

Aetna Supplemental Benefits Proposal

ESC Region 3 Cooperative



Accident Plan 2 & 3

Accident Plan

Policy Effective Date	09/01/2024
Contract State	TX
Number of Eligible Employees	700

Presented by:
First Financial Capital Corporation

Prepared by:
Belinda Jackson
Sales Vice President

This quote is valid for 90 days from: 01/11/2024



Table of Contents

[Why Aetna Supplemental Benefits?](#)

[Aetna Accident Plan](#)

[General Proposal Conditions](#)

[Additional Conditions](#)

[Authorization for Use of Information](#)

[Additional Information](#)

[Proposal Acknowledgement](#)

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**

Plan Description

Aetna's Accident plan pays members cash directly to help cover out-of-pocket costs, such as deductibles or coinsurance, day care, utility bills or whatever else they need as a result of a covered accident.

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 every year for employees and their families – even if coverage waived in the past
- 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
- Cash benefits paid directly 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

- Full schedule of benefits payable for accidental injuries including initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D
- On/Off Job coverage
- Organized sports rider
- Waiver of premium
- Portable

Value Added Programs

- Member-only CVS shopping site with 20% discount:
 - Curated CVS shopping site for members to shop a variety of health and wellness products including adult care, cold care, first aid, home health care, feminine products, pain relief, vitamins and more
 - Unique code gives members 20% off CVS branded items

Accident Plan Benefits

Each benefit is payable once per accident, unless stated otherwise. Details are in the Policy.

Initial Care

Covered Benefit	Plan 2	Plan 3
Ambulance		
Ground ambulance	\$300	\$300
Air ambulance	\$1,500	\$1,500
<i>Maximum trips per accident, air and ground combined</i>	1	1
Initial Treatment		
Emergency room/Hospital	\$250	\$300
Physician's office/Urgent care facility	\$250	\$300
Walk-in clinic/Telemedicine	\$50	\$50
<i>Maximum visits per accident, combined for all places of service</i>	1	1
<i>Maximum visits per plan year, combined for all places of service</i>	3	3
X-ray/Lab	\$150	\$225
Medical imaging	\$100	\$200

Follow-up Care

Covered Benefit	Plan 2	Plan 3
Accident follow-up		
Emergency room/Hospital	\$75	\$125
Physician's office/Urgent care facility	\$75	\$125
Walk-in clinic/Telemedicine	\$25	\$25
<i>Maximum visits per accident, combined for all places of service</i>	3	4
<i>Maximum visits per plan year, combined for all places of service</i>	9	12
Appliances		
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$250	\$300
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$200	\$250
Chiropractic treatment and alternative therapy	\$25	\$35
<i>Maximum visits per accident</i>	10	10
<i>Maximum visits per plan year</i>	30	30
Pain management (epidural anesthesia)	\$100	\$150
Prescription drugs	\$10	\$10
Prosthetic device/Artificial limb		
One limb	\$750	\$1,500
Multiple limbs	\$1,500	\$3,000
<i>Maximum benefit per accident</i>	1	1
Repair or replace	25%	25%
<i>Maximum benefit per plan year</i>	1	1
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation	\$45	\$65
<i>Maximum visits per accident</i>	10	10

Hospital Care

Covered Benefit	Plan 2	Plan 3
Hospital stay – admission (initial day)		
Non-ICU admission	\$1,250	\$1,500
ICU admission	\$2,500	\$3,000
Hospital stay – daily*		
Non-ICU daily	\$250	\$350
ICU daily	\$500	\$700
Step down intensive care unit daily	\$300	\$450
<i>Maximum days per accident (combined for all stays due to the same accident)</i>	365	365
Rehabilitation unit stay – daily	\$150	\$225
<i>Maximum days per accident</i>	30	30
Observation unit	\$100	\$100

* **Important Note:** All Hospital stay – daily benefits begin on day two.

Surgical Care

Covered Benefit	Plan 2	Plan 3
Blood/Plasma/Platelets	\$450	\$625
Eye Injury		
Surgical repair	\$300	\$400
Removal of foreign object	\$150	\$200
Surgery (without repair)		
Arthroscopic or exploratory	\$150	\$350
Surgery (with repair)		
Cranial, open abdominal or thoracic	\$1,500	\$2,000
Hernia	\$250	\$300
Ruptured disc	\$750	\$1,000
Tendon/Ligament/Rotator cuff		
Single repair	\$750	\$1,000
Multiple repairs	\$1,500	\$2,000
Torn knee cartilage	\$750	\$1,000
Non-Specified		
Inpatient	\$250	\$400
Outpatient	\$250	\$400
<i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>	2	2

Transportation/Lodging Assistance

Covered Benefit	Plan 2	Plan 3
Lodging	\$200	\$200
<i>Maximum days per accident</i>	30	30
Transportation	\$375	\$600

