Game changer

Aetna Accident Plan

Life's little mishaps. One minute your teen is on the field — and the next they're in the ER. You're worried about your child. And how you're going to meet your deductible. Be better prepared for moments like these with an Aetna Accident Plan.



We pay *you* cash benefits



It's your money to spend

Our accident plan pays you lump-sum cash benefits for covered accidents and treatments. Use the money to help pay medical bills or everyday living expenses like groceries or rent. The choice is yours.
You can also sign up for direct deposit to get your benefits faster.

Our plan works with your health plan

We won't deny coverage based on your health. There are no doctor exams to take or medical questions to answer. And we pay you even if you have other insurance coverage. This means it pairs well with your major medical plan.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna). Policy forms issued in Idaho include: Accident plan GR-96842

2376951-01-01

aetna®

An Aetna Simplified Claims Experience™

To file a claim, it takes about 90 seconds or less. If you've got Aetna® medical, you typically don't need to provide any documents. We'll access your medical records to help process your claim.* That's less paperwork for you.

Don't have Aetna medical? Just upload a PDF or picture of your medical bill. You can also complete a paper form and return it by mail or fax to Aetna Voluntary Plans.

If your claim is approved, we'll mail you a check or deposit cash directly into your bank account.

Manage your plan online

After you become a member, register at **MyAetnaSupplemental.com** or on the **My Aetna Supplemental** app. Or simply scan the QR code. Use your personal email address to keep accessing your account and getting important reminders — even if you leave your company.

A broken leg didn't break the bank

"The season just started when I got hurt. Luckily, we're members of the Aetna Accident Plan. Dad filed a claim and got cash sent right into my folks' checking account. Mom used some of the money to help cover our deductible. And the rest to buy me a new pair of cleats. Today, I'm back in the game."*

— Damar*



*FOR CLAIM PROCESSING: Sometimes you may need to provide documentation if the benefit doesn't create a medical claim, or we need more details to process your claim.
*FOR COVERAGE LIMITATIONS: The plan pays benefits for care, treatment or services related to an accident that happens on or after your coverage effective date.
*FOR MEMBER TESTIMONIAL: The above member story is for illustrative purposes and doesn't reflect events experienced by actual participants.

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. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT.

Policies are insured by Aetna Life Insurance Company (Aetna). Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. Refer to **Aetna.com** for more information about Aetna plans.

Policy forms issued in Oklahoma include: GR-96841.
Policy forms issued in Missouri include: AL HPOL-VOL Acc 01; GR-96842-01.

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2376951-01-01

BENEFIT SUMMARY

Aetna Off Job Accident Plan

Banner Health
802395

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.
This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations and conditions of coverage. 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. The accident must occur while the coverage is in force.

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

Initial care

Covered benefit	Plan 2
Ground ambulance Pays a benefit for when you are transported by a licensed professional ambulance company by a Ground ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within **24 hours** after an accidental injury. *Maximum **1 transport** per Accident*	$300
Air ambulance Pays a benefit for when you are transported by a licensed professional ambulance company an Air ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within **48 hours** after an accidental injury. *Maximum **1 transport** per Accident*	$1,500
Initial treatment – emergency room Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within **72 hours** after the accidental injury. *Maximum **3 visits** per plan year*	$200

Covered benefit	Plan 2
Initial treatment – physician's office or urgent care Pays a benefit if an insured person requires initial examination and treatment in a physician's office or urgent care center as the result of an accidental injury. The initial examination and treatment must be received within **72 hours** after the accidental injury. *Maximum **3 visits** per plan year*	$150
X-Ray Pays if an insured person receives an X-ray due to an accidental injury. The X-ray(s) must be prescribed by a physician and performed by a licensed facility within **30 days** after the accidental injury.	$50
Medical imaging Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following: 1. Positron Emission Tomography (PET) 2. Computed Tomography Scan (CT) 3. Computed Axial Tomography (CAT) 4. Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI) 5. Electroencephalogram (EEG) The test must be ordered by a physician and performed in a medical facility on an outpatient basis within **180 days** after the accidental injury**.**	$150

Follow-up care

Covered benefit	Plan 2
Accident follow-up (per Accident/per plan year) Pay a benefit if an insured person receives follow-up treatment in a physician's office, urgent care center or emergency room for an accidental injury **within one year of the accident**.	$50 (3 visits per Accident / 9 visits per plan)
Appliances Pays if a physician prescribes the use of an appliance as an aid in personal locomotion or mobility as a result of an accidental injury. The use of an appliance must begin within **90 days** after the accidental injury.	$100
Prosthetic device/artificial limb - One Pays a benefit if an insured person receives **one** prosthetic device/artificial limb when the insured person loses a hand, foot or one eye as the result of an accidental injury. The prosthetic device(s)/artificial limb(s) must be received within **one year** of the accidental injury.	$750
Prosthetic device/artificial limb - Multiple Pays a benefit if an insured person receives **multiple** prosthetic devices/artificial limbs when the insured person loses a hand, foot or one eye as the result of an accidental injury. The prosthetic devices/artificial limbs must be received within **one year** of the accidental injury.	$1,500
Pain management (epidural anesthesia) Pays a benefit if an insured person receives epidural anesthesia as the result of an accidental injury. The epidural anesthesia must be administered within **60 days** after the accidental injury.	$100
Therapy services Pays a benefit if an insured person receives physical therapy as the result of an accidental injury. The therapy must begin within **90 days** after the accidental injury and must be completed within **one year** after the accidental injury. *Maximum of **10 visits** per accident*	$25
Chiropractic treatment Pays a benefit if an insured person suffers a structural imbalance due to an accidental injury and receives chiropractic care services by a chiropractor in a chiropractor's office. Treatment must begin within **90 days** after the accidental injury and must be completed within **one year** after the accidental injury. *Maximum of **10 visits** per accident, Maximum of **30 Chiropractic visits** per plan year*	$25

