



Aetna Inc  
PO Box 818048  
Employer Verification Unit  
CLEVELAND, OH 44181-8048

ELEC TRON OPCO LLC  
2050 E NORTHERN STREET  
WICHITA, KS 67216

Group name: ELEC TRON OPCO LLC  
Group Number:  
Control Number(s): 0198238  
Proposal Type: Renewal

Quote ID: 16782435  
Effective Date: 06/01/25  
Proposal Generated On: 03/13/2025 00:06

# The Aetna Difference



**ELEC TRON OPCO LLC** and your employees are at the center of our business. We are focused on creating better health care outcomes for you and your employees while improving the overall member experience. Our goal is to connect everyone involved in the care of our members to create a more efficient, personalized experience, all while lowering health care costs.

- B** New models of care. Doctors and hospitals across the country are collaborating with us to make health care more coordinated. Our provider networks lower your costs while still providing your employees with access to quality care. The result is an improved health care experience that makes it easy for individuals to get the care they need.
- B** Convenient and connected member experience. We're meeting members where they are by making important information available multiple ways, including online, telephonic and mobile. Advanced technology gives your employees tools to help them manage their health benefits. And the 24 Nurse Line is available around the clock for those without Internet access.
- B** Sustainable costs. We are committed to the success of your business. And we can help it thrive by keeping down costs and making plan administration simple for you. Our combined approach to network, cost sharing and benefits can help you manage your health care expenses to meet your budget.
- B** A trusted partner. In business for more than 150 years, we have 48,000 employees who serve more than 18 million medical members. Businesses of all sizes and individuals have learned to count on us for plans and products that meet their needs.

**PROPOSAL TYPE:** Renewal  
**GROUP NAME:** ELEC TRON OPCO LLC  
**Broker Name(s):** Vista National Insurance Group Inc  
**GROUP ID:** 116670347  
**QUOTE #** 16782435  
**EFFECTIVE DATE** 06/01/25 to 06/01/26  
**RUN DATE** March 13, 2025  
**2050 E NORTHERN STREET**  
**WICHITA KS 67216**  
**SIC** 3644  
**TOTAL ELIGIBLE** 100  
**TOTAL ENROLLED SUBSCRIBERS** 100

**Broker Fee**  
**Broker Fee PEPM** \$33.00

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# Renewal FI 51-100 Medical Cost Grid

	Plan Name Plan ID	Ded/Co-ins, PCP/SPEC RX	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
CURRENT PLANS									
NA	KS PPO 6500 HSA 70/50 E CY V23 ID: 14053133	\$6500,70/30,40/80 3/10/50/100/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$488.00 (27)	\$1,360.00 (4)	\$858.00 (0)	\$1,455.00 (3)	\$22,981.00 (34)	NA
NA	KS PPO 6750 80/50 CY V23 ID: 14053114	\$6750,80/20,40/80 3/10/50/80/20% up to 250/40% up to 500	PPO	\$534.00 (22)	\$1,490.00 (5)	\$940.00 (3)	\$1,594.00 (3)	\$26,800.00 (33)	NA
NA	KS PPO 1500 80/50 CY V23 ID: 14053106	\$1500,80/20,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$706.00 (16)	\$1,968.00 (0)	\$1,242.00 (0)	\$2,106.00 (2)	\$15,508.00 (18)	NA
								\$65,289.00	
RENEWING PLANS									
	KS PPO 6500 HSA 70/50 E CY V24 ID: 14055133	\$6500,70/30,40/80 3/10/50/100/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$546.34 (27)	\$1,094.17 (4)	\$1,028.43 (0)	\$1,691.29 (3)	\$24,201.73 (34)	
	KS PPO 6750 80/50 CY V24 ID: 14055114	\$6750,80/20,40/80 3/10/50/80/20% up to 250/40% up to 500	PPO	\$611.94 (22)	\$1,237.28 (5)	\$1,162.24 (3)	\$1,918.91 (3)	\$28,892.53 (33)	
	KS PPO 1500 80/50 CY V24 ID: 14055106	\$1500,80/20,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$759.41 (16)	\$1,562.26 (0)	\$1,465.91 (0)	\$2,437.34 (2)	\$17,025.24 (18)	
								\$70,119.50	7.39



# Renewal Dental Cost Grid

	Plan Name Plan ID	In-Network Benefits Prev/Basic/Major Ded/Max Benefit/Ortho	OON Benefits Ded/Max Benefit/Ortho	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
CURRENT PLANS										
	Vol KS 8A PPO Max 1500 ID: 68694	100%/80%/50%,\$50/\$1,500/N one	\$50/\$1,500/None	PPO	\$31.10 (61)	\$59.00 (9)	\$77.00 (3)	\$104.90 (8)	\$3,498.30 (81)	NA
									\$3,498.30	
RENEWING PLANS										
	Vol KS 8A PPO Max 1500 ID: 68694	100%/80%/50%,\$50/\$1,500/N one	\$50/\$1,500/None	PPO	\$32.90 (61)	\$62.60 (9)	\$82.00 (3)	\$111.70 (8)	\$3,709.90 (81)	6.04
									\$3,709.90	



# Renewal FI 51-100 Medical Cost Grid - Single Options

	Plan Name Plan ID	Ded/Co-ins, PCP/SPEC RX	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
ALTERNATE PLANS									
	KS PPO 9100 100/70 Value CY V24 ID: 14055124	\$9100,100/0,0/0 0% Med Ded Applies	PPO	\$496.43 (65)	\$991.03 (9)	\$931.69 (3)	\$1,530.17 (8)	\$56,223.65 (85)	-13.88
	KS PPO 8150 100/70 IntRX CY V24 ID: 14055123	\$8150,100/0,0/0 0% Med Ded Applies Tiers 2-5	PPO	\$520.63 (65)	\$1,041.05 (9)	\$978.60 (3)	\$1,608.30 (8)	\$59,012.60 (85)	-9.61
	KS PPO 7350 100/70 IntRX CY V24 ID: 14055122	\$7350,100/0,40/80 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies Tiers 2-5	PPO	\$525.97 (65)	\$1,052.05 (9)	\$988.91 (3)	\$1,625.48 (8)	\$59,627.07 (85)	-8.67
	KS PPO 6750 100/70 IntRX CY V24 ID: 14055121	\$6750,100/0,35/75 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies Tiers 2-5	PPO	\$544.83 (65)	\$1,091.04 (9)	\$1,025.50 (3)	\$1,686.39 (8)	\$61,800.93 (85)	-5.34
	KS PPO 5500 HSA 80/50 E CY V24 ID: 14055132	\$5500,80/20,35/75 3/10/50/100/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$564.07 (65)	\$1,131.88 (9)	\$1,063.74 (3)	\$1,750.76 (8)	\$64,048.77 (85)	-1.90
	KS PPO 6500 HSA 100/70 E CY V24 ID: 14055129	\$6500,100/0,0/0 3/10/50/100/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$567.43 (65)	\$1,139.16 (9)	\$1,070.54 (3)	\$1,762.33 (8)	\$64,445.65 (85)	-1.29
	KS Wesley Pref PPO 6750 100/70 IntRX CY V24 ID: 14055146	\$6750,100/0,35/75 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies Tiers 2-5	KS Wesley Pref 5	\$497.13 (34)	\$992.50 (2)	\$933.05 (1)	\$1,532.44 (2)	\$22,885.35 (39)	NA
	KS Wesley Pref PPO 5500 HSA 80/50 E CY V24 ID: 14055148	\$5500,80/20,35/75 3/10/50/100/20% up to 250/40% up to 500 Med Ded Applies	KS Wesley Pref 5	\$514.95 (34)	\$1,029.32 (2)	\$967.61 (1)	\$1,589.99 (2)	\$23,714.53 (39)	NA