Fractures and Dislocations

Covered Benefit	Plan 2	Plan 3
Dislocations – Closed Reduction*		
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle – bone or bones of the foot (other than toes)	\$750	\$1,500
Collarbone (sternoclavicular)	\$600	\$1,200
Lower jaw	\$600	\$1,200
Shoulder (glenohumeral)	\$600	\$1,200
Elbow	\$600	\$1,200
Wrist	\$600	\$1,200
Bone or bones of the hand (other than fingers)	\$600	\$1,200
Collarbone (acromioclavicular and separation)	\$150	\$300
Rib	\$150	\$300
One toe or one finger	\$150	\$300
Partial dislocation	25%	25%
<i>Maximum dislocations per accident</i>	3	3
*Open reduction pays 2.0 times the closed reduction benefit value		
Fractures - Closed Reduction*		
Skull (except bones of the face or nose), depressed	\$4,125	\$8,250
Skull (except bones of the face or nose), non-depressed	\$4,125	\$8,250
Hip, thigh (femur)	\$3,000	\$4,000
Vertebrae, body of (excluding vertebral processes)	\$2,000	\$4,000
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$3,000	\$4,000
Leg (tibia and/or fibula malleolus)	\$2,000	\$4,000
Bones of the face or nose (except mandible or maxilla)	\$1,700	\$2,200
Upper jaw, maxilla (except alveolar process)	\$1,700	\$2,200
Upper arm between elbow and shoulder (humerus)	\$1,700	\$2,200
Lower jaw, mandible (except alveolar process)	\$1,700	\$2,200
Collarbone (clavicle, sternum)	\$1,700	\$2,200
Shoulder blade (scapula)	\$1,700	\$2,200
Vertebral process	\$1,700	\$2,200
Forearm (radius and/or ulna)	\$1,200	\$1,600
Kneecap (patella)	\$1,200	\$1,600
Hand/foot (except fingers/toes)	\$1,200	\$1,600
Ankle/wrist	\$1,200	\$1,600
Rib	\$225	\$450
Coccyx	\$225	\$450
Finger, toe	\$225	\$450
Chip fracture	25%	25%
<i>Maximum fractures per accident</i>	3	3

*Open reduction pays 2.0 times the closed reduction benefit value

AD&D and Paralysis

Covered Benefit	Plan 2	Plan 3
Accidental death		
Employee	\$50,000	\$100,000
Covered dependent spouse	\$25,000	\$50,000
Covered dependent children	\$25,000	\$50,000
Accidental death common carrier		
Employee	\$100,000	\$200,000
Covered dependent spouse	\$50,000	\$100,000
Covered dependent children	\$50,000	\$100,000
Accidental dismemberment		
Loss of arm	\$30,000	\$30,000
Loss of hand	\$30,000	\$30,000
Loss of leg	\$30,000	\$30,000
Loss of foot	\$30,000	\$30,000
Loss of sight	\$30,000	\$30,000
Loss of ability to speak	\$30,000	\$30,000
Loss of hearing	\$30,000	\$30,000
<i>Maximum dismemberments per accident (non-finger, toe)</i>	2	2
Loss of finger	\$4,000	\$4,000
Loss of toe	\$4,000	\$4,000
<i>Maximum dismemberments per accident (finger, toe)</i>	4	4
Home and vehicle alteration	\$1,000	\$1,500
Paralysis (Complete, Total and Permanent Loss)		
Quadriplegia	\$22,500	\$30,000
Triplegia	\$11,250	\$15,000
Paraplegia	\$11,250	\$15,000
Hemiplegia	\$11,250	\$15,000
Diplegia	\$11,250	\$15,000
Monoplegia	\$2,500	\$5,000

Other Accidental Injuries

Covered Benefit	Plan 2	Plan 3
Animal bite treatment		
Tetanus shot	\$100	\$100
Anti-venom shot	\$200	\$200
Rabies shot	\$300	\$300
Brain injury		
Concussion/Mild traumatic brain injury	\$450	\$600
Moderate/Severe traumatic brain injury	\$500	\$800
Burn		
Second degree burn, greater than 5% of total body surface	\$1,000	\$1,500
Third degree burn, less than 5% of total body surface	\$1,500	\$2,250
Third degree burn, 5-10% of total body surface	\$6,000	\$9,000
Third degree burn, greater than 10% of total body surface	\$18,000	\$27,000
Burn skin graft	50% of Burn	50% of Burn
Coma/Persistent vegetative state (PVS)		
Coma (non-induced)	\$15,000	\$20,000
PVS	\$15,000	\$20,000
Coma (induced)	\$250	\$250
<i>Maximum days per accident</i>	10	10
Dental treatment		
Extractions	\$150	\$200
Crown	\$225	\$300
Gunshot wound	\$1,500	\$2,000
Laceration		
Without stitches	\$50	\$50
With stitches, less than 7.5 centimeters	\$75	\$75
With stitches, 7.6 - 20.0 centimeters	\$300	\$300
With stitches, greater than 20.0 centimeters	\$600	\$600
Posttraumatic stress disorder (PTSD)	\$500	\$500
<i>Maximum diagnoses per lifetime</i>	1	1
Service dog	\$1,500	\$1,500
<i>Maximum service dogs per your lifetime</i>	1	1

Waiver of Premium

Covered Benefit	Plan 2	Plan 3
If, as a result of an accidental injury, 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	Included

Organized Sports Rider

Covered Benefit	Plan 2	Plan 3
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%	25%

Excluded benefits for the Organized Sports Rider

- Accidental death
- Accidental death common carrier
- Animal bite
- Burn
- Burn skin graft
- Gunshot wound
- Service Dog

Monthly Rates - Accident Plan

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

01/11/2024

Commission Percentage 65% / 5%

100% Voluntary

	Accident 2.0 Plan 2			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$6.88	\$11.95	\$12.85	\$16.98

100% Voluntary

	Accident 2.0 Plan 3			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$10.88	\$21.77	\$22.86	\$33.74

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.

This is accident-only insurance. It does not provide coverage for sickness. This is a supplement to health insurance and is not a substitute for major medical coverage or other minimum essential coverage.

Accident 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 under the policy will not be payable for any care, service or supply for an 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. Bacterial infections that are not caused by a cut or wound from an accidental injury;
7. Care provided by immediate family members or any household member;
8. Elective or cosmetic surgery;
9. Nutritional supplements;
10. 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;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant, including those prescribed by a physician that are misused;

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.

The stay, visit or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States or its territories.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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:

Accident 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.

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: Accident: AL HPOL-VOL Acc 01 and AL HCOC-VOL Acc 01 in Oklahoma;

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: