

Aetna Supplemental Benefits Proposal

Wylie ISD



**Critical Illness
Plan**

Critical Illness

Policy Effective Date	09/01/2022
Contract State	TX
Number of Eligible Employees	650

Presented by:
First Financial Capital Corporation

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This quote is valid for 90 days from: 03/10/2022



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Why Aetna Supplemental Benefits?

Competitive product portfolio with plan design and pricing flexibility

- **Plan design flexibility** through benefit options and add-ons
- Plans designed from a medical carrier perspective – built on a **group plan framework**
- Expertise to deliver strategic solutions standalone or bundled with medical to **enhance core medical strategy** and drive participation into HDHPs
- Increased **financial savings with discounts** for bundling Aetna products

Enhanced member experience that increases engagement and drives utilization

- Online access to coverage, claims and plan documents through **personalized member website and mobile app**
- Aetna Easy File™ – **fast, easy** member claim submission
- Aetna Claims Finder™ **proactive outreach** helps members use benefits
- Member access to Aetna's discount programs

Unique claims integration that makes it easy for members

- **Simplified claims submission** – online claims process with no paper proof required for Aetna medical members

An effortless employer experience – backed by the power of the Aetna organization

- **Dedicated account management** team
- **Proven and seamless implementation** management
- Tactical marketing consultant and member **enrollment communication support**
- Strategic partnerships with enrollment platforms – ability to **enroll on your chosen platform**
- **Streamlined** implementation and file exchange with other Aetna plans
- Flexible **billing options**

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 cancer.

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
- Coverage will not terminate due to age

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
- Participation Requirement Waived

Plan Features

- Spouse Face Amount: 50%
- Child(ren) Face Amount: 50%
- Subsequent Critical Illness Diagnosis Benefit: 100% after 30 days
- Recurrence Critical Illness Diagnosis Benefit: 100% after 180 days
- Recurrence Cancer (invasive) Diagnosis Benefit: 100% after 180 days
- Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive): 100% after 180 days
- No benefit reductions due to age
- Health Screening Benefit
- Waiver of Premium
- Portable

Value Added Programs

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

Critical Illness Plan Benefits

Face Amounts

Covered Benefit	Amount
Employee face amount	\$10,000 \$20,000 \$30,000
Spouse face amount	50% of EE face amount
Spouse benefit amount	50% of EE benefit amount
Child(ren) face amount	50% of EE face amount
Child(ren) benefit amount	50% of EE benefit amount

Plan Features

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Subsequent critical illness diagnosis <i>Minimum days between diagnosis of different condition*</i>	100% 30 days
Recurrence critical illness diagnosis <i>Minimum days between diagnosis of same condition</i>	100% 180 days
Recurrence cancer (invasive) diagnosis <i>Minimum days between diagnosis of cancer (invasive)**</i>	100% 180 days
Recurrence carcinoma in situ diagnosis <i>Minimum days between diagnosis of carcinoma in situ**</i>	100% 180 days

* The separation period is waived if the subsequent diagnosis is in a different benefit category. Benefit category is defined as either cancer or non-cancer benefits.

** In addition to the separation period, the insured person must be treatment free during the separation period. Treatment does not include maintenance drug therapy or routine follow-up visits to a physician to confirm the initial cancer or carcinoma in situ has not returned.

Critical Illness Benefits – Autoimmune

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Lupus	25%
Multiple sclerosis	25%

Critical Illness Benefits - Chronic Condition

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Primary sclerosing cholangitis (PSC)	25%

Critical Illness Benefits - Infectious Disease

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cholera	25%
Coronavirus	100%
Creutzfeldt-Jakob disease	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Hepatitis - occupational	25%
Human immunodeficiency virus (HIV) - occupational	25%
Legionnaire's disease	25%
Lyme disease	25%
Malaria	25%
Meningitis - amebic, bacterial, fungal, parasitic, viral	25%
Methicillin-resistant staphylococcus aureus (MRSA)	25%
Necrotizing fasciitis	25%
Osteomyelitis	25%
Pneumonia	25%
Poliomyelitis	25%
Rabies	25%
Rocky mountain spotted fever (RMSF)	25%
Septic shock and severe sepsis	25%
Tetanus	25%
Tuberculosis (TB)	25%
Tularemia	25%
Typhoid Fever	25%
Variant influenza virus (swine flu in humans)	25%
<i>Maximum infectious disease diagnosis per plan year</i>	<i>2</i>

