



# 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 insurance 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.

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

[Aetna.com](https://www.aetna.com)  
57.03.501.1 (02/21)

### 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.

### 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.



## “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. He filed his claim online and, since he's an Aetna Medical member, he didn't need to submit any medical bills.

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™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit. Aetna Medical members can also access the portal from **Aetna.com**.

Filing a claim is easy! Click “Report New Claim” and answer a few quick questions. Filing claims is even easier for Aetna Medical Plan members. **Aetna Easy File™** uses information from your medical claim to process your Accident Plan claim. That's less paperwork for you. Don't have Aetna Medical? No problem; just upload or take a picture of your medical bill.

You can also print and mail a paper claim form to Aetna Voluntary Plans.



<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.**

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 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.

# BENEFIT SUMMARY

## Aetna Off/On Job Accident Plan

**THIS IS NOT A MEDICARE SUPPLEMENT PLAN.** If you are eligible for Medicare, review the free Guide to Health Insurance for People with Medicare available from the company or at [www.medicare.gov](http://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.

This policy provides insurance only for ACCIDENTS. It does NOT provide basic hospital, basic medical or major medical insurance, as defined the New York State Department of Financial Services. **IMPORTANT NOTICE-THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

*Note: One (1) benefit per Accident unless otherwise stated.*

Initial Care	Plan 2	Plan 3
<b>Ground Ambulance</b> <i>If transportation is required to or from a hospital within 24 hours after an accidental injury.</i>	\$300	\$300
<b>Air Ambulance</b> <i>If air transportation is required to or from a hospital within 48 hours after an accidental injury.</i>	\$1,500	\$1,500
<b>Initial Treatment - Emergency Room</b> <i>If initial examination and treatment in an emergency room is received within 72 hours after an accidental injury.</i>	\$150 (3 visits per plan year)	\$200 (3 visits per plan year)
<b>Initial Treatment - Physician's Office or Urgent Care</b> <i>If initial examination and treatment is received within 72 hours after an accidental injury.</i>	\$150 (3 visits per plan year)	\$200 (3 visits per plan year)
<b>X-ray</b> <i>If ordered by a physician and performed by a licensed facility within 30 days after an accidental injury.</i>	\$50	\$75
<b>Medical Imaging (MRI, CT Scan, EEG, etc)</b> <i>If ordered by a physician and performed by a licensed facility within 180 days after an accidental injury.</i>	\$150	\$200

Follow-up Care	Plan 2	Plan 3
<p><b>Accident Follow-up</b>  <i>If follow up treatment is received in a physician's office, urgent care center or emergency room for an accidental injury within one year of the accident.</i></p>	<p>\$50  (3 visits per Accident / 9 visits per plan year)</p>	<p>\$50  (4 visits per Accident / 12 visits per plan year)</p>
<p><b>Appliances</b>  <i>If appliance is prescribed by a physician within 90 days after an accidental injury.</i></p>	<p>\$100</p>	<p>\$150</p>
<p><b>Prosthetic Device/Artificial Limb (One/ Multiple)</b>  <i>If one or more prosthetic devices/artificial limbs is received within one year after an accidental injury.</i></p>	<p>\$750 / \$1,500</p>	<p>\$1,500 / \$3,000</p>
<p><b>Pain Management (Epidural Anesthesia)</b>  <i>If epidural anesthesia is received within 60 days after an accidental injury.</i></p>	<p>\$100</p>	<p>\$150</p>
<p><b>Therapy Services</b>  <i>If therapy is received within 90 days after an accidental injury.</i></p>	<p>\$25  (10 per accident)</p>	<p>\$35  (10 per accident)</p>
<p><b>Chiropractic Treatment</b>  <i>If chiropractic treatment is received within 90 days after an accidental injury.</i></p>	<p>\$25  (10 visits per Accident / 30 Chiropractic visits per plan year)</p>	<p>\$35  (10 visits per Accident / 30 Chiropractic visits per plan year)</p>

Hospital Care	Plan 2	Plan 3
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**Inpatient Hospital Stay Admission - initial day**

*If you're admitted to the hospital as a result of an injury and stay for at least 24 hours within 180 days after an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in a emergency room or outpatient surgery.*

\$1,000

\$1,500

**Inpatient Intensive Care Unit (ICU) Admission - initial day**

*If you are admitted directly into the ICU within 30 days after an accidental injury.*

\$2,000

\$3,000

**Inpatient Hospital Daily**

*If you have a stay in the hospital within 180 days after an accidental injury.*

\$200

\$300

(maximum 365 days per stay)

(maximum 365 days per stay)

**Inpatient Intensive Care Unit (ICU) Daily**

*If you are admitted into the ICU within 30 days after an accidental injury.*

\$400

\$600

(maximum 365 days per stay)

(maximum 365 days per stay)

**Inpatient Rehabilitation Unit Daily**

*If you are immediately transferred to a rehabilitation unit after a stay in the hospital due to an accidental injury.*

\$100

\$150

(maximum 30 days per stay)

