

Voluntary Benefits Proposal for:

Columbia Brazoria ISD



Critical Illness Plan

Critical Illness Plus with Cancer Hospital Indemnity Plan 1 & 2 (HSA)



Hospital Indemnity Plan

Policy Effective Date	09/01/2019
Contract State	TX
Number of Eligible Employees	416

Presented by:

First Financial Group of America

Prepared by:

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Sales Vice President

This quote is valid for 90 days from: 06/24/2019



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Count on us for voluntary solutions

Accident, Critical Illness, and
Hospital Indemnity

AETNA / VOLUNTARY

Insurance plans are offered and/or underwritten by
Aetna Life Insurance Company (Aetna).



Why Aetna Voluntary?

- 15 years of voluntary benefits experience
- Flexibility and group level customizations through plan designs and riders
- Online access to coverage, claims and plan documents through a personalized member portal
- Simplified Claims Process – online claims process with no paper proof required for Aetna medical members
- Competitive rates and billing flexibility
- Discounts may apply when packaging with other Aetna plans
- Streamlined implementation and file exchange with other Aetna plans
- Ability to enroll on your chosen platform
- Enrollment strategy and marketing plan development support
- Fast and accurate enrollment materials
- Member access to Aetna's discount programs

Why Voluntary Plans?

- Complement cost containment strategies
- Increase enrollment in high-deductible health plans (HDHPs)
- Provide a financial safety-net to help employees with medical and non-medical expenses
- Provide employees alternative options for funding out-of-pocket exposure
- Enhance benefits offerings to attract and retain talent

Additional coverage

Extra protection

Financial security



**Happy, healthy,
productive employees**

Aetna Critical Illness Plan

Plan Description

Aetna's critical illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical illness such as heart attack, stroke or major organ failure.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan

Plan Highlights

- Guaranteed Issue
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- Tobacco/Non-Tobacco rates
- Attained age bands
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- Pre-ex waived
- HSA compatible
- Benefits paid to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan

Plan Features

- Spouse Face Amount: 50%
- Child(ren) Face Amount: 50%
- Recurrence Critical Illness Diagnosis Benefit: 100% after 180 days
- Recurrence Cancer (invasive) Diagnosis Benefit: 100% after 180 days
- Subsequent Critical Illness Diagnosis Benefit: 100% after 180 days
- Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive): 100% after 180 days
- Plan pays for conditions not offered by most competitors including Lupus, Multiple Sclerosis, and Muscular Dystrophy
- Health Screening Benefit
- Portable

Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, gym memberships, weight-loss programs, books and magazine subscriptions, eye care, hearing and dental products and more.

Critical Illness Plan Benefits

Face Amounts

Covered Benefit	Low	High
Face Amounts	\$10,000	\$20,000
Spouse Face Amount	50% of EE Face Amount	50% of EE Face Amount
Child(ren) Face Amount	50% of EE Face Amount	50% of EE Face Amount

Plan Features

Feature	Percent of Face Amount (Employee):	Percent of Face Amount (Employee):
Recurrence Critical Illness Diagnosis Benefit <i>Diagnosis of the same Critical Illness</i>	100% after 180 days	100% after 180 days
Recurrence Cancer (invasive) Diagnosis Benefit	100% after 180 days	100% after 180 days
Subsequent Critical Illness Diagnosis Benefit <i>Diagnosis of a different Critical Illness</i>	100% after 180 days	100% after 180 days
Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive) <i>Diagnosis of another cancer (invasive) or carcinoma in situ</i>	100% after 180 days	100% after 180 days

Critical Illness Benefits

Covered Benefit	Percent of Face Amount (Employee):	Percent of Face Amount (Employee):
Heart Attack (Myocardial Infarction)	100%	100%
Stroke	100%	100%
Coronary Artery Condition Requiring Bypass Surgery	25%	25%
Major Organ Failure	100%	100%
End-Stage Renal Failure	100%	100%
Paralysis	100%	100%
Loss of Sight (Blindness)	100%	100%
Loss of Speech	100%	100%
Loss of Hearing	100%	100%
Occupational HIV	100%	100%
Coma	100%	100%
Benign Brain Tumor	100%	100%
Third-Degree Burns	100%	100%
Alzheimer's Disease	25%	25%
Parkinson's Disease	25%	25%
Lupus	25%	25%
Multiple Sclerosis	25%	25%
Muscular Dystrophy	25%	25%