Hospital care

Covered benefit	Plan 2
Inpatient hospital admission - initial day Pays a benefit if an insured person is admitted into a hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or if you've had outpatient surgery. The stay must begin within **180 days** after an accidental injury. *Maximum **1 Admission**, per Accident*	$1,000
Inpatient ICU admission - initial day Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within **30 days** after an accidental injury. *Maximum **1 Admission**, per Accident*	$2,000
Inpatient hospital daily Pays a benefit if an insured person has a stay in a hospital due to accidental injury. The stay must begin within **180 day**s after an accidental injury. *Maximum **365 days** per stay, Maximum **1 stay** per accident*	$300
Inpatient ICU Daily Pays a benefit if an insured person has a stay in an ICU due to an accidental injury. The stay must begin within **30 days** after an accidental injury. *Maximum **365 days** per stay, Maximum **1 stay** per accident*	$600
Inpatient rehabilitation unit daily maximum Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury. ***Maximum 1** stay per accident, Maximum **30 days***	$100
Observation unit Pays a benefit if an insured person requires services in an observation unit as the result of an accidental injury. The Hospital Stay Admission Benefit will not be payable if the Observation Unit Benefit is payable. Observation services must begin within **72 hours** after the accidental injury.	$100

Surgical care

Covered Benefit	Plan 2
Blood/plasma/platelets Pays a benefit if an insured person receives the transfusion of blood, plasma and/or platelets due to an accidental injury. The transfusion must take place within **90 days** after the accidental injury	$400
Eye injury Pays a benefit if an insured person sustains an accidental injury to the eye. The eye injury must require surgery or the removal of a foreign object by a physician within **90 days** after the accidental injury. An examination with anesthesia will not be considered surgery.	$300
Ruptured disc Pays a benefit if an insured person sustains a ruptured disc in the spine as the result of an accidental injury. A physician must treat the ruptured disc within **60 days** after the accidental injury; and repair it through surgery within one year after the accidental injury.	$750
Tendon/ligament/rotator cuff - Single Pays a benefit if an insured person sustains a torn, ruptured or severed tendon, ligament or rotator cuff as the result of an accidental injury. We will pay the surgery for Single Repair Benefit if a physician treats the tear, rupture or sever within **60 days** after the accidental injury; and repairs it through surgery within **180 days** after the accidental injury.	$750
Tendon/ligament/rotator cuff - Multiple Pays a benefit if an insured person sustains a torn, ruptured or severed tendon, ligament or rotator cuff as the result of an accidental injury. We will pay the surgery for Multiple Repairs Benefit if a physician treats the tear, rupture or sever within **60 days** after the accidental injury; and repairs it through surgery within **180 days** after the accidental injury.	$1,500
Torn Knee Cartilage Pays a benefit if an insured person sustains a torn knee cartilage (meniscus) as the result of an accidental injury. A physician must treat the torn knee cartilage within **60 days** after the accidental injury; and repair it through surgery within **180 days** after the accidental injury.	$750
Surgery (with repair) - Cranial, open abdominal & thoracic Pays a benefit if an insured person undergoes cranial, open abdominal or thoracic surgery, and repair is done, within **72 hours** of the accidental injury.	$1,000
Surgery (with repair) - Hernia Pays a benefit if an insured person undergoes hernia surgery as the result of an accidental injury. A physician must diagnose the hernia within **30 days** after the accidental injury; and Perform surgery within **60 days** after the accidental injury.	$150
Surgery (with no repair) – exploratory or arthroscopic Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within **60 days** of the accidental injury.	$150

Transportation/lodging assistance

Covered Benefit	Plan 2
Lodging Pays for one motel/hotel room for a companion to accompany you for each day of a stay due to an accidental injury. Your stay must be more than **50 miles** from your home. *Maximum **30 Days** per Plan Year*	$100
Transportation We will pay the Transportation Benefit shown in the Schedule of Benefits for an insured person who must travel from his or her residence more than **50 miles** one way on physician's advice for treatment of a payable **Accidental injury.** *Maximum **1 Round** Trip per Plan Year*	$250

Dislocations and fractures

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

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

Covered Dislocation	Plan 2 Closed reductions*
Hip	$4,000
Knee (except patella)	$2,000
Ankle - bone or bones of the foot (other than toes)	$1,000
Collarbone (sternoclavicular)	$800
Lower jaw	$800
Shoulder (glenohumeral)	$800
Elbow	$800
Wrist	$800
Bone or bones of the hand (other than fingers)	$800
Collarbone (acromioclavicular and separation)	$200
One toe or one finger	$200

**Open reduction pays 2 times the closed reduction benefit value*

Covered Fracture	Plan 2 Closed reductions*
Skull (except bones of the face or nose), depressed	$5,500
Skull (except bones of the face or nose), non-depressed	$5,500
Hip, Thigh (femur)	$2,300
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)	$800
Upper jaw, maxilla (except alveolar process)	$800
Upper arm between elbow and shoulder (humerus)	$800
Lower jaw, mandible (except alveolar process)	$800
Collarbone (clavicle, sternum)	$800
Shoulder blade (scapula)	$800
Vertebral process	$800
Forearm (radius and/or ulna)	$600
Kneecap (patella)	$600
Hand / foot (except fingers, toes)	$600
Ankle	$600
Wrist	$600
Rib	$300
Coccyx	$300
Finger, toe	$300

**Open reduction pays 2 times the closed reduction benefit value*

Accidental death & dismemberment and paralysis benefits

Accidental death

Pays a benefit if an insured person sustains an accidental injury which causes the insured person's death within **90 days** after an accident.

Covered benefit	Plan 2
Employee	$50,000
Insured Spouse	$25,000
Insured Children	$25,000

Accidental death common carrier

Pays a benefit if an insured person sustains an accidental injury while the insured person is a fare paying passenger on a common carrier and the accidental injury causes the insured person's death within **90 days** after an accident.

Covered benefit	Plan 2
Employee	$100,000
Insured spouse	$50,000
Insured children	$50,000

Accidental dismemberment

Pays a benefit if an insured person sustains one or more limbs due to an accidental injury as classified below and in the schedule of benefits. The loss must occur within **90 days** after an accidental injury.

Covered benefit	Plan 2
One hand, foot or eye	$5,000
One hand and one foot, one hand and eye, One foot and eye	$10,000
Both hands, both feet or both eyes	$10,000

Paralysis - (complete, total and permanent loss)

Pays a benefit if an insured person sustains paralysis as a result of an accidental injury.
A physician must diagnose paralysis within **60 days** after the accidental injury; and confirm the paralysis continued for a period of **90 consecutive days.**

Covered benefit	Plan 2
Paraplegia	$5,000
Quadriplegia	$10,000

Other accidental injuries

Burn

Pays a benefit if an insured person receives a second degree burn or third degree burn as a result of an accidental injury. Treatment must be received by a physician within **72 hours** after the accidental injury.

Covered benefit	Plan 2
2rd Degree (greater than 5% of total body surface)	$1,000
3rd Degree (less than 5% of total body surface)	$1,500
3rd Degree (between 5% and 10% of total body surface)	$6,000
3rd Degree (greater than 10% of total body surface)	$18,000
Burn skin graft Pays a benefit if an insured person receives a skin graft for a burn as a result of an accidental injury. Treatment must be received by a physician within **365 days** after the accidental injury.	50% of Burn Benefit

Covered benefit	Plan 2
Coma Pays a benefit if an insured person is in a coma as a result of an accidental injury. Benefits will not be paid for a medically induced coma. A physician must diagnose the **Coma** within **72 hours** after the accidental injury.	$10,000
Concussion Pays a benefit if an insured person sustains a concussion as the result of an accidental injury. A physician must diagnose the concussion within **72 hours** after the accidental injury.	$150

Dental treatment

Pays a benefit if an insured person sustains a broken tooth as the result of an accidental injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within **60 days** after the accidental injury. Maximum **1** per accident

Covered benefit	Plan 2
Extractions	$75
Crown	$225

Laceration

Pays a benefit if an insured person receives a laceration as the result of an accidental injury. The laceration must be repaired by a physician within **72 hours** after the accidental injury

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

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 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)
2. 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
3. Engaging in an assault, felony, illegal occupation or other criminal act
4. Any act of war, whether declared or not, or voluntary participation in a riot, rebellion or civil insurrection
5. Operating, learning to operate or serving as a crewmember of an aircraft, whether motorized or not
6. Engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing, mountaineering using ropes and/or other equipment, or motor-driven vehicle racing
7. Participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the insured person receives any compensation or remuneration
8. 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
9. Any form of intentional asphyxiation
10. Elective or cosmetic surgery
11. Bacterial infection that was not caused by a cut or wound from an accidental injury
12. 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

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.

Frequently asked questions (FAQs) 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.

Can I have more than one Accident Plan?

No, you are not allowed to have more than one Aetna Accident Plan.

Who receives the benefit?

You (the member) receives the benefits.

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 services you receive.

Is my Aetna Accident policy compatible with a Health Savings Account (HSA)?

Yes, Aetna Accident policies are compatible with Health Savings Accounts.

How do I submit a claim?

Go to **myaetnasupplemental.com** and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.

What if I don't understand something I've read here, or have more questions?

We want you to understand these benefits before you decide to enroll. Reach out to us. Call toll-free at **1-855-788-5803**, 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.

What happens if I lose my employment? Can I take the Accident Plan with me?

Yes, you are able to continue coverage under the portability provision; however, you will need to pay premiums directly to Aetna.

Important information about your benefits

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. These benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

Complaints and appeals

Please tell us if you are not satisfied with a response you received from us or with how we do business. Call Member Services to file a verbal complaint or to ask for the address to mail a written complaint. You can also e-mail Member Services through the secure member website. If you're not satisfied after talking to a Member Services representative, you can ask us to send your issue to the appropriate department.