	Plan Name Plan ID	Ded/Co-ins, PCP/SPEC RX	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
	KS PPO 5000 100/70 IntRX CY V24 ID: 14055120	\$5000,100/0,35/75 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies Tiers 2-5	PPO	\$592.07 (65)	\$1,193.43 (9)	\$1,121.27 (3)	\$1,848.90 (8)	\$67,380.43 (85)	3.20
	KS PPO 5500 HSA 100/70 E CY V24 ID: 14055128	\$5500,100/0,0/0 3/10/50/100/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$594.25 (65)	\$1,197.99 (9)	\$1,125.53 (3)	\$1,856.06 (8)	\$67,633.23 (85)	3.59
	KS PPO 4000 HSA 80/50 E CY V24 ID: 14055131	\$4000,80/20,35/75 3/10/50/100/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$597.98 (65)	\$1,206.23 (9)	\$1,133.23 (3)	\$1,869.21 (8)	\$68,078.14 (85)	4.27
	KS PPO 6000 70/50 CY V24 ID: 14055116	\$6000,70/30,40/80 3/10/50/80/20% up to 250/40% up to 500	PPO	\$610.49 (65)	\$1,234.22 (9)	\$1,159.38 (3)	\$1,914.06 (8)	\$69,580.45 (85)	6.57
	KS PPO 6750 100/70 CY V24 ID: 14055102	\$6750,100/0,35/75 3/10/50/80/20% up to 250/40% up to 500	PPO	\$614.39 (65)	\$1,242.71 (9)	\$1,167.32 (3)	\$1,927.58 (8)	\$70,042.34 (85)	7.28
	KS Wesley Pref PPO 3500 100/70 IntRX CY V24 ID: 14055145	\$3500,100/0,35/75 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies Tiers 2-5	KS Wesley Pref 5	\$593.58 (34)	\$1,198.17 (2)	\$1,125.62 (1)	\$1,857.16 (2)	\$27,418.00 (39)	NA
	KS PPO 4500 50/50 CY V24 ID: 14055118	\$4500,50/50,45/90 3/10/50/100/50% up to 250/50% up to 500	PPO	\$620.59 (65)	\$1,256.38 (9)	\$1,180.09 (3)	\$1,949.40 (8)	\$70,781.24 (85)	8.41
	KS Wesley Pref PPO 3500 80/50 CY V24 ID: 14055144	\$3500,80/20,35/75 3/10/50/80/20% up to 250/40% up to 500	KS Wesley Pref 5	\$616.71 (34)	\$1,249.13 (2)	\$1,173.24 (1)	\$1,938.48 (2)	\$28,516.60 (39)	NA
	KS Wesley Pref PPO 2500 HSA 100/70 T CY V24 ID: 14055147	\$2500,100/0,25/75 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies	KS Wesley Pref 5	\$628.14 (34)	\$1,273.19 (2)	\$1,195.79 (1)	\$1,976.31 (2)	\$29,051.55 (39)	NA



	Plan Name Plan ID	Ded/Co-ins, PCP/SPEC RX	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
	KS PPO 5000 80/50 CY V24 ID: 14055113	\$5000,80/20,40/80 3/10/50/80/20% up to 250/40% up to 500	PPO	\$632.17 (65)	\$1,281.83 (9)	\$1,203.86 (3)	\$1,989.96 (8)	\$72,158.78 (85)	10.52
	KS Wesley Pref PPO 2500 80/50 CY V24 ID: 14055143	\$2500,80/20,35/75 3/10/50/80/20% up to 250/40% up to 500	KS Wesley Pref 5	\$644.97 (34)	\$1,311.50 (2)	\$1,231.54 (1)	\$2,038.03 (2)	\$29,859.58 (39)	NA
	KS PPO 3250 HSA 100/70 TE CY V24 ID: 14055127	\$3250,100/0,0/0 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$641.94 (65)	\$1,303.36 (9)	\$1,223.99 (3)	\$2,024.30 (8)	\$73,322.71 (85)	12.30
	KS PPO 5000 100/70 CY V24 ID: 14055101	\$5000,100/0,35/75 3/10/50/80/20% up to 250/40% up to 500	PPO	\$649.77 (65)	\$1,320.69 (9)	\$1,240.17 (3)	\$2,051.97 (8)	\$74,257.53 (85)	13.73
	KS PPO 3500 100/70 IntRX CY V24 ID: 14055119	\$3500,100/0,35/75 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies Tiers 2-5	PPO	\$649.99 (65)	\$1,321.17 (9)	\$1,240.62 (3)	\$2,052.75 (8)	\$74,283.74 (85)	13.77
	KS PPO 2750 50/50 CY V24 ID: 14055117	\$2750,50/50,45/90 3/10/50/100/50% up to 250/50% up to 500	PPO	\$653.48 (65)	\$1,328.80 (9)	\$1,247.76 (3)	\$2,064.88 (8)	\$74,697.72 (85)	14.41
	KS PPO 2500 HSA 80/50 TE CY V24 ID: 14055130	\$2500,80/20,35/75 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$655.10 (65)	\$1,331.43 (9)	\$1,250.27 (3)	\$2,068.60 (8)	\$74,863.98 (85)	14.66
	KS PPO 3500 80/50 CY V24 ID: 14055112	\$3500,80/20,35/75 3/10/50/80/20% up to 250/40% up to 500	PPO	\$668.25 (65)	\$1,361.39 (9)	\$1,278.19 (3)	\$2,116.87 (8)	\$76,458.29 (85)	17.10
	KS Wesley Pref PPO 1000 80/50 CY V24 ID: 14055142	\$1000,80/20,25/75 3/10/45/75/20% up to 250/40% up to 500	KS Wesley Pref 5	\$727.35 (34)	\$1,493.19 (2)	\$1,401.28 (1)	\$2,327.95 (2)	\$33,773.46 (39)	NA



	Plan Name Plan ID	Ded/Co-ins, PCP/SPEC RX	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
	KS PPO 2750 70/50 CY V24 ID: 14055115	\$2750,70/30,40/80 3/10/50/80/20% up to 250/40% up to 500	PPO	\$677.09 (65)	\$1,380.85 (9)	\$1,296.40 (3)	\$2,147.93 (8)	\$77,511.14 (85)	18.72
	KS PPO 2500 HSA 100/70 T CY V24 ID: 14055126	\$2500,100/0,25/75 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$686.30 (65)	\$1,399.88 (9)	\$1,314.26 (3)	\$2,177.68 (8)	\$78,572.64 (85)	20.34
	KS PPO 2500 80/50 CY V24 ID: 14055110	\$2500,80/20,35/75 3/10/50/80/20% up to 250/40% up to 500	PPO	\$700.77 (65)	\$1,433.18 (9)	\$1,345.29 (3)	\$2,231.50 (8)	\$80,336.54 (85)	23.04
	KS PPO 2500 80/50 \$OLXR CY V24 ID: 14055111	\$2500,80/20,35/75 3/10/50/80/20% up to 250/40% up to 500	PPO	\$721.47 (65)	\$1,478.88 (9)	\$1,387.99 (3)	\$2,304.45 (8)	\$82,805.04 (85)	26.82
	KS PPO 3000 100/70 CY V24 ID: 14055100	\$3000,100/0,35/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$726.75 (65)	\$1,490.56 (9)	\$1,398.91 (3)	\$2,323.10 (8)	\$83,435.32 (85)	27.79
	KS PPO 2000 80/50 CY V24 ID: 14055108	\$2000,80/20,25/75 3/10/50/80/20% up to 250/40% up to 500	PPO	\$727.81 (65)	\$1,492.68 (9)	\$1,400.89 (3)	\$2,326.36 (8)	\$83,555.32 (85)	27.97
	KS PPO 1700 HSA 100/70 T CY V24 ID: 14055125	\$1700,100/0,25/75 3/10/50/80/20% up to 250/40% up to 500 Med Ded Applies	PPO	\$744.71 (65)	\$1,528.95 (9)	\$1,434.83 (3)	\$2,383.74 (8)	\$85,541.11 (85)	31.01
	KS PPO 2000 80/50 \$OLXR CY V24 ID: 14055109	\$2000,80/20,25/75 3/10/50/80/20% up to 250/40% up to 500	PPO	\$745.54 (65)	\$1,531.82 (9)	\$1,437.46 (3)	\$2,388.86 (8)	\$85,669.74 (85)	31.21
	KS PPO 2500 100/70 CY V24 ID: 14055098	\$2500,100/0,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$755.84 (65)	\$1,554.59 (9)	\$1,458.72 (3)	\$2,425.21 (8)	\$86,898.75 (85)	33.09
	KS PPO 1500 80/50 \$OLXR CY V24 ID: 14055107	\$1500,80/20,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$773.81 (65)	\$1,594.04 (9)	\$1,495.61 (3)	\$2,488.08 (8)	\$89,035.48 (85)	36.37





	Plan Name Plan ID	Ded/Co-ins, PCP/SPEC RX	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
	KS PPO 2500 100/70 \$0LXR CY V24 ID: 14055099	\$2500,100/0,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$776.29 (65)	\$1,599.75 (9)	\$1,500.92 (3)	\$2,497.29 (8)	\$89,337.68 (85)	36.83
	KS PPO 2000 100/70 CY V24 ID: 14055096	\$2000,100/0,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$784.61 (65)	\$1,617.91 (9)	\$1,517.89 (3)	\$2,526.18 (8)	\$90,323.95 (85)	38.34
	KS PPO 1000 80/50 CY V24 ID: 14055104	\$1000,80/20,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$798.59 (65)	\$1,648.54 (9)	\$1,546.56 (3)	\$2,574.97 (8)	\$91,984.65 (85)	40.88
	KS PPO 2000 100/70 \$0LXR CY V24 ID: 14055097	\$2000,100/0,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$802.87 (65)	\$1,658.25 (9)	\$1,555.59 (3)	\$2,590.59 (8)	\$92,502.29 (85)	41.68
	KS PPO 1000 80/50 \$0LXR CY V24 ID: 14055105	\$1000,80/20,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$811.81 (65)	\$1,677.03 (9)	\$1,573.20 (3)	\$2,620.11 (8)	\$93,541.40 (85)	43.27
	KS PPO 500 80/50 CY V24 ID: 14055103	\$500,80/20,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$856.07 (65)	\$1,768.45 (9)	\$1,658.96 (3)	\$2,762.94 (8)	\$98,641.00 (85)	51.08
	KS PPO 1000 100/70 CY V24 ID: 14055094	\$1000,100/0,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$874.39 (65)	\$1,806.31 (9)	\$1,694.48 (3)	\$2,822.09 (8)	\$100,752.30 (85)	54.31
	KS PPO 1000 100/70 \$0LXR CY V24 ID: 14055095	\$1000,100/0,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$881.51 (65)	\$1,821.02 (9)	\$1,708.28 (3)	\$2,845.06 (8)	\$101,572.65 (85)	55.57
	KS PPO 500 100/70 CY V24 ID: 14055093	\$500,100/0,25/75 3/10/45/75/20% up to 250/40% up to 500	PPO	\$953.26 (65)	\$1,969.22 (9)	\$1,847.30 (3)	\$3,076.59 (8)	\$109,839.50 (85)	68.23
	KS PPO 100/70 \$25 \$1000D CY V24 ID: 14055092	\$0,100/0,25/100 3/10/50/80/20% up to 250/40% up to 500	PPO	\$965.97 (65)	\$1,995.46 (9)	\$1,871.91 (3)	\$3,117.60 (8)	\$111,303.72 (85)	70.47



# Renewal Dental Cost Grid - Single Options

	Plan Name Plan ID	In-Network Benefits Prev/Basic/Major Ded/Max Benefit/Ortho	OON Benefits Ded/Max Benefit/Ortho	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
ALTERNATE PLANS										
	KS 6.1A PPO Max 1000 ID: 21001624	100%/80%/50%,\$50/\$1,000/N one	\$50/\$1,000/None	PPO	\$29.50 (61)	\$56.10 (9)	\$73.50 (3)	\$100.10 (8)	\$3,325.70 (81)	-4.93
	Vol KS 6.1A PPO Max 1000 ID: 68684	100%/80%/50%,\$50/\$1,000/N one	\$50/\$1,000/None	PPO	\$29.50 (61)	\$56.10 (9)	\$73.50 (3)	\$100.10 (8)	\$3,325.70 (81)	-4.93
	Vol KS 7A PPO Max 1000 ID: 68689	100%/80%/50%,\$50/\$1,000/N one	\$50/\$1,000/None	PPO	\$30.40 (61)	\$57.90 (9)	\$75.80 (3)	\$103.30 (8)	\$3,429.30 (81)	-1.97
	KS 7A PPO Max 1000 ID: 21001626	100%/80%/50%,\$50/\$1,000/N one	\$50/\$1,000/None	PPO	\$30.40 (61)	\$57.90 (9)	\$75.80 (3)	\$103.30 (8)	\$3,429.30 (81)	-1.97
	Vol KS 6.1A PPO Max 1000 Ortho ID: 68686	100%/80%/50%,\$50/\$1,000/De pendent Children Only	\$50/\$1,000/Dependent Children Only	PPO	\$30.60 (61)	\$58.30 (9)	\$76.40 (3)	\$104.00 (8)	\$3,452.50 (81)	-1.30
	KS 6.1A PPO Max 1000 Ortho ID: 21001625	100%/80%/50%,\$50/\$1,000/De pendent Children Only	\$50/\$1,000/Dependent Children Only	PPO	\$30.60 (61)	\$58.30 (9)	\$76.40 (3)	\$104.00 (8)	\$3,452.50 (81)	-1.30
	KS 7A PPO Max 1000 Ortho ID: 21001627	100%/80%/50%,\$50/\$1,000/De pendent Children Only	\$50/\$1,000/Dependent Children Only	PPO	\$31.60 (61)	\$60.10 (9)	\$78.70 (3)	\$107.20 (8)	\$3,562.20 (81)	1.82
	Vol KS 7A PPO Max 1000 Ortho ID: 68691	100%/80%/50%,\$50/\$1,000/De pendent Children Only	\$50/\$1,000/Dependent Children Only	PPO	\$31.60 (61)	\$60.10 (9)	\$78.70 (3)	\$107.20 (8)	\$3,562.20 (81)	1.82
	NT P20 PPO Prev/Basic 90th ID: 69903	100%/80%/Not Covered,\$50/\$1,000/None	\$50/\$1,000/None	PPO	\$32.30 (61)	\$61.50 (9)	\$80.50 (3)	\$109.70 (8)	\$3,642.90 (81)	4.13
	Vol NT P20 PPO Prev/Basic 90th ID: 66664	100%/80%/Not Covered,\$50/\$1,000/None	\$50/\$1,000/None	PPO	\$32.30 (61)	\$61.50 (9)	\$80.50 (3)	\$109.70 (8)	\$3,642.90 (81)	4.13
	KS 8A PPO Max 1500 ID: 21001628	100%/80%/50%,\$50/\$1,500/N one	\$50/\$1,500/None	PPO	\$32.90 (61)	\$62.60 (9)	\$82.00 (3)	\$111.70 (8)	\$3,709.90 (81)	6.04
	NT P30 PPO 1000 90th ID: 69904	100%/70%/50%,\$50/\$1,000/N one	\$50/\$1,000/None	PPO	\$34.50 (61)	\$65.60 (9)	\$86.00 (3)	\$117.20 (8)	\$3,890.50 (81)	11.21



	Plan Name Plan ID	In-Network Benefits Prev/Basic/Major Ded/Max Benefit/Ortho	OON Benefits Ded/Max Benefit/Ortho	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
	Vol NT P30 PPO 1000 90th ID: 68729	100%/70%/50%,\$50/\$1,000/N one	\$50/\$1,000/None	PPO	\$34.50 (61)	\$65.60 (9)	\$86.00 (3)	\$117.20 (8)	\$3,890.50 (81)	11.21
	KS 8A PPO Max 1500 Ortho ID: 21001629	100%/80%/50%,\$50/\$1,500/De pendent Children Only	\$50/\$1,500/Dependent Children Only	PPO	\$34.80 (61)	\$66.30 (9)	\$86.80 (3)	\$118.30 (8)	\$3,926.30 (81)	12.23
	Vol KS 8A PPO Max 1500 Ortho ID: 68696	100%/80%/50%,\$50/\$1,500/De pendent Children Only	\$50/\$1,500/Dependent Children Only	PPO	\$34.80 (61)	\$66.30 (9)	\$86.80 (3)	\$118.30 (8)	\$3,926.30 (81)	12.23
	Vol KS 14A PPO 1000 90th ID: 68714	100%/80%/50%,\$50/\$1,000/N one	\$50/\$1,000/None	PPO	\$35.00 (61)	\$66.70 (9)	\$87.40 (3)	\$119.00 (8)	\$3,949.50 (81)	12.89
	KS 14A PPO 1000 90th ID: 21001636	100%/80%/50%,\$50/\$1,000/N one	\$50/\$1,000/None	PPO	\$35.00 (61)	\$66.70 (9)	\$87.40 (3)	\$119.00 (8)	\$3,949.50 (81)	12.89
	Vol KS 8.1A PPO Max 2000 ID: 68699	100%/80%/50%,\$50/\$2,000/N one	\$50/\$2,000/None	PPO	\$35.50 (61)	\$67.60 (9)	\$88.60 (3)	\$120.70 (8)	\$4,005.30 (81)	14.49
	KS 8.1A PPO Max 2000 ID: 21001630	100%/80%/50%,\$50/\$2,000/N one	\$50/\$2,000/None	PPO	\$35.50 (61)	\$67.60 (9)	\$88.60 (3)	\$120.70 (8)	\$4,005.30 (81)	14.49
	NT P30 PPO 1000 90th Ortho ID: 69905	100%/70%/50%,\$50/\$1,000/Ad ults and Children	\$50/\$1,000/Adults and Children	PPO	\$35.90 (61)	\$68.30 (9)	\$89.40 (3)	\$121.80 (8)	\$4,047.20 (81)	15.69
	Vol NT P30 PPO 1000 90th Ortho ID: 68731	100%/70%/50%,\$50/\$1,000/Ad ults and Children	\$50/\$1,000/Adults and Children	PPO	\$35.90 (61)	\$68.30 (9)	\$89.40 (3)	\$121.80 (8)	\$4,047.20 (81)	15.69
	Vol KS 15A PPO 1500 90th ID: 68719	100%/80%/50%,\$50/\$1,500/N one	\$50/\$1,500/None	PPO	\$37.00 (61)	\$70.50 (9)	\$92.40 (3)	\$125.90 (8)	\$4,175.90 (81)	19.36
	KS 15A PPO 1500 90th ID: 21001638	100%/80%/50%,\$50/\$1,500/N one	\$50/\$1,500/None	PPO	\$37.00 (61)	\$70.50 (9)	\$92.40 (3)	\$125.90 (8)	\$4,175.90 (81)	19.36
	Vol KS 14A PPO 1000 90th Ortho ID: 68716	100%/80%/50%,\$50/\$1,000/De pendent Children Only	\$50/\$1,000/Dependent Children Only	PPO	\$37.10 (61)	\$70.70 (9)	\$92.60 (3)	\$126.10 (8)	\$4,186.00 (81)	19.65
	KS 14A PPO 1000 90th Ortho ID: 21001637	100%/80%/50%,\$50/\$1,000/De pendent Children Only	\$50/\$1,000/Dependent Children Only	PPO	\$37.10 (61)	\$70.70 (9)	\$92.60 (3)	\$126.10 (8)	\$4,186.00 (81)	19.65



	Plan Name Plan ID	In-Network Benefits Prev/Basic/Major Ded/Max Benefit/Ortho	OON Benefits Ded/Max Benefit/Ortho	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
	KS 8.1A PPO Max 2000 Ortho ID: 21001631	100%/80%/50%,\$50/\$2,000/Dependent Children Only	\$50/\$2,000/Dependent Children Only	PPO	\$37.60 (61)	\$71.60 (9)	\$93.80 (3)	\$127.70 (8)	\$4,241.00 (81)	21.23
	Vol KS 8.1A PPO Max 2000 Ortho ID: 68701	100%/80%/50%,\$50/\$2,000/Dependent Children Only	\$50/\$2,000/Dependent Children Only	PPO	\$37.60 (61)	\$71.60 (9)	\$93.80 (3)	\$127.70 (8)	\$4,241.00 (81)	21.23
	Vol KS 11A Active PPO 1500 90th ID: 68704	100%/90%/60%,\$50/\$1,500/None	\$50/\$1,500/None	PPO	\$37.60 (61)	\$71.60 (9)	\$93.80 (3)	\$127.70 (8)	\$4,241.00 (81)	21.23
	KS 11A Active PPO 1500 90th ID: 21001632	100%/90%/60%,\$50/\$1,500/None	\$50/\$1,500/None	PPO	\$37.60 (61)	\$71.60 (9)	\$93.80 (3)	\$127.70 (8)	\$4,241.00 (81)	21.23
	KS 17A PPO 2000 90th ID: 21001640	100%/80%/50%,\$50/\$2,000/None	\$50/\$2,000/None	PPO	\$38.10 (61)	\$72.50 (9)	\$95.00 (3)	\$129.40 (8)	\$4,296.80 (81)	22.82
	Vol KS 17A PPO 2000 90th ID: 68724	100%/80%/50%,\$50/\$2,000/None	\$50/\$2,000/None	PPO	\$38.10 (61)	\$72.50 (9)	\$95.00 (3)	\$129.40 (8)	\$4,296.80 (81)	22.82
	NT P40 PPO 1500 90th ID: 69906	100%/80%/50%,\$50/\$1,500/None	\$50/\$1,500/None	PPO	\$38.10 (61)	\$72.60 (9)	\$95.10 (3)	\$129.50 (8)	\$4,298.80 (81)	22.88
	Vol NT P40 PPO 1500 90th ID: 68734	100%/80%/50%,\$50/\$1,500/None	\$50/\$1,500/None	PPO	\$38.10 (61)	\$72.60 (9)	\$95.10 (3)	\$129.50 (8)	\$4,298.80 (81)	22.88
	KS 15A PPO 1500 90th Ortho ID: 21001639	100%/80%/50%,\$50/\$1,500/Dependent Children Only	\$50/\$1,500/Dependent Children Only	PPO	\$38.30 (61)	\$73.00 (9)	\$95.60 (3)	\$130.30 (8)	\$4,322.50 (81)	23.56
	Vol KS 15A PPO 1500 90th Ortho ID: 68721	100%/80%/50%,\$50/\$1,500/Dependent Children Only	\$50/\$1,500/Dependent Children Only	PPO	\$38.30 (61)	\$73.00 (9)	\$95.60 (3)	\$130.30 (8)	\$4,322.50 (81)	23.56
	Vol KS 11A Active PPO 1500 90th Ortho ID: 68706	100%/90%/60%,\$50/\$1,500/Dependent Children Only	\$50/\$1,500/Dependent Children Only	PPO	\$38.90 (61)	\$74.00 (9)	\$96.90 (3)	\$132.00 (8)	\$4,385.60 (81)	25.36
	KS 11A Active PPO 1500 90th Ortho ID: 21001633	100%/90%/60%,\$50/\$1,500/Dependent Children Only	\$50/\$1,500/Dependent Children Only	PPO	\$38.90 (61)	\$74.00 (9)	\$96.90 (3)	\$132.00 (8)	\$4,385.60 (81)	25.36
	KS 12B Active PPO 2000 90th ID: 21001634	100%/90%/60%,\$50/\$2,000/None	\$50/\$2,000/None	PPO	\$39.10 (61)	\$74.50 (9)	\$97.60 (3)	\$132.90 (8)	\$4,411.60 (81)	26.10



	Plan Name Plan ID	In-Network Benefits Prev/Basic/Major Ded/Max Benefit/Ortho	OON Benefits Ded/Max Benefit/Ortho	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
	Vol KS 12B Active PPO 2000 90th ID: 68709	100%/90%/60%,\$50/\$2,000/N one	\$50/\$2,000/None	PPO	\$39.10 (61)	\$74.50 (9)	\$97.60 (3)	\$132.90 (8)	\$4,411.60 (81)	26.10
	NT P40 PPO 1500 90th Ortho ID: 69907	100%/80%/50%,\$50/\$1,500/Ad ults and Children	\$50/\$1,500/Adults and Children	PPO	\$39.50 (61)	\$75.30 (9)	\$98.60 (3)	\$134.30 (8)	\$4,457.40 (81)	27.41
	Vol NT P40 PPO 1500 90th Ortho ID: 68736	100%/80%/50%,\$50/\$1,500/Ad ults and Children	\$50/\$1,500/Adults and Children	PPO	\$39.50 (61)	\$75.30 (9)	\$98.60 (3)	\$134.30 (8)	\$4,457.40 (81)	27.41
	KS 17A PPO 2000 90th Ortho ID: 21001641	100%/80%/50%,\$50/\$2,000/De pendent Children Only	\$50/\$2,000/Dependent Children Only	PPO	\$40.10 (61)	\$76.30 (9)	\$100.00 (3)	\$136.20 (8)	\$4,522.40 (81)	29.27
	Vol KS 17A PPO 2000 90th Ortho ID: 68726	100%/80%/50%,\$50/\$2,000/De pendent Children Only	\$50/\$2,000/Dependent Children Only	PPO	\$40.10 (61)	\$76.30 (9)	\$100.00 (3)	\$136.20 (8)	\$4,522.40 (81)	29.27
	NT P50 PPO 2000 90th ID: 69908	100%/90%/60%,\$50/\$2,000/N one	\$50/\$2,000/None	PPO	\$40.90 (61)	\$77.90 (9)	\$102.00 (3)	\$139.00 (8)	\$4,614.00 (81)	31.89
	Vol NT P50 PPO 2000 90th ID: 68739	100%/90%/60%,\$50/\$2,000/N one	\$50/\$2,000/None	PPO	\$40.90 (61)	\$77.90 (9)	\$102.00 (3)	\$139.00 (8)	\$4,614.00 (81)	31.89
	NT P60 PPO 2500 90th ID: 69910	100%/90%/60%,\$50/\$2,500/N one	\$50/\$2,500/None	PPO	\$41.50 (61)	\$79.10 (9)	\$103.60 (3)	\$141.10 (8)	\$4,683.00 (81)	33.86
	Vol NT P60 PPO 2500 90th ID: 68744	100%/90%/60%,\$50/\$2,500/N one	\$50/\$2,500/None	PPO	\$41.50 (61)	\$79.10 (9)	\$103.60 (3)	\$141.10 (8)	\$4,683.00 (81)	33.86
	Vol KS 12B Active PPO 2000 90th Ortho ID: 68711	100%/90%/60%,\$50/\$2,000/De pendent Children Only	\$50/\$2,000/Dependent Children Only	PPO	\$41.80 (61)	\$79.60 (9)	\$104.20 (3)	\$142.00 (8)	\$4,714.80 (81)	34.77
	KS 12B Active PPO 2000 90th Ortho ID: 21001635	100%/90%/60%,\$50/\$2,000/De pendent Children Only	\$50/\$2,000/Dependent Children Only	PPO	\$41.80 (61)	\$79.60 (9)	\$104.20 (3)	\$142.00 (8)	\$4,714.80 (81)	34.77
	NT P50 PPO 2000 90th Ortho ID: 69909	100%/90%/60%,\$50/\$2,000/Ad ults and Children	\$50/\$2,000/Adults and Children	PPO	\$42.30 (61)	\$80.60 (9)	\$105.50 (3)	\$143.80 (8)	\$4,772.60 (81)	36.42
	Vol NT P50 PPO 2000 90th Ortho ID: 68741	100%/90%/60%,\$50/\$2,000/Ad ults and Children	\$50/\$2,000/Adults and Children	PPO	\$42.30 (61)	\$80.60 (9)	\$105.50 (3)	\$143.80 (8)	\$4,772.60 (81)	36.42



	Plan Name Plan ID	In-Network Benefits Prev/Basic/Major Ded/Max Benefit/Ortho	OON Benefits Ded/Max Benefit/Ortho	Network	EE	EE + SP	EE + CH	FAM	Total	% Change
	Vol NT P50 PPO 2000 90th Ortho ID: 68742	100%/90%/60%,\$50/\$2,000/Ad ults and Children	\$50/\$2,000/Adults and Children	PPO	\$42.30 (61)	\$80.60 (9)	\$105.50 (3)	\$143.80 (8)	\$4,772.60 (81)	36.42
	NT P60 PPO 2500 90th Ortho ID: 69911	100%/90%/60%,\$50/\$2,500/Ad ults and Children	\$50/\$2,500/Adults and Children	PPO	\$43.90 (61)	\$83.50 (9)	\$109.40 (3)	\$149.10 (8)	\$4,950.40 (81)	41.50
	Vol NT P60 PPO 2500 90th Ortho ID: 68746	100%/90%/60%,\$50/\$2,500/Ad ults and Children	\$50/\$2,500/Adults and Children	PPO	\$43.90 (61)	\$83.50 (9)	\$109.40 (3)	\$149.10 (8)	\$4,950.40 (81)	41.50

Place your initials in the box you are selecting, sign and return this page to your Account Manager.

For FOC plans, please refer to the benefit summary for DMO® and PPO benefit details.

Coverage for Major and/or Ortho services may be subject to a 12-month waiting period.

Dental rates above are based on a Dental Participation% of 81.000%. Final rates will be based on Final Enrollment.

Cost Accepted by \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



# Aetna Vision<sup>SM</sup> Preferred Small Group Plans

Note: Each plan has two price options - coverage for frames every 12 months, or 24. Exams and lenses are covered every 12 months. Eyeglass lenses are in lieu of contact lenses per benefit period. Indicate plan selection by checking a box below. Only one plan may be selected to offer all eligible employees.

Plan Name:		E100		E130		E160		E200	
		■ 12M	■ 24M	■ 12M	■ 24M	■ 12M	■ 24M	■ 12M	■ 24M
Monthly Rates	Self	\$6.29	\$4.95	\$7.66	\$6.35	\$8.74	\$7.17	\$13.11	\$10.61
	Self & Spouse	\$11.96	\$9.40	\$14.56	\$12.06	\$16.60	\$13.63	\$24.91	\$20.16
	Self & Child(ren)	\$12.59	\$9.89	\$15.33	\$12.70	\$17.48	\$14.35	\$26.22	\$21.22
	Self & Family	\$18.50	\$14.54	\$22.53	\$18.66	\$25.69	\$21.09	\$38.54	\$31.19
In-network benefit features*		E100		E130		E160		E200	
Exam									
Includes dilation, as necessary		\$20 copay		\$10 copay		\$10 copay		\$0 copay	
Frame									
Any available frame at provider location		\$100 allowance**, 20% off balance over \$100		\$130 allowance**, 20% off balance over \$130		\$160 allowance**, 20% off balance over \$160		\$200 allowance**, 20% off balance over \$200	
Standard plastic lenses									
Single, bifocal, trifocal or lenticular		\$25 copay		\$25 copay		\$20 copay		\$0 copay	
Standard progressive lenses <sup>1</sup>		\$90 copay		\$90 copay		\$85 copay		\$65 copay	
Premium progressive lenses <sup>1</sup>		Tier 1 = \$110 copay Tier 2 = \$120 copay Tier 3 = \$135 copay		Tier 1 = \$110 copay Tier 2 = \$120 copay Tier 3 = \$135 copay		Tier 1 = \$105 copay Tier 2 = \$115 copay Tier 3 = \$130 copay		Tier 1 = \$85 copay Tier 2 = \$95 copay Tier 3 = \$110 copay	
Lens options									
UV treatment		\$15 discounted fee		\$15 discounted fee		\$15 discounted fee		\$15 discounted fee	
Tint (solid and gradient)		\$15 discounted fee		\$15 discounted fee		\$15 discounted fee		\$15 discounted fee	
Standard plastic scratch coating		\$15 discounted fee		\$0 copay		\$0 copay		\$0 copay	
Standard polycarbonate - adult		\$40 discounted fee		\$40 discounted fee		\$40 discounted fee		\$0 copay	
Standard polycarbonate - kids under 19		\$40 discounted fee		\$0 copay		\$0 copay		\$0 copay	
Standard anti-reflective coating <sup>2</sup>		\$45 discounted fee		\$45 discounted fee		\$45 discounted fee		\$45 discounted fee	
Premium anti-reflective coating <sup>2</sup>		Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price		Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price		Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price		Tier 1 = \$57 discounted fee Tier 2 = \$68 discounted fee Tier 3 = 20% off retail price	
Photochromic/transitions plastic		\$75 discounted fee		\$75 discounted fee		\$75 discounted fee		\$75 discounted fee	
Polarized and other lens add-ons		20% off retail price		20% off retail price		20% off retail price		20% off retail price	
Contact lenses									
Conventional lenses		\$100 allowance**, 15% off balance over \$100		\$130 allowance**, 15% off balance over \$130		\$160 allowance**, 15% off balance over \$160		\$200 allowance**, 15% off balance over \$200	
Disposable lenses		\$100 allowance**		\$130 allowance**		\$160 allowance**		\$200 allowance**	
Medically necessary lenses		\$0 copay		\$0 copay		\$0 copay		\$0 copay	

3366911-01-01



Group Name: ELEC TRON OPCO LLC

Quote ID: 16782435 Eff Date: 06/01/25 to 06/01/26 Proposal Generated On: 03/13/2025 00:06 Pg # 15



## Partial list of exclusions and limitations

Not all services are covered. Exclusions and limitations for vision include: any charges in excess of the benefits, dollar or supply limits listed above; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses. Other exclusions and limitations may also apply. 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.

\*Out-of-network coverage is included, but the savings will vary from in-network chart prices. See full benefit summary for details.