(maximum 30 days per stay)

**Observation Unit**

*If services are performed in an observation unit within 72 hours after an accidental injury.*

\$100

\$100

<b>Surgical Care</b>	<b>Plan 2</b>	<b>Plan 3</b>
<p><b>Blood/Plasma/Platelets</b>  <i>If you receive the transfusion of blood, plasma and/or platelets within 90 days after an accidental injury.</i></p>	\$400	\$500
<p><b>Eye Injury</b>  <i>If you sustain an eye injury requiring surgery or the removal of foreign object by a physician within 90 days after an accidental injury.</i></p>	\$300	\$400
<p><b>Ruptured Disc</b>  <i>If you sustain a ruptured disc in the spine, are treated by a physician within 60 days after an accidental injury and have it repaired through surgery within a year of the accidental injury.</i></p>	\$750	\$1,000
<p><b>Tendon/Ligament/Rotator Cuff (Single/Multiple)</b>  <i>If you sustain a torn, ruptured or severed tendon, ligament or rotator cuff, are treated by a physician within 60 days after an accidental injury and have it repaired through surgery within 180 day of the accidental injury.</i></p>	\$750 / \$1,500	\$1,000 / \$2,000
<p><b>Torn Knee Cartilage</b>  <i>If you sustain a torn knee cartilage, are treated by a physician within 60 days after an accidental injury and have it repaired through surgery within 180 day of the accidental injury.</i></p>	\$750	\$1,000
<p><b>Surgery (with repair)</b></p>		
<p><b>Cranial, Open Abdominal &amp; Thoracic</b>  <i>If you undergo surgery and repair within 72 hours of the accidental injury.</i></p>	\$1,000	\$1,500
<p><b>Hernia</b>  <i>If you are diagnosed by a physician within 30 days after an accidental injury and have it repaired through surgery within 60 day of the accidental injury.</i></p>	\$150	\$200
<p><b>Surgery (with no repair) – Exploratory or Arthroscopic</b>  <i>If you undergo exploratory or arthroscopic surgery (no repair is done) within 60 days after an accidental injury.</i></p>	\$150	\$200

Transportation/Lodging Assistance	Plan 2	Plan 3
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**Travel Expense**

*We will pay the Travel Expense Benefit shown on the Schedule of Benefits for each insured person who travels more than 50 miles from his or her primary residence on physician's advice for treatment as the result of an accidental injury and incurs travel expenses.*

\$150

\$200

Accidental Death & Dismemberment and Paralysis Benefits	Plan 2	Plan 3
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**Accidental Death / Accidental Death Common Carrier**

*If you sustain an accidental injury causing death within 90 days after an accident.*

Employee

\$50,000 / \$100,000

\$100,000 / \$200,000

Insured Spouse

\$25,000 / \$50,000

\$50,000 / \$100,000

Insured Children

\$25,000 / \$50,000

\$50,000 / \$100,000

**Accidental Dismemberment**

*If you sustain a loss of one or more of the following within 90 days after an accidental injury:*

One Hand, Foot or Eye

\$5,000

\$10,000

One Hand and One Foot, One Hand and Eye, One Foot and Eye

\$10,000

\$20,000

Both Hands, Both Feet or Both Eyes

\$10,000

\$20,000

**Paralysis (Paraplegia/Quadriplegia)**

*If you sustain paralysis and are diagnosed by a physician within 60 days after an accidental injury and they confirm paralysis continued for 90 consecutive days.*

