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Financial protection for on- and off-the-job accidents

Voluntary Plans

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Your employer has made it easy to help protect your finances if a sudden accidental injury occurs.

The Group Accident Plan is insured by American Heritage Life Insurance Company (headquarters: Jacksonville, Florida). Insurance plans contain exclusions and limitations, and not all services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

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Group Accident Plan

Insured by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation*

Having the right accident coverage in the event of an accidental injury is important. The Group Accident Plan can help cover your out-of-pocket expenses associated with an accidental injury. The insurance plan can also help protect your savings should an on- or off-the-job accidental injury occur.

Meeting your needs

Accident coverage helps provide peace of mind when an accidental injury occurs.

- Coverage that is guaranteed at initial enrollment; there are no medical exams or tests to take**
- Benefits that correspond with treatment for on- and off-the-job accidental injuries, including hospitalization, emergency treatment, intensive care, fractures, plus more
- 24-hour accident coverage for you or your entire family
- Affordable premiums
- Benefits paid directly to you, unless you assign them to someone else
- Portable coverage
- Optional riders added to the plan to enhance your coverage

Accidents happen — a death resulting from an unintentional injury occurs every four minutes and a disabling injury every one second.¹

The Group Accident Plan does not offer comprehensive benefits. It provides limited coverage and is not intended to replace other health insurance coverage.

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**During open enrollment only. If you enroll after the open enrollment period, evidence of insurability may be required.

¹*Injury Facts 2010*, National Safety Council.

Your benefits coverage*

Accidental death**	Pays a benefit for accidental death.
Common carrier accidental death**	Pays a benefit for death while riding as a fare-paying passenger on a commercial airline, passenger train or inter-city bus line.
Dismemberment**	Pays a benefit for dismemberment. Multiple dismemberments during the same injury are limited to the principal amount listed in the policy.
Dislocation or fracture**	Pays a benefit for dislocation or fracture. Multiple dislocations or fractures during the same injury are limited to the principal amount listed in the policy.
Initial hospital confinement	Pays a benefit if you are hospital confined for the first time after the effective date.
Hospital confinement	Pays a benefit if you are confined in a hospital up to 90 days for each continuous hospital confinement.
Intensive care	Pays a benefit if you are confined in a hospital intensive care unit up to 90 days for each continuous hospital intensive care confinement.
Ambulance	Pays a benefit for you to be transferred by ambulance service to or from a hospital.
Medical expenses	Pays a benefit if you have medical expenses.
Outpatient physician's treatment	Pays a benefit if you are treated by a physician outside of a hospital for any reason. Limited to two visits per person per year, and four visits per year if your dependents are covered.
BENEFITS ENHANCEMENT RIDER	
Hospital admission	Pays a benefit for your first hospital confinement, after you have been continuously covered by this rider for 12 months. Must be confined within three days after the accident. Paid once per year.
Lacerations	Pays a benefit if you receive treatment for one or more cuts within three days after an accident. Paid once per year.

*See page 7 for limits and conditions.

**Pays 50 percent of the benefit amount for a covered spouse and 25 percent for each covered child.

Your benefits coverage*** (continued...)