Note: the following infectious disease benefits require a hospital stay of at least five days: Coronavirus, Creutzfeldt-Jakob disease, Ebola, Pneumonia, Septic shock and severe sepsis, Tularemia, Variant influenza virus (swine flu in humans)

Critical Illness Benefits – Neurological (Brain)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Amyotrophic lateral sclerosis (ALS)	25%
Alzheimer's disease	25%
Benign brain or spinal cord tumor	100%
Coma (non-induced)	100%
Parkinson's disease	25%
Persistent vegetative state (PVS)	100%
Stroke	100%
Transient ischemic attack (TIA)	25%
<i>Maximum per lifetime</i>	<i>1</i>

Critical Illness Benefits – Other

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
End-stage renal or kidney failure	100%
Loss of hearing	100%
Loss of sight (blindness)	100%
Loss of speech	100%
Major organ failure	100%
Muscular Dystrophy	25%
Paralysis	
Quadriplegia	100%
Triplegia	75%
Paraplegia	50%
Hemiplegia	50%
Diplegia	50%
Monoplegia	25%
Third-degree burns	100%

Critical Illness Benefits – Vascular (Heart)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Coronary artery condition requiring bypass surgery	25%
Heart attack (myocardial infarction)	100%
Sudden cardiac arrest	25%
<i>Maximum per lifetime</i>	1

Cancer Benefits

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cancer (invasive)	100%
Carcinoma in situ (non-invasive)	25%
Skin cancer	\$1,000
<i>Maximum per lifetime</i>	1

*For those members who were diagnosed with cancer prior to their effective date of coverage under the Aetna plan and then receive another cancer diagnosis (the first time) while covered under the Aetna plan, we will treat their diagnosis as an 'initial' diagnosis under the Aetna plan.

Health Screening Benefit

Covered Benefit	Benefit Amount
Health screening*	\$50

*Covered Health Screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemocult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is covered as an eligible health screening benefit

Waiver of Premium

Covered Benefit	Benefit Amount
If, as a result of your covered critical illness, cancer (invasive), carcinoma in situ or skin cancer you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30 th day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included

Monthly Rates - Critical Illness Plan

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

03/10/2022

Commission Percentage 65% / 5%

Non-Tobacco Rates

Tobacco Rates

Employee	Employee & Spouse	Employee & Children	Family
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Employee	Employee & Spouse	Employee & Children	Family
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Face Amount \$10,000

\$10,000

<25	\$3.22	\$6.14	\$3.22	\$6.14	\$3.38	\$6.39	\$3.38	\$6.39
25-29	\$3.86	\$7.11	\$3.86	\$7.11	\$4.22	\$7.64	\$4.22	\$7.64
30-34	\$5.03	\$8.86	\$5.03	\$8.86	\$5.82	\$10.04	\$5.82	\$10.04
35-39	\$6.70	\$11.36	\$6.70	\$11.36	\$8.38	\$13.89	\$8.38	\$13.89
40-44	\$9.30	\$15.26	\$9.30	\$15.26	\$12.81	\$20.54	\$12.81	\$20.54
45-49	\$12.16	\$19.55	\$12.16	\$19.55	\$18.40	\$28.93	\$18.40	\$28.93
50-54	\$17.27	\$27.24	\$17.27	\$27.24	\$28.51	\$44.15	\$28.51	\$44.15
55-59	\$24.24	\$37.71	\$24.24	\$37.71	\$43.28	\$66.34	\$43.28	\$66.34
60-64	\$35.47	\$54.57	\$35.47	\$54.57	\$67.25	\$102.37	\$67.25	\$102.37
65-69	\$49.00	\$74.90	\$49.00	\$74.90	\$97.62	\$148.02	\$97.62	\$148.02
70+	\$70.46	\$107.13	\$70.46	\$107.13	\$133.39	\$201.78	\$133.39	\$201.78

