

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, resulting from an accident. You have two options to choose from. Below are just a few of the available benefits. Benefits are payable once per member during a plan year unless otherwise specified in your enrollment materials. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Accident Plan	Low Plan	High Plan
Ground/air ambulance	\$300 ground / \$1,500 air	\$300 ground / \$1,500 air
Initial treatment – ER or hospital / physician’s office or urgent care / Walk-in clinic or telemedicine	\$100 / \$100 / \$50	\$150 / \$150 / \$50
X-ray / Medical imaging (MRI, CT Scan, EEG, etc.)	\$25 / \$100	\$50 / \$150
Concussion	\$100	\$150
Follow up treatment – ER or hospital / physician’s office or urgent care / Walk-in clinic or telemedicine	\$50 / \$50 / \$25	\$50 / \$50 / \$25
Therapy services (up to 10 visits)	\$15	\$25
Dislocations (range)	\$100 - \$2,000 closed / \$200 - \$4,000 open	\$150 - \$3,000 closed / \$300 - \$6,000 open
Fractures (range)	\$150 - \$2,750 closed / \$300 - \$5,500 open	\$225 - \$4,125 closed / \$450 - \$8,250 open
Burns (2 nd and 3 rd degree – range)	\$500 - \$9,000	\$1,000 - \$18,000
Paralysis (range)	\$1,250 - \$5,000	\$2,500 - \$10,000
Animal bite treatment (tetanus / anti-venom / rabies)	\$100 / \$200 / \$300	\$100 / \$200 / \$300
Gunshot wound	\$1,000	\$1,500
Service dog (one per lifetime)	\$1,500	\$1,500

Aetna Accident Plan hospital benefits*	Low Plan	High Plan
Hospital / Intensive care unit (ICU) – admission	\$500 / \$1,000	\$1,000 / \$2,000
Inpatient hospital stay – Daily*	\$100	\$200
Inpatient ICU – Daily*	\$200	\$400
Inpatient step-down ICU – Daily*	\$150	\$300
Rehabilitation unit – Daily (up to 30 days)	\$50	\$100
Observation unit	\$100	\$100

*Hospitalization due to a covered accident.

**Daily inpatient benefits start on day 2 and are payable up to a combined maximum of 365 days per accident.



Sacred Heart University 2021

More Highlights of the Aetna Accident Plan

Aetna Accident Plan surgical benefits	Low Plan	High Plan
Eye injury (range)	\$100 - \$200	\$150 - \$300
Ruptured disc	\$500	\$750
Tendon/ligament/rotator cuff	\$500-\$1,000	\$750 - \$1,500
Torn knee cartilage	\$500	\$750
Surgery (with repair)		
Cranial, Open Abdominal & Thoracic	\$1,000	\$1,500
Hernia	\$200	\$250
Surgery (without repair)	\$100	\$150

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.

Highlights of the Aetna Hospital Indemnity Plan

The Aetna Hospital Indemnity Plan pays benefits related to an inpatient hospital stay. Below are some of the benefits available. Benefits are payable once per member during a plan year unless otherwise specified. Pre-existing condition exclusions apply to your plan. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Hospital Plan	Low Plan	High Plan
Hospital stay – Admission	\$500	\$1,500
Inpatient hospital stay / Intensive care unit (ICU) stay – Daily*	\$50 / \$100 (\$100 / \$200)	\$150 / \$300
Rehabilitation unit stay - Daily*	\$30	\$75
Observation unit	\$100	\$200
Newborn routine care	\$100	\$200
Substance abuse or Mental disorder stay – Daily*	\$50	\$150

*All daily inpatient stay benefits begin on day two and count toward the plan year maximum. Maximum 31 daily benefits per plan year combined for all stays.