If you don't agree with a denied claim, you can file an appeal. To file an appeal, follow the directions in the letter or explanation of benefits statement that explains that your claim was denied. The letter also tells you what we need from you and how soon we will respond.

We protect your privacy

We consider personal information to be private. Our policies protect your personal information from unlawful use. By "personal information," we mean information that can identify you as a person, as well as your financial and health information. Personal information does not include what is available to the public. For example, anyone can access information about what the plan covers. It also does not include reports that do not identify you.

When necessary for your care or treatment, the operation of our health plans or other related activities, we use personal information within our company, share it with our affiliates and may disclose it to: your doctors, dentists, pharmacies, hospitals and other caregivers, other insurers, vendors, government departments and third-party administrators (TPAs).

We obtain information from many different sources —particularly you, your employer or benefits plan sponsor if applicable, other insurers, health maintenance organizations or TPAs, and health care providers.

These parties are required to keep your information private as required by law. Some of the ways in which we may use your information include: paying claims, making decisions about what the plan covers, coordination of payments with other insurers, quality assessment, activities to improve our plans and audits.

We consider these activities key for the operation of our plans. When allowed by law, we use and disclose your personal information in the ways explained above without your permission. Our privacy notice includes a complete explanation of the ways we use and disclose your information. It also explains when we need your permission to use or disclose your information.

We are required to give you access to your information. If you think there is something wrong or missing in your personal information, you can ask that it be changed. We must complete your request within a reasonable amount of time. If we don't agree with the change, you can file an appeal.

If you'd like a copy of our privacy notice, call **1-855-788-5803** or visit us at **www.aetna.com**.

If you require language assistance, please call Member Services at 1-855-788-5803, 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 1-855-788-5803, 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)**. 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.**

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.**

This material is for information only and is not an offer or invitation to contract. Providers are independent contractors and are not agents of Aetna. 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 **www.aetna.com.**

Policy forms issued in Idaho include: GR-96841, GR-96842.
Policy forms issued in Missouri include: GR-96842 01; GR-96841 01.
Policy forms issued in Oklahoma include: GR-96841, GR-96842.

AETNA LIFE INSURANCE COMPANY

ACCIDENT-ONLY COVERAGE

THIS POLICY/CERTIFICATE PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE

Policy form GR-96842 Certificate form GR-96841

Some notes on how we use words

- When we say "**you**" and "**your**", **we** mean the **employee**.
- When we say "**us**", "**we**", and "**our**", **we** mean **Aetna**.
- Some words appear in **bold** type. **We** define them in the *Glossary* section of **your** Certificate.

1. Read **Your** Policy/Certificate Carefully—This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both **you** and **us**. It is, therefore, important that **you** READ **YOUR** POLICY/CERTIFICATE CAREFULLY!

2. Accident-only coverage is designed to provide, to **insured persons**, coverage for certain losses resulting from a covered **accident** ONLY, except as covered by rider and subject to any limitations contained in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3. **You** may contact the Idaho Department of Insurance at any time:
   Consumer Affairs
   700 W State Street, 3rd Floor
   PO Box 83720
   Boise ID 83720-0043
   1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

Certificate Benefits:

If an **insured person** has an **accidental injury**, **we** will pay the applicable benefits shown on the Schedule of Benefits for the below listed benefits subject to the following:

- The benefit maximums, if any, shown on the Schedule of Benefits;
- A charge must be incurred for the **care** of an **insured person** due to an **accidental injury**;
- The service or supply must be rendered or received due to an **accidental injury** and is not due to or in connection with an **occupational injury**;
- The **accidental injury** must occur while coverage for the **insured person** is in force;
- The service or supply must be rendered or received while coverage for the **insured person** is in force.

Accidental Death Benefit

We will pay the applicable Accidental Death Benefit shown on the Schedule of Benefits if an **insured person** sustains an **accidental injury** which causes the **insured person's** death within **90 days** after an **accident**.

Accidental Death Common Carrier Benefit

We will pay the applicable Accidental Death Common Carrier Benefit shown on the Schedule of Benefits if an **insured person** sustains an **accidental injury** while the **insured person** is a fare paying passenger on a **common carrier** and the **accidental injury** causes the **insured person's** death within **90 days** after an **accident**.

Accidental Dismemberment Benefit

We will pay the applicable Accidental Dismemberment Benefit shown on the Schedule of Benefits if an **insured person** sustains one of the loss classifications shown on the Schedule of Benefits due to an **accidental injury**.

The loss must occur within **90 days** after an **accidental injury**. For the purpose of this benefit:

- "Loss of hand" means the hand is cut off through or above the wrist joint.
- "Loss of foot" means the foot is cut off through or above the ankle joint.
- "Loss of sight" means total and irrecoverable loss of sight.

Accident Follow-up Benefit

We will pay the Accident Follow-up Benefit shown on the Schedule of Benefits if an **insured person** receives follow-up treatment in a **physician's** office, **urgent care center** or **emergency room** for an **accidental injury** within one year of the **accident**.