Burns	Pays a benefit if you receive treatment for burns, other than sunburns, within three days after an accident. Paid once per accident.
Brain injury diagnosis	Pays a one-time benefit if you are diagnosed with one of these traumatic brain injuries within 30 days after an accident: concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be first treated by a physician within three days after the accident.
General anesthesia†	Pays a benefit for general anesthesia during a covered surgery.
Computed tomography (CT) scan and magnetic resonance imaging (MRI)†	Pays a benefit if you receive a CT scan or MRI. In order to be eligible for coverage, you must be treated by a physician first within 30 days after the accident. Paid once per year.
Paralysis	Pays a one-time benefit if you are paralyzed from a spinal cord injury for at least 90 days. Must be confirmed by a physician within three days after the accident.
Coma with respiratory assistance	Pays a one-time benefit if you are in a coma.
Open abdominal or thoracic surgery	Pays a benefit if you have open abdominal or thoracic surgery for internal injuries within three days after the accident.
Prosthesis†	Pays a benefit for a physician-prescribed prosthetic arm, leg, hand, foot or eye. Paid once per accident.
Tendon, ligament, rotator cuff or knee cartilage surgery†	Pays a benefit if you have surgery to repair a tendon, ligament, rotator cuff or knee cartilage, or for exploratory arthroscopic surgery.
Ruptured disc surgery†	Pays a benefit if you have a surgical procedure to repair a ruptured spinal disc.
Skin graft††	Pays a benefit if you receive a skin graft for a covered burn. Paid once per accident.
Blood and plasma	Pays a benefit for a blood or plasma transfusion within three days after an accident. Paid once per accident.
Eye surgery††	Pays a benefit if you have surgery or a foreign object removed from the eye. Paid once per accident.
Appliance††	Pays a benefit for one of the following: wheelchair, crutches or walker. Paid once per accident.
Medical supplies††	Pays a benefit for over-the-counter medical supplies. Paid once per accident.
Medicine††	Pays a benefit for prescription or over-the-counter medicine. Paid once per accident.
Physical therapy††	Pays a benefit for physician-prescribed physical therapy (up to six treatments per accident). Must take place within six months after the accident.
Rehabilitation unit	Pays a benefit if you are confined in a rehabilitation unit after a hospital stay. Paid up to 30 days per confinement (maximum 60 days per year).
Non-local transportation	Pays a benefit if you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home. Paid up to three times per accident.
Family member lodging	Pays a benefit if one adult family member accompanies you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home.
Post-accident transportation	Pays a benefit if you are hospital confined for at least three days in a row more than 250 miles from your home and you are brought home by a common carrier.
Accident follow-up treatment	Pays a benefit if you receive follow-up treatment from a physician in his/her office or in a hospital as an outpatient (up to two treatments per accident). Must take place within six months after the accident.

***For any month you receive workers' compensation or other state disability benefits, the benefit is reduced by 50 percent. Reasonable proof will be required.

†Must begin or be received within 180 days of the accident.

††Must begin, be received or performed within 90 days of the accident.

Injury benefits amounts

The schedule of benefits below shows benefit amounts for two and three units. A covered spouse gets 50 percent of the amounts shown; covered children get 25 percent of the amounts shown. Benefit amounts for different units purchased will be proportionately higher or lower.

Loss of life or limb	Low	High
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$ 40,000	\$ 60,000
Common carrier accidental death	\$ 200,000	\$ 300,000
One eye	\$ 20,000	\$ 30,000
One or more entire toes or fingers	\$ 4,000	\$ 6,000

Complete dislocation	Low	High
Hip joint	\$ 4,000	\$ 6,000
Knee or ankle joint,* bone or bones of the foot**	\$ 1,600	\$ 2,400
Wrist joint	\$ 1,400	\$ 2,100
Elbow joint	\$ 1,200	\$ 1,800
Shoulder joint	\$ 800	\$ 1,200
Bone or bones of the hand,* collarbone	\$ 600	\$ 900
Two or more fingers or toes	\$ 280	\$ 420
One finger or toe	\$ 120	\$ 180

Complete, simple, or closed fracture	Low	High
Hip, thigh (femur), pelvis**	\$ 4,000	\$ 6,000
Skull**	\$ 3,800	\$ 5,700
Arm, between the shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$ 2,200	\$ 3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$ 1,600	\$ 2,400
Foot,** hand or wrist**	\$ 1,400	\$ 2,100
Lower jaw**	\$ 800	\$ 1,200
Two or more ribs, fingers or toes, bones of the face or nose	\$ 600	\$ 900
One rib, finger or toe, coccyx	\$ 280	\$ 420

In 2007, more than 34 million people — about one out of nine — sought medical attention. More than 27 million were treated in hospital emergency departments.¹

*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers).