Hospital Indemnity Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and booklet certificate to determine which health care services are covered and to what extent. 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 will not be paid for any service for an illness or accidental injury related to the following:

1. Certain competitive or recreational aeronautical activities, including but not limited to: ballooning, gliding, 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. Committing or attempting to commit a felony
6. Care provided by a spouse, parent, child, sibling or any other household member;
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 or its territories
13. Experimental or investigational drugs, devices, treatments, or procedures
14. Education, training or retraining services or testing
15. Accidental injury sustained while intoxicated or due to the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended, unless prescribed by your physician
16. Exams except as specifically provided in the Benefits under your plan section of the certificate
17. Dental and orthodontic care and treatment
18. Family planning services
19. Any care, prescription drugs, and medicines related to infertility
20. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins
21. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason
22. Vision-related care

Highlights of the Aetna Critical Illness Plan

The Aetna Critical Illness plan pays benefits when you are diagnosed with a specified critical illness, including cancer. You have two options to choose from. Rates are based on your current age but will increase as you move into a higher age-band. Below are some of the available benefits. If you enroll your eligible dependents, their available benefits will be based on **50%** of your available benefits. For more details, including exclusions and limitations that apply, review your benefit summary.

Aetna Critical Illness Plan	Plan \$10K	Plan \$20K	Benefits related to a critical illness
Heart attack (myocardial infarction) or Stroke	\$10,000	\$20,000	Covered at 100% of face amount
Coronary artery condition requiring bypass surgery	\$2,500	\$5,000	Covered at 25% of face amount
Major organ failure	\$10,000	\$20,000	Covered at 100% of face amount
Third degree burns	\$10,000	\$20,000	Covered at 100% of face amount
Paralysis	\$10,000	\$20,000	Covered at 100% of face amount
Loss of sight, speech, hearing	\$10,000	\$20,000	Covered at 100% of face amount
Occupational HIV	\$10,000	\$20,000	Covered at 100% of face amount
Coma	\$10,000	\$20,000	Covered at 100% of face amount
Benign brain tumor	\$10,000	\$20,000	Covered at 100% of face amount
Alzheimer's disease, Lupus, Muscular Dystrophy, Multiple Sclerosis, Parkinson's disease	\$2,500	\$5,000	Covered at 25% of face amount
Subsequent critical illness benefit	\$10,000	\$20,000	Covered at 100% of face amount
Recurrent critical illness benefit*	\$5,000	\$10,000	Covered at 50% of face amount
Aetna Critical Illness Plan	Plan \$10K	Plan \$20K	Benefits related to cancer
Cancer (invasive)	\$10,000	\$20,000	Covered at 100% of face amount
Carcinoma in situ (non-invasive)	\$2,500	\$5,000	Covered at 25% of face amount
Skin cancer	\$1,000	\$1,000	Lump sum benefit paid once per lifetime
Recurrent carcinoma in situ (non-invasive) diagnosis benefit*	\$1,250	\$2,500	Covered at 50% of the carcinoma in situ benefit
Recurrent (invasive) cancer diagnosis benefit*	\$5,000	\$10,000	Covered at 50% of face amount

*Recurrent diagnosis must occur at least 180 treatment-free days after initial diagnosis.

Get rewarded for taking better care of your health

Health screening benefit – Pays a benefit of \$50 annually per member of the Critical Illness plan for all covered members for specific preventive health screening tests. See complete listing in your benefit summary.

Critical Illness Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and schedule of benefits to determine which services are covered and to what extent. 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.

Exclusions: Benefits under the Policy will not be payable for any critical illness, cancer (invasive), carcinoma in situ or skin cancer that is diagnosed or for which care was received outside the United States and its territories, or for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Suicide or attempt at suicide, intentional self-inflicted injury or sickness, any attempt at intentional self-inflicted injury, injury caused by a self-inflicted act or sickness, while sane or insane; except when resulting from a diagnosed disorder in the most current version of the Diagnostic and Statistical Manual (DSM);

2. Engaging in a felony for which the insured person has been convicted under state or federal law;

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

Also, no indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his physician for the insured.

Note – If any critical illness is diagnosed outside the country and is subsequently confirmed through a diagnosis in the United States, including its territories, a benefit is payable for the critical illness diagnosed.

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.

Hospital Indemnity Plan Policy form numbers issued in Oklahoma include: GR-96172, GR-96173.

Hospital Indemnity Plan Policy form numbers issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.

Hospital Indemnity Plan Policy form numbers issued in Missouri include: GR-96172 01.

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

Critical Illness Policy form numbers issued in Oklahoma include: GR-96843, GR-96844.

Critical Illness Policy form numbers issued in Idaho include: GR-96843.

Critical Illness Policy form numbers issued in Missouri include: GR-96844 01.

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)