Ground Ambulance Benefit

We will pay the Ground Ambulance Benefit shown on the Schedule of Benefits if a licensed professional ambulance company transports any **insured person** by ground to or from a **hospital** or between medical facilities where treatment is received as the result of an **accidental injury**. The ground ambulance transportation must take place within **24 hours** after **accidental injury**.

Air Ambulance Benefit
We will pay the Air Ambulance Benefit shown on the Schedule of Benefits if a licensed professional air ambulance company transports any **insured person** by air to or from a **hospital** or between medical facilities where treatment is received as the result of an **accidental injury**. The air ambulance transportation must take place within **48 hours** after the **accidental injury**.

Appliances Benefit
We will pay the Appliances Benefit shown on the Schedule of Benefits if a **physician** prescribes the use of an **appliance** as an aid in personal locomotion or mobility as a result of an **accidental injury**. The use of an **appliance** must begin within **90 days** after of the **accidental injury**.

Blood/Plasma/Platelets Benefit
We will pay the Blood/Plasma/Platelets Benefit shown on the Schedule of Benefits if an **insured person** receives the transfusion of blood, plasma and/or platelets due to an **accidental injury**.

Burn Benefit
We will pay the applicable Burn Benefit shown on the Schedule of Benefits if an **insured person** receives a **second degree burn** or **third degree burn** as a result of an **accidental injury**. Treatment must be received by a **physician** within **72 hours** after the **accidental injury**.
The Burn Benefit is payable for one of the burn classification amounts shown on the Schedule of Benefits per **accident**. If the **insured person** sustains more than one burn classification, the benefit payable is the greater amount.

Burn Skin Graft Benefit
We will pay the Burn Skin Graft Benefit shown on the Schedule of Benefits if an **insured person** receives a skin graft for a burn as a result of an **accidental injury**. Treatment must be received by a **physician** within **72 hours** after the **accidental injury**.

Chiropractic Treatment Benefit
We will pay the Chiropractic Treatment Benefit shown on the Schedule of Benefits if an **insured person** suffers a structural imbalance due to an **accidental injury** and receives **chiropractic care services** by a chiropractor in a chiropractor's office. Treatment must begin within **90 days** after the **accidental injury** and must be completed within **365 days** after the **accidental injury**.

Coma Benefit
We will pay the Coma Benefit shown on the Schedule of Benefits if an **insured person** is in a **coma** as a result of an **accidental injury**. Benefits will not be paid for a medically induced **coma**.

Concussion Benefit
We will pay the Concussion Benefit shown on the Schedule of Benefits if an **insured person** sustains a concussion as the result of an **accidental injury**. A **physician** must **diagnose** the concussion within **72 hours** after the **accidental injury**.

Dental Treatment Benefit
We will pay the applicable Dental Treatment Benefit shown on the Schedule of Benefits if an **insured person** sustains a broken tooth as the result of an **accidental injury** and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within **60 days** after the **accidental injury**.

Dislocation Benefit
We will pay the applicable Dislocation Benefit shown in the Schedule of Benefits if an **insured person** sustains a **dislocation** as the result of an **accidental injury**. A **physician** must **diagnose** the **dislocation** within **90 days** after the **accidental injury** and correct it by **open reduction** or **closed reduction**.

Eye Injury Benefit
We will pay the Eye Injury Benefit shown on the Schedule of Benefits if an **insured person** sustains an **accidental injury** to the eye. The eye injury must require surgery or the removal of a foreign object by a **physician** within **90 days** after the **accidental injury**. An examination with anesthesia will not be considered surgery.

Fracture Benefit
We will pay the applicable Fracture Benefit shown in the Schedule of Benefits if an **insured person** sustains a **fracture** as the result of an **accidental injury**. A **physician** must **diagnose** the **fracture** within **90 days** after the **accidental injury** and correct it by **open reduction** or **closed reduction**.

Hospital Stay - Admission Benefit
Hospital Admission:
We will pay the Hospital Admission Benefit shown on the Schedule of Benefits if an **insured person** has a **stay** in a **hospital** due to an **accidental injury**. The **stay** must begin within **180 days** after an **accidental injury**.

Intensive Care Unit (ICU) Admission:
We will pay the ICU Admission Benefit shown in the Schedule of Benefits if an **insured person** is admitted directly to **ICU** due to an **accidental injury**. The **stay** must begin within **30 days** after an **accidental injury**. **We** will only pay either the Hospital Admission Benefit or the ICU Admission Benefit once per **accidental injury**. If admitted directly:

- Into the **hospital**, then the Hospital Admission Benefit is payable.
- Into the **ICU**, then the ICU Admission Benefit is payable.

Hospital Stay - Daily Benefit

Hospital Daily:

We will pay the Hospital Daily Benefit shown on the Schedule of Benefits if an **insured person** has a **stay** in a **hospital** due to **accidental injury**. The **stay** must begin within **180 days** after an **accidental injury**.

Intensive Care Unit (ICU) Daily:

We will pay the ICU Daily Benefit shown in the Schedule of Benefits if an **insured person** has a **stay** in an **ICU** due to an **accidental injury**. The **stay** must begin within **30 days** after the **accidental injury**.

Rehabilitation Unit Daily:

We will pay the Rehabilitation Unit Daily Benefit shown in the Schedule of Benefits if an **insured person** is transferred to a **rehabilitation unit** immediately after a **stay** in a **hospital** due to an **accidental injury**.