Cancer Benefits

Covered Benefit		
Cancer (invasive)	100%	100%
Carcinoma in Situ (non-invasive)	25%	25%
Skin Cancer	\$1,000	\$1,000

Additional Plan Benefits

Covered Benefit	Low	High
Health Screening <i>Maximum 1 day per plan year</i>	\$50	\$50

*Covered Health Screenings

- Lipoprotein profile (serum plus HDL, LDL and triglycerides)
- Fasting blood glucose test
- Digital rectal exams (DRE)
- Carotid Doppler Ultrasound
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Chest x-ray (CXR)
- Thermography
- Ultrasound screening for abdominal aortic aneurysms
- Bone marrow screening
- Adult [and child] immunizations
- HPV vaccine (Human Papillomavirus)
- Bone mass density measurement (DEXA, DXA)
- Hemocult stool analysis
- Doppler screenings for peripheral vascular disease/arteriosclerosis
- Prostate Specific Antigen (PSA) Test
- Flexible sigmoidoscopy
- Colonoscopy
- Virtual colonoscopy
- Carcinoembryonic Antigen (CEA)
- Cancer Antigen (CA) Test 15-3 (breast cancer)
- Mammography
- Breast Ultrasound
- Cancer Antigen (CA) Test 125 (ovarian cancer)
- Pap smears
- Cytologic Screening
- ThinPrep Pap Test
- Skin cancer screening
- Serum protein electrophoresis (blood test for myeloma)

Monthly Rates – Critical Illness Plan

Quoted Rates are guaranteed for 90 days from the date of this Proposal.

06/24/2019

Commission Percentage	65% / 5%
Employer Contribution	0%

Non-Tobacco Rates

Age Band:	\$10,000 Face Amount				\$20,000 Face Amount			
	Employee	Employee & Spouse	Employee & Children	Family	Employee	Employee & Spouse	Employee & Children	Family
<20	\$3.02	\$5.66	\$3.02	\$5.66	\$4.61	\$8.33	\$4.61	\$8.33
20-24	\$3.48	\$6.35	\$3.48	\$6.35	\$5.52	\$9.70	\$5.52	\$9.70
25-29	\$4.10	\$7.29	\$4.10	\$7.29	\$6.77	\$11.57	\$6.77	\$11.57
30-34	\$4.95	\$8.56	\$4.95	\$8.56	\$8.48	\$14.13	\$8.48	\$14.13
35-39	\$6.28	\$10.56	\$6.28	\$10.56	\$11.14	\$18.13	\$11.14	\$18.13
40-44	\$8.67	\$14.14	\$8.67	\$14.14	\$15.90	\$25.28	\$15.90	\$25.28
45-49	\$12.60	\$20.04	\$12.60	\$20.04	\$23.76	\$37.07	\$23.76	\$37.07
50-54	\$19.10	\$29.80	\$19.10	\$29.80	\$36.77	\$56.60	\$36.77	\$56.60
55-59	\$28.39	\$43.74	\$28.39	\$43.74	\$55.36	\$84.48	\$55.36	\$84.48
60-64	\$40.39	\$61.74	\$40.39	\$61.74	\$79.34	\$120.47	\$79.34	\$120.47
65-69	\$55.36	\$84.20	\$55.36	\$84.20	\$109.28	\$165.40	\$109.28	\$165.40
70+	\$69.73	\$105.77	\$69.73	\$105.77	\$138.03	\$208.54	\$138.03	\$208.54

Tobacco Rates

Age Band:	\$10,000 Face Amount				\$20,000 Face Amount			
	Employee	Employee & Spouse	Employee & Children	Family	Employee	Employee & Spouse	Employee & Children	Family
<20	\$4.11	\$7.49	\$4.11	\$7.49	\$6.79	\$11.98	\$6.79	\$11.98
20-24	\$4.88	\$8.64	\$4.88	\$8.64	\$8.33	\$14.28	\$8.33	\$14.28
25-29	\$5.93	\$10.22	\$5.93	\$10.22	\$10.43	\$17.44	\$10.43	\$17.44
30-34	\$7.37	\$12.38	\$7.37	\$12.38	\$13.30	\$21.75	\$13.30	\$21.75
35-39	\$9.61	\$15.75	\$9.61	\$15.75	\$17.79	\$28.49	\$17.79	\$28.49
40-44	\$13.62	\$21.77	\$13.62	\$21.77	\$25.82	\$40.54	\$25.82	\$40.54
45-49	\$20.24	\$31.71	\$20.24	\$31.71	\$39.06	\$60.41	\$39.06	\$60.41
50-54	\$31.21	\$48.16	\$31.21	\$48.16	\$60.98	\$93.31	\$60.98	\$93.31
55-59	\$46.86	\$71.65	\$46.86	\$71.65	\$92.30	\$140.30	\$92.30	\$140.30
60-64	\$67.07	\$101.97	\$67.07	\$101.97	\$132.71	\$200.93	\$132.71	\$200.93
65-69	\$92.29	\$139.82	\$92.29	\$139.82	\$183.16	\$276.63	\$183.16	\$276.63
70+	\$116.51	\$176.16	\$116.51	\$176.16	\$231.60	\$349.32	\$231.60	\$349.32

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

Critical Illness Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and schedule of benefits to determine which services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

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

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

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

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

Aetna Hospital Indemnity Plan

Plan Description

Our hospital indemnity plan provides fixed payments directly to members when they have a covered inpatient hospital stay.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan

Plan Highlights

- Guaranteed Issue
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- HSA compatible
- Benefits paid to the employee
- Pre-ex waived
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan

Plan Features

- Lump-sum payment for first day of inpatient stay, when stay begins during the plan year
- Daily benefit payment beginning on the first day
- Increased per day payment in an intensive care unit (ICU)
- Waiver of Premium
- Portable

Value Added Programs

Access to Aetna Discount Programs: Including blood pressure monitors, gym memberships, weight-loss programs, books and magazine subscriptions, eye care, hearing and dental products and more.

Hospital Indemnity Plan Benefits

Covered Benefit for Inpatient Stays	Plan 1	Plan 2
<p>Hospital stay - Admission</p> <p>Provides a lump sum benefit for the initial day of your stay in a hospital.</p> <p><i>Maximum 1 stay per plan year</i></p>	\$500	\$1,000
<p>Hospital stay - Daily</p> <p>Pays a daily benefit, beginning on day one of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$50	\$100
<p>Hospital stay - (ICU) Daily</p> <p>Pays a daily benefit, beginning on day one of your stay in an ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p>Newborn routine care</p> <p>Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.</p>	\$100	\$100
<p>Observation unit</p> <p>Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury.</p> <p><i>Maximum 1 day per plan year</i></p>	\$100	\$100
<p>Substance abuse stay - Daily</p> <p>Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse.</p> <p><i>Maximum 30 days per plan year</i></p>	\$50	\$100
<p>Mental disorder stay - Daily</p> <p>Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders.</p> <p><i>Maximum 30 days per plan year</i></p>	\$50	\$100
<p>Rehabilitation unit stay - Daily</p> <p>Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.</p> <p><i>Maximum 30 days per plan year</i></p>	\$25	\$50
<p>Important Note: All daily inpatient stay benefits begin on day one and count toward the plan year maximum.</p>		

Monthly Rates - Hospital Indemnity Plan

Quoted Rates are guaranteed for 90 days from the date of this Proposal.

06/24/2019

Commission Percentage	55% / 5%
Employer Contribution	0%

Hospital Indemnity Plan 1 (HSA)				
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$9.34	\$18.99	\$14.79	\$23.33

Hospital Indemnity Plan 2 (HSA)				
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$18.18	\$37.25	\$28.73	\$45.48

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

Hospital Indemnity Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Care provided by a spouse, parent, child, sibling or any other household member;
7. Cosmetic services and plastic surgery, with certain exceptions;
8. Custodial Care;
9. Hospice services, except as specifically provided in the Benefits under your plan section of the certificate;
10. Self-harm, suicide, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Care or services received outside the United States or its territories;
13. Education, training or retraining services or testing;
14. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
15. Exams except as specifically provided in the Benefits under your plan section of the certificate;
16. Dental and orthodontic care and treatment;
17. Family planning services;
18. Any care, prescription drugs, and medicines related to infertility;
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
21. Vision-related care

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

General Proposal Conditions (Applicable for All Quoted Plans)

Effective Date

The effective date of coverage will be the policy issue date agreed upon by all parties and shown on the certificate specification page, not the application date.

Employee Participation and Initial Open Enrollment Requirements

It is recommended that the Client agrees to an active engagement for the initial open enrollment period and that at least 75% of all eligible employees actively engage in the enrollment process.