\$5,000 / \$10,000

\$10,000 / \$20,000

Fractures and Dislocations <i>If you sustain a fracture or dislocation diagnosed within 90 days after an accidental injury and it is corrected by open (surgical repair) or closed reduction (non-surgical repair).</i>	Plan 2		Plan 3	
	Open Reductions	Closed Reductions	Open Reductions	Closed Reductions
Hip	\$4,500	\$3,000	\$9,000	\$6,000
Knee (except Patella)	\$2,250	\$1,500	\$4,500	\$3,000
Ankle - Bone or Bones of the Foot (other than Toes)	\$1,125	\$750	\$2,250	\$1,500
Collarbone (Sternoclavicular)	\$900	\$600	\$1,800	\$1,200
Lower Jaw	\$900	\$600	\$1,800	\$1,200
Shoulder (Glenohumeral)	\$900	\$600	\$1,800	\$1,200
Elbow	\$900	\$600	\$1,800	\$1,200
Wrist	\$900	\$600	\$1,800	\$1,200
Bone or Bones of the Hand (other than Fingers)	\$900	\$600	\$1,800	\$1,200
Collarbone (Acromioclavicular and separation)	\$225	\$150	\$450	\$300
One Toe or One Finger	\$225	\$150	\$450	\$300
<b>Fractures - Closed Reduction*</b>				
Skull (except Bones of the Face or Nose), Depressed	\$6,187.50	\$4,125	\$12,375	\$8,250
Skull (except Bones of the Face or Nose), Non-Depressed	\$6,187.50	\$4,125	\$12,375	\$8,250
Hip, Thigh (Femur)	\$2,587.50	\$1,725	\$5,175	\$3,450
Vertebrae, Body of (excluding Vertebral Processes)	\$1,687.50	\$1,125	\$3,375	\$2,250
Pelvis (inc. Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$1,687.50	\$1,125	\$3,375	\$2,250
Leg (Tibia and/or Fibia Malleolus)	\$1,687.50	\$1,125	\$3,375	\$2,250
Bones of the Face or Nose (except Mandible or Maxilla)	\$900	\$600	\$1,800	\$1,200
Upper Jaw, Maxilla (except Alveolar Process)	\$900	\$600	\$1,800	\$1,200
Upper Arm between Elbow and Shoulder (Humerus)	\$900	\$600	\$1,800	\$1,200
Lower Jaw, Mandible (except Alveolar Process)	\$900	\$600	\$1,800	\$1,200
Collarbone (Clavicle, Sternum)	\$900	\$600	\$1,800	\$1,200
Shoulder Blade (Scapula)	\$900	\$600	\$1,800	\$1,200
Vertebral Process	\$900	\$600	\$1,800	\$1,200
Forearm (Radius and/or Ulna)	\$675	\$450	\$1,350	\$900
Kneecap (Patella)	\$675	\$450	\$1,350	\$900
Hand / Foot (except Fingers, Toes)	\$675	\$450	\$1,350	\$900
Ankle / Wrist	\$675	\$450	\$1,350	\$900
Wrist	\$675	\$450	\$1,350	\$900
Rib	\$337.50	\$225	\$675	\$450
Coccyx	\$337.50	\$225	\$675	\$450
Finger, Toe	\$337.50	\$225	\$675	\$450



Other Accidental Injuries	Plan 2	Plan 3
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**Burn**

*If you receive a second degree burn or third degree burn and it is treated by a physician within 72 hours after an accidental injury. This does not include burns resulting from exposure to the sun.*

2 <sup>nd</sup> Degree (greater than 5% of total body surface)	\$1,000	\$1,500
3 <sup>rd</sup> Degree (less than 5% of total body surface)	\$1,500	\$2,250
3 <sup>rd</sup> Degree (between 5% and 10% of total body surface)	\$6,000	\$9,000
3 <sup>rd</sup> Degree (greater than 10% of total body surface)	\$18,000	\$27,000

**Burn Skin Graft**

*If you are treated by a physician within 72 hours after an accidental injury and receive a skin graft for a burn.*

50% of Burn Benefit

50% of Burn Benefit

**Concussion**

*If you sustain a concussion within 72 hours after an accidental injury.*

\$150

\$200

**Dental Treatment – Extractions / Crown**

*If you sustain a broken tooth which is repaired by a dental crown and/or dental extraction within 60 days after an accidental injury.*

\$75 / \$225

\$100 / \$300

**Laceration**

*If a laceration occurs within 72 hours after an accidental injury. In the event of multiple lacerations, we will pay the greater amount.*

Without Stitches	\$25	\$25
With Stitches (less than 7.5cm)	\$75	\$75
With Stitches (between 7.6cm and 20cm)	\$300	\$300
With Stitches (greater than 20cm)	\$600	\$600

## 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:

1. Suicide, attempted suicide or intentionally self-inflicted injury
2. Being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician and taken in the prescribed dose
3. War or act of war (whether declared or undeclared); participation in a felony, riot or insurrection; service in the Armed Forces or units auxiliary thereto
4. Aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline
5. Engaging extra-hazardous activities meaning aviation and related activities, such as sky diving and parachuting and participation as a professional in athletics or sports
6. Services ordered or performed by a physician, or supplies purchased from a provider, who is an insured person, or the insured person's immediate family member, and services for which no charge is normally made; Elective or cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other disease of the involved part, and reconstructive surgery because of congenital disease or anomaly of a insured child(ren) which has resulted in a functional defect

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 or occurs more than 90 days after an accident.

No benefit is paid for or in connection with the following stays or visits or services:

- Those received outside the United States, its possessions or the countries of Canada and Mexico

## Questions and Answers about the Accident Plans

### **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.*

### **Do I have to be Actively at Work to enroll in coverage?**

*Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible 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.*

### **How does the Therapy Services benefit work if I receive multiple therapies in one day?**

*Only one Therapy Services benefit will be paid per day, no matter how many different Therapy*

### **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](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?**

*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*

## Important information about your benefits

**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.

**IN ORDER FOR BENEFITS TO BE PAYABLE, THE ACCIDENT MUST OCCUR WHILE COVERAGE FOR THE INSURED PERSON IS IN FORCE.**

**This plan does not count as Minimum Essential Coverage under the Affordable Care Act.**

The expected benefit ratio for this policy or certificate is 65%. This ratio is the portion of future premiums that the company expects to return as benefits, when averaged over all people with this policy or certificate.

### **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](http://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, llame a Servicios al Miembro al 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 marque 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](http://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](http://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](http://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 and GR-96842.



# 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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