**Pelvis (except coccyx). Skull (except bones of the face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

¹Injury Facts 2010. National Safety Council.

Certificate/rider specifications

Conditions and limits

When an injury results in a covered loss within 90 days (180 days for dismemberment or death) from the date of an accident, benefits will be paid as stated. **Treatment must be received in the United States or its territories.**

Your eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent eligibility/termination

(a) Coverage may include you, your spouse (or domestic partner), and unmarried children. (b) Coverage for children terminates following the date the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) All coverage ends upon your death. If the insured employee's spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or death of the insured employee.

Termination of coverage

Coverage under the policy ends on the earliest of: the date the policy is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the "Temporarily Not Working" Provision; the date you are no longer in an eligible class; or the date your class is no longer eligible.

Portability privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends. This means you can take your policy with you if you change jobs or lose your job.

Certificate and benefits enhancement rider limitations and exclusions

Benefits are not paid for any loss incurred as a result of: (a) injury incurred before the effective date; (b) any act of war or participation in a riot, insurrection or rebellion; (c) suicide or any attempt at suicide; (d) any injury sustained while under the influence of alcohol or any narcotic unless administered upon the advice of a physician; (e) any bacterial infection (except pyogenic infections that occur with and through an accidental cut or wound); (f) participation in aeronautics unless a fare-paying passenger on a licensed common carrier aircraft; (g) committing or attempting to commit an assault or felony; (h) driving in any organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway; (i) hernia, including complications; (j) serving as an active member of the military, naval or air forces of any country or combination of countries.

Pre-existing Condition Limitation

(a) Benefits are not paid on losses occurring during the first 12 months of coverage if caused by a pre-existing condition. (b) A pre-existing condition is a disease or physical condition for which symptoms existed within the 12-month period prior to the effective date, or if medical advice or treatment was recommended or received from a member of the medical profession within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

State variations

Arkansas

Certificate and Benefit Enhancement Rider Limitations and Exclusions paragraph items (e and i) are deleted.

Georgia

In the Benefit Enhancement Rider section, Coma with Respiratory Assistance Benefit is deleted in its entirety. Pre-existing Condition Limitation item (b) is replaced with: A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date.

Louisiana

Dependent Eligibility/Termination paragraph, item (a) includes: grandchild(ren) (who are in your legal custody). Certificate and Benefit Enhancement Rider Limitations and Exclusions paragraph, item (d) is replaced with: being intoxicated or under the influence of alcohol or any narcotic, unless administered on the advice of a physician.

Puerto Rico

Emergency Medical Treatment Benefit has been added: Pays for hospital emergency room services received within 24 hours after the accident. Surgery must occur within 45 days after the accident. Paid once per year.

Texas

Certificate and Benefit Enhancement Rider Limitations and Exclusions paragraph, item (d) is replaced with: being intoxicated or under the influence of any narcotic unless administered on the advice of a physician. Item (e) is replaced with: any bacterial infection (except food poisoning and pyogenic infections occurring through an accidental cut or wound). Item (g) is replaced with: committing or attempting to commit a felony.

For more information, contact your human resources representative or visit www.aetnavoluntary.com.

This material is valid as long as information remains current, but in no event later than June 15, 2013. Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof. Benefit Enhancement Rider provided by rider form GVAPBER, or state variations thereof.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details of the insurance, including exclusions, restrictions and other provisions included in the certificates issued, contact your insurance agent, or go to www.aetnavoluntary.com.

This brochure is for use in enrollments that are situated in AL, AR, GA, LA, MS, PR and TX.

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Group Accident Plan

Insured by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation*

Policy benefits

Benefit		Low plan	High plan
Accidental death	Employee	\$ 40,000	\$ 60,000
	Spouse	\$ 20,000	\$ 30,000
	Child	\$ 10,000	\$ 15,000
Common carrier accidental death	Employee	\$ 200,000	\$ 300,000
	Spouse	\$ 100,000	\$ 150,000
	Child	\$ 50,000	\$ 75,000
Dismemberment	Employee	up to \$ 40,000**	up to \$ 60,000**
	Spouse	up to \$ 20,000**	up to \$ 30,000**
	Child	up to \$ 10,000**	up to \$ 15,000**
Dislocation and fracture	Employee	up to \$ 4,000**	up to \$ 6,000**
	Spouse	up to \$ 2,000**	up to \$ 3,000**
	Child	up to \$ 1,000**	up to \$ 1,500**
Initial hospital confinement		\$ 1,000	\$ 1,500
Hospital confinement		\$ 200/day	\$ 300/day
Intensive care		\$ 400/day	\$ 600/day
Ambulance	Regular ambulance	\$ 200	\$ 300
	Air ambulance	\$ 600	\$ 900
Medical expenses		up to \$ 500	up to \$ 750
Outpatient physician's treatment		\$ 50/visit	\$ 75/visit
Emergency medical treatment (Puerto Rico only)		up to \$ 200	up to \$ 200

Premiums detailed

Insured	Weekly		Monthly	
	Low plan	High plan	Low plan	High plan
Employee Only	\$ 4.16	\$ 5.70	\$ 17.99	\$ 24.67
Employee + Spouse	\$ 7.82	\$ 10.90	\$ 33.86	\$ 47.22
Employee + Child(ren)	\$ 8.51	\$ 11.93	\$ 36.84	\$ 51.68
Family	\$ 10.36	\$ 14.65	\$ 44.89	\$ 63.45

Issue ages: 18 and over if actively at work

There are two benefit levels

The Low plan pays 100% of the standard benefits schedule in the Accident Plan Brochure and the High plan pays 150% of the standard benefits schedule.

The list above details benefits amounts associated with the benefits described in the brochure.

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**Based on amount shown in the Injury Benefit Amounts.

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Policy benefits (continued)

Rider benefit		Low Plan	High Plan
Hospital admission		\$ 500	\$ 500
Lacerations		\$ 50	\$ 50
Burns	< 15% of body surface	\$ 100	\$ 100
	> 15% of or more	\$ 500	\$ 500
Skin graft		50% of Burns	50% of Burns
Brain injury diagnosis		\$ 150	\$ 150
Computed tomography (CT) scan and magnetic resonance imaging (MRI)		\$ 50	\$ 50
Paralysis	Paraplegia	\$ 7,500	\$ 7,500
	Quadriplegia	\$ 15,000	\$ 15,000
Coma with respiratory assistance (n/a Georgia)		\$ 10,000	\$ 10,000
Open abdominal or thoracic surgery		\$ 1,000	\$ 1,000
Tendon, ligament, rotator cuff or knee cartilage surgery	Surgery	\$ 500	\$ 500
	Exploratory surgery	\$ 150	\$ 150
Ruptured disc surgery		\$ 500	\$ 500
Eye surgery		\$ 100	\$ 100
General anesthesia		\$ 100	\$ 100
Blood and plasma		\$ 300	\$ 300
Appliance		\$ 125	\$ 125
Medical supplies		\$ 5	\$ 5
Medicine		\$ 5	\$ 5
Prosthesis	One device	\$ 500	\$ 500
	Two or more	\$ 1,000	\$ 1,000
Physical therapy		\$ 30/day	\$ 30/day
Rehabilitation unit		\$ 100/day	\$ 100/day
Non-local transportation		\$ 400/trip	\$ 400/trip
Family member lodging		\$ 100/day	\$ 100/day
Post-accident transportation		\$ 200	\$ 200
Accident follow-up treatment		\$ 50/day	\$ 50/day

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This insert is part of brochure 77.02.308.1 and is not to be used on its own.

This is not an application for coverage; see your agent for details. This material is valid as long as information remains current, but in no event later than June 15, 2013. Group Accident Plan benefits provided by policy form GVAP1, or state variations thereof. Benefit Enhancement Rider provided by rider form GVAPBER, or state variations thereof. This insert highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company.

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