If the active engagement levels are not met, a minimum participation will be required for each product as follows:

Critical Illness Plan:	15%
Hospital Indemnity Plan:	15%

Client will fully support the enrollment and acknowledges that Aetna may change the rates or revoke the offer of coverage for failure to meet the required minimum active engagement or participation levels.

If Aetna determines that any rate adjustment is necessary due to lower-than-targeted engagement or participation levels, Client will be responsible for communicating the revised rates to employees. Should a subsequent enrollment be necessary due to a rate adjustment, Aetna and enrollment vendor will work collaboratively with Client to support such enrollment.

Definitions

Active engagement means that employees must review the initial offer and record an election to either accept or waive coverage.

Participation is defined as the number of enrollees divided by the total number of eligible employees.

Reporting Metrics

Final participation and/or active engagement levels will be measured at the end of the open enrollment period. Client agrees to provide basic engagement reporting to Aetna during and after the open enrollment period.

Preferred method: a system that can provide a summary report of enrollments and waivers.

Acceptable, but not preferred method: a system that can provide a summary report of eligible employees who logged in and completed the enrollment process.

Additional Conditions

The quoted plan and rates in this proposal are subject to final underwriting review by Aetna. Aetna reserves the right, to the extent permitted by law, not to extend coverage or to change pricing and/or other terms specified in this proposal based on that review.

Quoted plan and rates have been based on the information provided to Aetna. Additional information may be required to complete the underwriting and installation process. Rates and/or product availability may change if any of the following occur:

- ✓ Participation and/or engagement assumptions are not met or there is a change in the contribution strategy
- ✓ Actual enrolled census deviates materially from information provided
- ✓ The number of eligible lives and/or participation changes at any time prior to the next open enrollment
- ✓ The information provided to Aetna is incorrect or incomplete
- ✓ Benefit level changes from those specified in this proposal

Plans summarized in this proposal are subject to additional terms, conditions and limitations specified in the applicable coverage contracts. Copies of coverage contracts are available upon request.

Changes to product availability, actuarial factors, and state/federal laws may alter the proposal at the time of final underwriting and installation.

Quotes are based on the assumptions that all information provided to Aetna is correct and complete, that the Client is a group to which coverage may be issued, and that the group is in sound financial condition.

Notification of acceptance of the proposal must be communicated in writing to Aetna no later than 30 days prior to the coverage effective date. Otherwise, late acceptance may cause a delay in contract issue, in case installation, postponement of effective date, and/or invalidation of the proposal.

Aetna reserves the right to modify its products, services, rates and fees in response to legislation, regulation or requests of government authorities resulting in material changes to plan benefits, and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no benefit or plan changes are mandated.

Additional Information

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 treasury.gov/resource-center/sanctions/Pages/default.aspx.

Compensation to Producers (Brokers, Agents and Consultants)

Licensed and appointed producers may earn compensation in the form of a commission on the sale of this product. The amount of compensation varies depending on a number of factors, including customer segment and the products selected. Aetna offers additional bonus programs to its producers, which may also apply. Please consult your broker for additional information concerning their compensation for this sale, including commission and any applicable bonus programs. The producer is prohibited by law from altering the amount of compensation received from Aetna based in whole or in part on the sale.

Compensation to Salaried Aetna Employees

Salaried employees may earn compensation on the sale of Aetna products. The compensation varies depending on a number of factors, including customer segment and products selected. Combining all factors, compensation for each product quoted averages less than 8% of the total first year annual premium. Aetna offers additional bonus programs, which may also apply. Neither Aetna nor the employee has material ownership interests in the other. The employee may not alter the amount of compensation received from Aetna. You may obtain additional information about the compensation expected to be received by eligible employees, based in whole or in part on the sale of an Aetna product, or alternative options presented, by contacting Aetna at aetna.com/about-us/forms/employee-compensation-disclosure.html.

Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Discount programs provide access to discounted prices and are not insured benefits.

Aetna Voluntary Plans are underwritten by Aetna Life Insurance Company (Aetna). Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.

Policy forms issued include: Critical Illness: GR-96843, GR-96844; Hospital Indemnity: AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01 in Idaho, Oklahoma and Missouri.

Proposal Acknowledgement

I have carefully read and fully understand the above plan proposal. I agree to the terms outlined and elect to purchase the plan as indicated.

Signed: [Consultant/ Broker] Representative

Date:

Name: 

7/16/19

Date:

Signed: Client Representative

Name:

Signed: Aetna Voluntary Representative *Belinda Jackson*

Date: 07/18/2019

Name: Belinda Jackson