Face Amount \$20,000

\$20,000

<25	\$5.19	\$9.56	\$5.19	\$9.56	\$5.52	\$10.06	\$5.52	\$10.06
25-29	\$6.44	\$11.43	\$6.44	\$11.43	\$7.16	\$12.50	\$7.16	\$12.50
30-34	\$8.73	\$14.86	\$8.73	\$14.86	\$10.31	\$17.23	\$10.31	\$17.23
35-39	\$12.03	\$19.80	\$12.03	\$19.80	\$15.39	\$24.86	\$15.39	\$24.86
40-44	\$17.18	\$27.53	\$17.18	\$27.53	\$24.20	\$38.09	\$24.20	\$38.09
45-49	\$22.84	\$36.01	\$22.84	\$36.01	\$35.32	\$54.78	\$35.32	\$54.78
50-54	\$32.94	\$51.22	\$32.94	\$51.22	\$55.43	\$85.06	\$55.43	\$85.06
55-59	\$46.73	\$71.93	\$46.73	\$71.93	\$84.80	\$129.20	\$84.80	\$129.20
60-64	\$68.98	\$105.36	\$68.98	\$105.36	\$132.55	\$200.95	\$132.55	\$200.95
65-69	\$95.80	\$145.63	\$95.80	\$145.63	\$193.05	\$291.88	\$193.05	\$291.88
70+	\$138.45	\$209.68	\$138.45	\$209.68	\$264.30	\$398.98	\$264.30	\$398.98

Face Amount \$30,000

\$30,000

<25	\$7.16	\$12.97	\$7.16	\$12.97	\$7.66	\$13.74	\$7.66	\$13.74
25-29	\$9.01	\$15.75	\$9.01	\$15.75	\$10.09	\$17.36	\$10.09	\$17.36
30-34	\$12.43	\$20.86	\$12.43	\$20.86	\$14.79	\$24.41	\$14.79	\$24.41
35-39	\$17.36	\$28.25	\$17.36	\$28.25	\$22.40	\$35.83	\$22.40	\$35.83
40-44	\$25.06	\$39.80	\$25.06	\$39.80	\$35.59	\$55.64	\$35.59	\$55.64
45-49	\$33.51	\$52.47	\$33.51	\$52.47	\$52.23	\$80.63	\$52.23	\$80.63
50-54	\$48.62	\$75.21	\$48.62	\$75.21	\$82.34	\$125.96	\$82.34	\$125.96
55-59	\$69.21	\$106.15	\$69.21	\$106.15	\$126.32	\$192.05	\$126.32	\$192.05
60-64	\$102.49	\$156.14	\$102.49	\$156.14	\$197.84	\$299.54	\$197.84	\$299.54
65-69	\$142.59	\$216.37	\$142.59	\$216.37	\$288.47	\$435.74	\$288.47	\$435.74
70+	\$206.44	\$312.24	\$206.44	\$312.24	\$395.22	\$596.19	\$395.22	\$596.19

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 Coverage 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.

Benefits under the policy will not be payable for a diagnosis related to the following:

1. Act of war, riot, war;
2. Assault, felony, illegal occupation, or other criminal act;
3. Care provided by immediate family members or any household member;
4. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
5. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received in the United States or its territories.

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.

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

We recognize that the Client agrees to an active engagement for the initial open enrollment period.

A minimum participation requirement will be:

Critical Illness Plan: Waived

Client will fully support the enrollment and acknowledges that Aetna will work collaboratively with the enrollment vendor and 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
- ✓ The Client or Producer uses a benefit technology firm with whom we already have a contract and did not identify that firm before we issued 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.

Authorization for Use of Information

If Client has a self-insured group health plan administered by Aetna and would like **simplified claims submission** for employees, spouses and dependents enrolled in Aetna Supplemental Benefits, Client's representative agrees to the following authorization.

1. Client has entered into a master services agreement with Aetna for claims administration and related services for Client's self-insured group health plan.
2. In connection with that master services agreement, Client and Aetna have also entered into a HIPAA Business Associate Agreement under which Aetna is designated as Client's Business Associate.
3. Client authorizes Aetna to utilize Protected Health Information from Client's group health plan to facilitate the submission and processing of claims for Client's employees who are covered under both the group health plan and one or more Aetna Supplemental Benefits policies.
4. Client agrees that Aetna's use of PHI for **simplified claims submission** shall be considered an authorized use under the parties' HIPAA Business Associate Agreement.

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](https://www.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](https://www.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](https://www.aetna.com).

Policy forms issued include: Critical Illness: AL HCOC-VOL CI 01, AL HPOL-VOL CI 01;

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:

Signed: [Consultant/ Broker] Representative

Date:

Name:

Signed: [General Agent] Representative

Date:

Name:

Signed: Client Representative

Date:

Name:

Signed: Aetna Voluntary Representative

Date:

Name: