crown	\$225
Maximum crowns per accident	1

**Gunshot wound:** Treatment must be performed by a physician within **24 hours**.

Covered Benefit	Plan 2
Gunshot wound	\$1,500
Maximum gunshot wounds per accident	1

**Laceration:** A physician must repair the laceration within **72 hours** after the accidental injury.

Covered Benefit	Plan 2
Without stitches	\$25
With stitches (less than 7.5cm)	\$75
With stitches (between 7.6cm and 20cm)	\$300
With stitches (greater than 20cm)	\$600
Maximum repairs per accident	1

*For more info about benefits refer to the "Benefit Descriptions" section of the benefit summary.*

Posttraumatic stress disorder (PTSD): Physician must diagnose PTSD within **365 days** after the accidental injury.

Covered Benefit	Plan 2
Posttraumatic stress disorder (PTSD)	\$500
Maximum diagnoses per lifetime	1

**Service dog:** The service dog must be placed within **365 days** of the accidental injury.

Covered Benefit	Plan 2
Service dog	\$1,500
Maximum service dogs per covered person's lifetime	1

## Premium Waiver- Base Accident plan

If absent from work for **30 continuous** days due to an accidental injury, premium will be waived beginning on the first premium due date that occurs after the **30th day** of absence and continue for the next **6 months** of premium due dates. Employment with the policyholder must be considered active. The premium waiver does **not** apply to any covered dependents under this plan.

*For more info about benefits refer to the "Benefit Descriptions" section of the benefit summary.*

## Benefit Descriptions

- **Ground ambulance:** Pays a benefit for ground transportation by a licensed professional ambulance company to or from a hospital, or between medical facilities, where treatment for an accidental injury was received.
- **Air ambulance:** Pays a benefit for air transportation by a licensed professional air ambulance company to or from a hospital, or between medical facilities, where treatment for an accidental injury was received.
- **Medical Imaging:** Medical imaging tests include only the following:
  - Positron Emission Tomography (PET)
  - Computed Tomography Scan (CT)
  - Computed Axial Tomography (CAT)
  - Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI)
  - Electroencephalogram (EEG)
- **Appliances:** Pays a benefit for a major or minor appliance prescribed and purchased due to an accidental injury.
  - **Major:** Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair.
  - **Minor:** Brace, cane, crutches, walker, walking boot, other medical devices to aid in physical movement.
- **Chiropractic Treatment:** Pays a benefit for manipulative (adjustive) treatment, or other physical treatment due to an accidental injury.
- **Alternative therapy:** Pays a benefit for acupuncture, biofeedback or electrical stimulation therapy due to an accidental injury.
- **Prosthetic device/Artificial limb & Repair or replace**
  - **One:** Pays a benefit for one prosthetic device/artificial limb when either a hand, foot or one eye is lost as the result of an accidental injury.
  - **Multiple:** Pays a benefit for multiple prosthetic devices/artificial limbs when a hand, foot or one eye is lost as the result of an accidental injury.
  - **Repair or replace:** Pays a benefit for the loss or damage of an existing prosthetic device or artificial limb as result of an accidental injury.
- **Observation unit:** Pays a benefit for the initial day in an observation unit due to an accidental injury. This benefit will not pay for any pre-operative or post-operative care.
- **Hospital admission - initial day:** This benefit will not pay for treatment in an observation unit, an emergency room or any outpatient surgery.
- **Eye Injury:** The eye injury must require surgery or the removal of a foreign object by a physician. An examination with anesthesia is not considered surgery and will not pay.
- **Surgery (without repair) - Arthroscopic or exploratory:** Pays a benefit for arthroscopic or exploratory surgery without repair, or when torn knee cartilage is shaved (debridement).
- **Lodging:** Pays for one motel/hotel room for a companion to travel with the insured while in the hospital due to an accidental injury. Must be more than **50 miles** from the insured's home.
- **Transportation:** Pays a benefit when the insured must travel more than **50 miles** one way from their residence on physician's advice for treatment of a payable accidental injury.
- **Animal bite treatment:** Pays a benefit for an animal bite requiring either of the shots listed above.
- **Gunshot wound:** Pays a benefit for a gunshot wound by a conventional firearm due to an accidental injury.
- **Service dog:** Pays a benefit if a physician recommends that a service dog is required in order to maintain an independent lifestyle after an accidental injury.
- **Paralysis:** A physician must confirm the paralysis continued for a period of **90 consecutive days**, and expect the paralysis to be complete, total and permanent.
- **Organized sport rider:** Pays an increased percentage of benefits payable under the certificate for an injury sustained while playing as a registered member of an organized sporting activity.

*For more info about benefits refer to the "Benefit Descriptions" section of the benefit summary.*

## Frequently asked questions (FAQs)

### How do I submit a claim?

Go to [myaetnasupplemental.com](http://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?

We want you to understand these benefits before you decide to enroll. Reach out to us. Call toll-free at 1-800-607-3366, Monday through Friday, 8 a.m. to 6 p.m. 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.

## 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. Commission or attempt to commit an assault, felony or other criminal act, or your active participation in an illegal occupation;
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 person living in your home;
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.

## 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.

## Important information about your benefits

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 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 [aetna.com](http://aetna.com).

If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. You can also get interpretation assistance for utilization management issues or for registering a complaint or appeal. 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 necesita asistencia lingüística, llamar al número de Servicios al Miembro que figura en su tarjeta de identificación de Aetna, y un representante de Aetna le conectará con un intérprete. También puede recibir asistencia de interpretación para asuntos de administración de la utilización o para registrar una queja o apelación. Si es sordo o tiene problemas de audición, usar su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones. 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 ([mahealthconnector.org](http://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 [mass.gov/doi](http://mass.gov/doi).

#### **Financial Sanctions Exclusion**

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>.

This material is for information. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. 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 [aetna.com](http://aetna.com).

**Policy forms issued in Oklahoma include:** AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01





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](mailto: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

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For language assistance in your language call 1-888-772-9682 at no cost. (English)

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Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

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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)

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Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

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Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

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Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

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للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

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Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

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Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

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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)

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본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

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برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

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Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

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Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

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Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

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Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)

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