Initial Treatment Benefit – Emergency Room

We will pay the Initial Treatment Benefit **–** Emergency Room shown on the Schedule of Benefits if an **insured person** requires initial examination and treatment in an **emergency room** as the result of an **accidental injury**. Such initial examination and treatment must be received within **72 hours** after the **accidental injury**.

Initial Treatment Benefit - Physician's Office or Urgent Care Center

We will pay the Initial Treatment Benefit - Physician's Office or Urgent Care Center on the Schedule of Benefits if an **insured person** requires initial examination and treatment in a **physician's** office or **urgent care center** as the result of an **accidental injury**. Such initial examination and treatment must be received within **72 hours** after the **accidental injury**.

Laceration Benefit

We will pay the applicable Laceration Benefit shown on the Schedule of Benefits if an **insured person** receives a **laceration** as the result of an **accidental injury**. The **laceration** must be repaired by a **physician** within **72 hours** after the **accidental injury**.

Lodging

We will pay the Lodging Benefit shown on the Schedule of Benefits for one motel/hotel room for a companion to accompany an **insured person** who has a **hospital stay** as the result of an **accidental injury**. This benefit is payable only for motel/hotel stays during the period of time the **insured person** has a **hospital stay**. In order for this benefit to be payable, the **hospital** must be more than **50 miles** from the residence of the **insured person**. **We** will measure the mileage for the most direct route from the **insured person's** residence to the motel/hotel.

Medical Imaging Benefit
We will pay the Medical Imaging Benefit shown on the Schedule of Benefits if an **insured person** receives a medical imaging test due to an **accidental injury**. 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)

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

Observation Unit Benefit
We will pay the Observation Unit Benefit shown on the Schedule of Benefits if an **insured person** requires services in an **observation unit** as the result of an **accidental injury**. Observation services must begin within **72 hours** after the **accidental injury**.

Pain Management (Epidural Anesthesia) Benefit
We will pay the Pain Management Benefit shown on the Schedule of Benefits if an **insured person** receives **epidural anesthesia** as the result of an **accidental injury**. The **epidural anesthesia** must be administered within **60 days** after the **accidental injury**.

Paralysis Benefit (Quadriplegia/Paraplegia)
We will pay the applicable Paralysis Benefit shown on the Schedule of Benefits if an **insured person** sustains **paralysis** as a result of an **accidental injury**. A **physician** must:

- **Diagnose paralysis** within **60 days** after the **accidental injury**; and
- Confirm the **paralysis** continued for a period of **90** consecutive days.

Prosthetic Device/Artificial Limb Benefit
We will pay the Prosthetic Device/Artificial Limb Benefit shown on the Schedule of Benefits if an **insured person** receives one or more prosthetic device(s)/artificial limb(s) when the **insured person** loses a hand, foot or one eye as the result of an **accidental injury**. The prosthetic device(s)/artificial limb(s) must be received within one year of the **accidental injury**.

Ruptured Disc Benefit
We will pay the Ruptured Disc Benefit shown on the Schedule of Benefits if an **insured person** sustains a ruptured disc in the spine as the result of an **accidental injury**. A **physician** must**:**

- Treat the ruptured disc within **60 days** after the **accidental injury**; and
- Repair it through surgery within one year after the **accidental injury**.

Surgery Benefit (with repair)
Cranial, Open Abdominal & Thoracic:
We will pay the Surgery Benefit for Cranial, Open Abdominal & Thoracic shown on the Schedule of Benefits if an **insured person** undergoes cranial, open abdominal or thoracic surgery, and repair is done, within **72 hours** of the **accidental injury**.

Hernia:
We will pay the Surgery Benefit for Hernia shown on the Schedule of Benefits if an **insured person** undergoes hernia surgery as the result of an **accidental injury**. A physician must:
- **Diagnose** the hernia within **30 days** after the **accidental injury**; and
- Perform surgery within **60 days** after the **accidental injury**.

Surgery Benefit (with no repair)
We will pay the Surgery Benefit (with no repair) shown on the Schedule of Benefits if an **insured person** undergoes exploratory or arthroscopic surgery, and no repair is done, within **60 days** of the **accidental injury**.

Tendon/Ligament/Rotator Cuff Benefit
We will pay the applicable Tendon/Ligament/Rotator Cuff Benefit shown on the Schedule of Benefits if an **insured person** sustains a torn, ruptured or severed tendon, ligament or rotator cuff as the result of an **accidental injury**. **We** will pay the Surgery for Single Repair Benefit or the Surgery for Multiple Repairs Benefit if a **physician**:
- Treats the tear, rupture or sever within **60 days** after the **accidental injury**; and
- Repairs it through surgery within **180 days** after the **accidental injury**.

Therapy Services Benefit – Physical Therapy
We will pay the Therapy Services Benefit shown on the Schedule of Benefits if an **insured person** receives **physical therapy** as the result of an **accidental injury**. The therapy must be:
- prescribed by a **physician**;
- rendered by an **physical therapist**; and
- performed in an office or in a **hospital** on an outpatient basis.

The therapy must begin within **90 days** after the **accidental injury** and must be completed within one year after the **accidental injury**.

Torn Knee Cartilage Benefit
We will pay the Torn Knee Cartilage Benefit shown on the Schedule of Benefits if an **insured person** sustains a torn knee cartilage (meniscus) as the result of an **accidental injury**. A **physician** must:
- Treat the torn knee cartilage within **60 days** after the **accidental injury**; and
- Repair it through surgery within **180 days** after the **accidental injury**.

Transportation Benefit
We will pay the Transportation Benefit shown in the Schedule of Benefits for an **insured person** who must travel from his or her residence more than **50 miles** one way on **physician's** advice for treatment as the result of an **accidental injury**. The Transportation Benefit will be paid for:

- A **hospital stay**;
- Outpatient surgery; or
- A **physician's** office visit.

We will pay this benefit when the injured **insured person** travels to and from the **insured person's** destination via:

- Commercial travel (plane, train or bus); or
- Non-commercial travel (use of a personal car).

We will measure the mileage for the most direct route from the **insured person's** residence to the facility where treatment is received. This benefit is not payable if the **insured person** is transported by taxi, ground ambulance or air ambulance.

X-ray Benefit
We will pay the X-Ray Benefit shown on the Schedule of Benefits if an **insured person** receives an X-ray due to an **accidental injury**. The X-ray(s) must be prescribed by a **physician** and performed by a licensed facility within **30 days** after the **accidental injury**.

4. **Certificate Exclusions**: 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);
- 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;
- Participating in any 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**;
- Elective or cosmetic surgery, except for **congenital anomalies** of **insured dependent** children;
- Bacterial infection that was not caused by a cut or wound from an **accidental injury**;
- **Occupational injuries**.

Congenital anomalies of **insured dependent** children are not excluded.

5. **Additional Information**:

- **Renewability** - The policy is optionally renewable.

- **Premium Changes** - The premium rates may be changed by **us**. If the rates are changed, **we** will give at least 31 days advance written notice

- **Portability –** If **your** employment ceases and as a result **your** coverage under the Policy terminates, **we** will provide portability coverage. Such coverage will be available to **you** and any of **your insured dependents**.

  You must complete the Portability Coverage Election Form and return it to **us** along with payment the first premium for the portability coverage not later than 30 calendar days after **your** coverage under the Policy terminates. Portability coverage will be effective on the day after benefits under the Policy terminates.

  The benefits, terms and conditions of portability coverage will be the same as those provided under the Policy on the date **your** coverage terminated. Any changes made to the Policy after **you** are covered under the Portability Provision will not apply to **you** unless required by law.

  The initial premium rates will be based on the premium rates in effect at the time **you** apply for portability coverage. **You** must also pay any portion of the premium previously paid by **your employer** for the coverage.

A grace period of 31 days after the premium due date will be allowed for the payment of each premium. We will not pay benefits under the Certificate in the absence of payment of current premium, subject to this grace period.

Portability coverage will end on the earliest of the following dates:

- The date the Policy terminates;
- The date of the **insured person's** death;
- The end of the portability grace period following the date the **insured person** fails to pay the required premium contribution;
- The end of the month on or following the date **you** are again covered under the Policy;
- The date coverage under this Portability Provision is cancelled or terminated by **us** for any reason upon 31 days advanced notice;
- The date **your** class of coverage is terminated;
- With respect to any **insured dependents**:
  - The date **your** coverage terminates;
  - The date **you** and **your insured spouse/domestic partner** divorce, end **your** domestic partnership;
  - The date **your insured dependent** ceases to be an eligible dependent under the Policy.

An **insured child** whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, or he or she is otherwise eligible.

Once portability coverage is cancelled or terminated, it cannot be reinstated.

Lea el siguiente aviso para los miembros del plan Aetna Supplemental Health que residen en el estado de Nuevo México.

AVISO PARA LOS RESIDENTES DE NUEVO MÉXICO
La cobertura que se brinda con su póliza o plan de beneficios asegurado por Aetna Life Insurance Company es limitada y posiblemente no ofrezca protección financiera para afrontar los grandes costos que podría tener por el diagnóstico o tratamiento de la enfermedad relacionada con la COVID-19 (coronavirus).

Si no tiene una cobertura médica principal integral, además de la póliza o plan emitido por nuestra compañía, es posible que deba realizar grandes gastos médicos que no están incluidos en el seguro por el diagnóstico y tratamiento de la enfermedad causada por la COVID-19.

Los planes médicos principales ofrecen sólidas protecciones al consumidor y no pueden cobrar deducibles, copagos ni otros costos compartidos por el diagnóstico o tratamiento de la enfermedad relacionada con la COVID-19. Su póliza o plan no es un plan médico principal y no ofrece dichas protecciones.

Si no tiene cobertura médica principal, puede hacer lo siguiente:

1. Comuníquese con su agente o representante de seguros con licencia para averiguar qué cobertura médica principal está disponible.

2. Para saber si cumple con los requisitos para un período de inscripción especial para obtener cobertura médica principal a través del Mercado de Seguros Médicos de Nuevo México, comuníquese con la línea gratuita de beWellnm, al **1-833-862-3935**.

3. Para saber si cumple con los requisitos para recibir cobertura de Medicaid y para completar una solicitud, comuníquese con la línea directa gratuita de ampliación de Medicaid del Departamento de Servicios Humanos, al **1-855-637-6574**, o visite **https://www.yes.state.nm.us/yesnm/home/index.**

4. Para saber si cumple con los requisitos para obtener cobertura de un fondo común de alto riesgo, comuníquese con el programa New Mexico Medical Insurance Pool ("High Risk Pool"), al **1-844-728-7896**, o visite **https://nmmip.org/**. Si no tiene seguro y le diagnosticaron COVID-19, cumple con los requisitos para obtener cobertura de un fondo común de alto riesgo.

En los sitios web de los Centros para el Control y la Prevención de Enfermedades y el Departamento de Salud de Nuevo México hay mucha información sobre la COVID-19. Visite **https://www.cdc.gov/** o **http://cv.nmhealth.org/**.

Las personas que tienen los síntomas de COVID-19 deben comunicarse de inmediato con el Departamento de Salud de Nuevo México, al **1-855-600-3453**.

Propiedad exclusiva

Discrimination is Against the Law

Aetna Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). Aetna Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aetna Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 1-800-872-3862 (TTY: 711) or the number on the back of your ID card.

If you believe that Aetna Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
Attn: 1557 Coordinator
CVS Pharmacy, Inc.
1 CVS Drive, MC 2332,
Woonsocket, RI 02895

Phone: 1-800-648-7817, TTY: 711
Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at Aetna Inc.'s website: https://www.aetna.com/

5356157-01-01 (07/25)

TTY: **711**

English	**To access language services at no cost to you, call** 1-888-772-9682 **.**
Amharic	እርስዎ ወጪ ሳያወጡ የቋንቋ አገልግሎቶችን ለመድረስ ወደ 1-888-772-9682 ይደውሉ።
Arabic	للحصول على خدمات اللغة مجانًا، اتصل على 1-888-772-9682
Armenian	Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք հեռախոսահամարով: 1-888-772-9682
Carolinian (Kapasal Falawasch)	ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-772-9682 .
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang 1-888-772-9682 .
Chinese Traditional	如欲使用免費語言服務，請致電 1-888-772-9682 .
Cushitic-Oromo	Tajaajila afaanii bilisaan argachuuf, 1-888-772-9682 irratti bilbilaa.
French	Afin d'accéder aux services langagiers sans frais, composez le 1-888-772-9682 .
French Creole (Haitian)	Pou w jwenn aksè ak sèvis lang gratis pou ou, rele 1-888-772-9682 .
German	Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie 1-888-772-9682 an.
Greek	Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-772-9682 .
Gujarati	તમારે કોઇ તના ખર્ચ વના ભાષાની સેવાઓની પહચ માટે, કોલ કરો 1-888-772-9682 .
Hindi	आपके लए बना कसी कमत के भाषा सेवाआ का उपयोग करने के लए, 1-888-772-9682 पर कॉल करे।
Hmong	Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-772-9682 .
Italian	Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-772-9682 .
Japanese	無料の言語サービスをご利用いただくには、1-888-772-9682 にお電話ください。
Karen	လၫကမၤနှဲ့ ကျိာ်တၢ်မၤစၢၤတၢ်မၤ လၫတလိဉ်လာ်ဘူဉ်လာ်စုၤ လၫနဂီၢ်အဂီၢ်, 1-888-772-9682 .
Korean	무료로 언어 서비스를 이용하려면 1-888-772-9682 번으로 전화하세요
Laotian	ເພື່ອເຂົ້າເຖິງການບໍລິການພາສາໂດຍບເສຍຄ່າໃຊ້ຈ່າຍໃດໆແກ່ທ່ານ, ໃຫ້ໂທຫາ 1-888-772-9682 .
Mon-Khmer, Cambodian	ដើម្បីទទួលនេសវាផ្នែនកភាសាដោយមិនគិតៃថ្លលពីអ្នែនកសូមទូរសព្ទទេលខ 1-888-772-9682 ។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bą́ą́h ílínígóó kojį' hólne' 1-888-772-9682 .
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-772-9682 .
Persian-Farsi	برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-772-9682 تماس بگیرید.
Polish	Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer 1-888-772-9682 .
Portuguese	Ligue para 1-888-772-9682 para receber assistência linguística gratuita.
Punjabi	ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-772-9682 'ਤੇ ਫ਼ੋਨ ਕਰੋ।
Russian	Чтобы получить бесплатные языковые услуги, позвоните по номеру 1-888-772-9682 .
Samoan	Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-772-9682 .
Serbo-Croatian	Za besplatne prevodilačke usluge pozovite 1-888-772-9682 .
Spanish	Para acceder a los servicios de idiomas sin costo, llame al 1-888-772-9682 .
Syriac-Assyrian	ܒܗ، ܡܒܪܟ ܠܟ ܒܫܘܬܦܐ ܕܫܝܪܘܬ ܠܫܢܐ ܕܠܐ ܡܫܟܚ ܥܠ ܝܠܦ ܠܟ ܒܠܫܢ ܕܡܬܝܠ ܠܟ ܐܢ ܬܨܠ ܠ 1-888-772-9682 .
Tagalog	Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tumawag sa 1-888-772-9682 .
Thai	หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-772-9682 .
Ukrainian	Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-772-9682 .
Vietnamese	Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-772-9682 .

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