\*\*Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

<sup>1</sup> Progressive lens copays shown are inclusive of bifocal copay. Premium progressive tier designations are based on brand. Tier designations are subject to annual review and change based on market conditions. For premium progressive lenses outside of tiers 1 -3, members pay the standard progressive lens copay, plus 80% of the retail charge less a \$120 plan allowance.

<sup>2</sup>Anti-reflective tier designations are based on brand. Tier designations are subject to annual review and change based on market conditions.

All plans have no deductible and no waiting periods.

Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice.

Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna® plans.

Rates displayed include any applicable commissions.

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 product 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 commissions 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 varied depending on a number of factors, including customer segment and product 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 interest 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 [www.aetna.com/about-us/forms/employee-compensationdisclosure.html](https://www.aetna.com/about-us/forms/employee-compensationdisclosure.html).

Policy forms issued in Idaho include: AL HGrpPol-Vision 03

Policy forms issued in Missouri include: AL HGrpPol-Vision 02

Policy forms issued in Oklahoma include: AL HGrpPol-Vision 02

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# Renewal Census Grid

Last Name	First Name	Date of Birth	Age	Zip	State	Medical Tier	Network Plan Eligibility	Dental Tier	Dental Network Plan Eligibility	Limited Med Plan Availability	OOS
ABARCA	MARINA	06/07/1982	42	60160	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ALTAMIRANO	JAIME	07/15/1970	54	60185	IL	EECH	PPO	EECH	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ALTAMIRANO	KAREN	03/16/2003	22							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ANLIKER	TYLER	01/28/1990	35	67212	KS	FAML	KS Wesley Pref 5,PPO	FAML	PPO	<input type="checkbox"/>	<input type="checkbox"/>
ANLIKER	KATHERINE	04/15/1993	32							<input type="checkbox"/>	<input type="checkbox"/>
ANLIKER	EMMA	11/15/2021	3							<input type="checkbox"/>	<input type="checkbox"/>
ANLIKER	THEODORE	05/03/2024	1							<input type="checkbox"/>	<input type="checkbox"/>
AULT	ANNA	06/01/1970	55	60561	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BALLADARES	CRISTINA	11/25/1966	58	60804	IL	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BEARD	LATASHA	12/28/1977	47	60506	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BEMIS	DANIEL	02/15/1965	60	61068	IL	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BISCHOFF	AMBER	10/08/1984	40	60156	IL	FAML	PPO	FAML	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BISCHOFF	ANDREW	09/22/1987	37							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BISCHOFF	AUGUSTA	01/27/2017	8							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BISCHOFF	ANDRIS	02/24/2022	3							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOON	DAVID	11/20/1970	54	60119	IL	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BRESTER	MICHAEL	12/31/1960	64	38111	TN	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BRUMLEY	JAMIE	03/11/1972	53	38016	TN	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BULLA	ANDREW	04/11/1984	41	67207	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>



Last Name	First Name	Date of Birth	Age	Zip	State	Medical Tier	Network Plan Eligibility	Dental Tier	Dental Network Plan Eligibility	Limited Med Plan Availability	OOS
BURNHAM	LAWRENCE	09/03/1977	47	67110	KS	EESP	KS Wesley Pref 5,PPO	EESP	PPO	<input type="checkbox"/>	<input type="checkbox"/>
HOUSTON	MELISSA	10/01/1978	46							<input type="checkbox"/>	<input type="checkbox"/>
CABALLERO	MELANIA	07/05/1974	50	67217	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
CAMPOS	MARIA	02/03/1965	60	67226	KS	EE	KS Wesley Pref 5,PPO			<input type="checkbox"/>	<input type="checkbox"/>
CARLSEN	STACY	12/29/1988	36	67206	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
CEPEDA	JOSE	04/24/1970	55	60177	IL	FAML	PPO	FAML	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEPEDA	LIDIA	12/21/1968	56							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEPEDA	CRISTOBAL	09/28/2004	20							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHARD	DAVID	05/08/1958	67	67211	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
CHARD	RIZALINA	06/19/1959	65	67211	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
COREA	WALESKA	06/21/1974	50	67217	KS			EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
CORONA	ANGEL	01/22/1964	61	60123	IL	EESP	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
JUAREZ	FELICITAS	09/15/1968	56							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DAVILA	IGOR	06/15/1973	51	60613	IL			EE	PPO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DAVIS	CAROLYN	04/21/1967	58	60505	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DE YOUNG	EARL	04/19/1960	65	60134	IL	EESP	PPO	EESP	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HOOVER DE YOUNG	LYNETTE	08/04/1962	62							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Last Name	First Name	Date of Birth	Age	Zip	State	Medical Tier	Network Plan Eligibility	Dental Tier	Dental Network Plan Eligibility	Limited Med Plan Availability	OOS
DIAZ	ESTELA	01/18/1979	46	60153	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DIAZ ACEVES	MARIA ESTHER	08/01/1983	41	60160	IL	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DONACIANO	ESPERANZA	09/12/1973	51	60644	IL			EE	PPO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EDELMAN	CALEB	08/17/1994	30	67205	KS	FAML	KS Wesley Pref 5,PPO	FAML	PPO	<input type="checkbox"/>	<input type="checkbox"/>
EDELMAN	SARAH	05/22/1992	33							<input type="checkbox"/>	<input type="checkbox"/>
EDELMAN	PAISLEY	10/17/2015	9							<input type="checkbox"/>	<input type="checkbox"/>
EDELMAN	TILLY	10/04/2017	7							<input type="checkbox"/>	<input type="checkbox"/>
ELLIS	ALEXANDER	07/05/1965	59	60174	IL	EESP	PPO	EESP	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ELLIS	SUSAN	11/17/1964	60							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FRANCO DE GONZALES	BLANCA	11/30/1966	58	67216	KS	EE	KS Wesley Pref 5,PPO			<input type="checkbox"/>	<input type="checkbox"/>
FRIEDEL	RILEY	04/27/1992	33	67207	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
GALLARDO	ARTEMIO	05/10/1962	63	60120	IL	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GAYTAN	ANA	06/13/1988	36	60618	IL			EE	PPO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GONZALEZ-FRANCO	KRISTY	01/27/2001	24	67216	KS	EE	KS Wesley Pref 5,PPO			<input type="checkbox"/>	<input type="checkbox"/>
GORE	ROBERT	07/20/1982	42	60305	IL	FAML	PPO	FAML	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GORE	SARAH	11/14/1980	44							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GORE	MILDRED	01/25/2023	2							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GORE	CHARLES	12/10/2018	6							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Last Name	First Name	Date of Birth	Age	Zip	State	Medical Tier	Network Plan Eligibility	Dental Tier	Dental Network Plan Eligibility	Limited Med Plan Availability	OOS
HEASTON	DECARLOS	05/03/1980	45	38112	TN	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HERNANDEZ	GRACIELA	04/09/1977	48	60160	IL	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HERNANDEZ	JOSE	11/08/1976	48	60707	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HILT	TERRY	08/12/1961	63	67211	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
HIM	YAM	04/24/1972	53	67210	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
HOANG	TA	01/26/1966	59	67207	KS			EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
HOLDEN	MARK	12/12/1963	61	60174	IL	EESP	PPO	EESP	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HOLDEN	THERESA	07/26/1965	59							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HOPSON	TYKEEM	09/01/2002	22	67216	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
LE	VAN BAY	12/31/1965	59	67217	KS	EE	KS Wesley Pref 5,PPO			<input type="checkbox"/>	<input type="checkbox"/>
LEE	PATSY	12/29/1987	37	67218	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
LITTLEJOHN	JONATHAN	01/14/1985	40	67203	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
LOASEN	THONGLA	02/23/1955	70	67217	KS			EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
LOPEZ	ANGEL	02/02/1998	27	67204	KS			EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
LOPEZ SANCHEZ	JUANA	04/18/1965	60	60164	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MARTIN	SCOTT	07/29/1963	61	85048	AZ	EESP	PPO	EESP	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
MARTIN	CAMILLE	04/28/1962	63							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Last Name	First Name	Date of Birth	Age	Zip	State	Medical Tier	Network Plan Eligibility	Dental Tier	Dental Network Plan Eligibility	Limited Med Plan Availability	OOS
MENDOZA	LAURA	02/21/1971	54	60639	IL			EE	PPO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MORA	LUCIA	07/19/1957	67	60617	IL			EE	PPO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MURRAY	CHRISTOPHER LEE	01/01/1972	53	67219	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
NGUYEN	DUY	02/25/2005	20	67207	KS	EE	KS Wesley Pref 5,PPO			<input type="checkbox"/>	<input type="checkbox"/>
NGUYEN	THI HA	12/31/1970	54	67211	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
NOWAK	ELIZABETH	07/12/1989	35	60174	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OSLER	WILLIAM	07/29/1991	33	60045	IL	FAML	PPO	FAML	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HUMPIERRES	ALEJANDRA	06/04/1992	32							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OSLER	LOUISA	09/19/2022	2							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OSLER	CARLOTA	03/23/2024	1							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PARKER	ROBERT	01/24/1988	37	67211	KS			EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
PHAN	DUNG	03/05/1952	73	67210	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
PHAN	XUAN	04/30/1956	69	67207	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
PHOMMACHANH	DENNIS	04/29/1989	36	60142	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PIERCE	BRANDI	04/24/1981	44	67217	KS	EECH	KS Wesley Pref 5,PPO	EECH	PPO	<input type="checkbox"/>	<input type="checkbox"/>
PIERCE	CYAIRA	08/19/2000	24							<input type="checkbox"/>	<input type="checkbox"/>
PINGSTON	LARRY	05/31/1960	65	67205	KS	EESP	KS Wesley Pref 5,PPO	EESP	PPO	<input type="checkbox"/>	<input type="checkbox"/>



Last Name	First Name	Date of Birth	Age	Zip	State	Medical Tier	Network Plan Eligibility	Dental Tier	Dental Network Plan Eligibility	Limited Med Plan Availability	OOS
PINGSTON	VICKI	01/04/1961	64							<input type="checkbox"/>	<input type="checkbox"/>
RAMIREZ	ALFREDO	01/12/1963	62	60651	IL			EE	PPO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RAMIREZ	MODESTA	02/23/1966	59	60160	IL	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
RAUH JACOBS	STORMY	09/02/1992	32	67037	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
RAYMOND	NATHAN	07/16/1974	50	60151	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REAVES	NICK	09/14/1965	59	38654	MS	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
REAVES	SARA	01/16/1960	65	38654	MS	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ROBINSON	ORLANDO	01/14/1993	32	38122	TN			EESP	PPO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CAMPBELL	JOHNEKA	10/01/1982	42							<input type="checkbox"/>	<input checked="" type="checkbox"/>
ROMAN	MARIA DE JESUS	06/27/1969	55	60625	IL			EE	PPO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SANCHEZ	ARTURO	07/30/1994	30	60120	IL	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCHRADER	GUY	02/16/1964	61	60462	IL	EESP	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCHRADER	CHERYL	11/04/1969	55							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SERMENO	MAYRA	05/23/1988	37	60505	IL	EE	PPO			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SMITH	ELVIS AARON	12/07/1978	46	67210	KS			EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
SMITH	MICHAEL	07/16/1970	54	60135	IL	EECH	PPO	EECH	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SMITH	JOHNATHAN	12/12/2008	16							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SNEATH	LORETA	07/14/1996	28	67216	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
SOLLENBERGER	JOHN	09/23/1961	63	60175	IL	FAML	PPO	FAML	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SOLLENBERGER	COLLEEN	05/15/1964	61							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Last Name	First Name	Date of Birth	Age	Zip	State	Medical Tier	Network Plan Eligibility	Dental Tier	Dental Network Plan Eligibility	Limited Med Plan Availability	OOS
SOLENBERGER	MARK	01/07/2003	22							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SOLENBERGER	MICHAEL	09/15/2004	20							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SOLENBERGER	CLAIR	01/07/2003	22							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SULLIVAN	RYAN	08/30/1973	51	60610	IL	EESP	PPO	EESP	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOPP	CORITO NICOLE	08/10/1990	34							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
THACH	CHANH DI THI	12/09/1988	36	67230	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
THACH	DANI THI	08/27/1991	33	67207	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
THACH	GIANG	10/05/1961	63	67217	KS	EE	KS Wesley Pref 5,PPO			<input type="checkbox"/>	<input type="checkbox"/>
THANH	TRINH	03/19/2002	23	67214	KS	EE	KS Wesley Pref 5,PPO			<input type="checkbox"/>	<input type="checkbox"/>
THOMAS	KARI	07/24/1984	40	60123	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TOLEDO	KATRINA	10/03/2002	22	67212	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
TOPEL	GREGORY	07/08/1975	49	60302	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TRACY	ALEX	05/04/1986	39	67208	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
TRAMMELL	JOSHUA D	06/09/1989	35	67060	KS	EE	KS Wesley Pref 5,PPO	EESP	PPO	<input type="checkbox"/>	<input type="checkbox"/>
TRAMMELL	CHRISTINE	12/21/1980	44							<input type="checkbox"/>	<input type="checkbox"/>
TRAN	YEN THI	11/20/1972	52	67214	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>





Last Name	First Name	Date of Birth	Age	Zip	State	Medical Tier	Network Plan Eligibility	Dental Tier	Dental Network Plan Eligibility	Limited Med Plan Availability	OOS
VAFADARI	KOOROSH	08/15/1960	64	77449	TX	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VALE	TRINIDAD	04/26/1963	62	60123	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VANDERBURG	MICHAEL	08/18/1959	65	38654	MS			EE	PPO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VILLALOBOS	ANA	02/26/1971	54	67037	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
VO	DAO	07/02/1952	72	67210	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
VO	HANH	08/21/1960	64	67211	KS	EE	KS Wesley Pref 5,PPO			<input type="checkbox"/>	<input type="checkbox"/>
WALTON	SABINA	06/03/1976	48	60506	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WASHINGTON	CARL	07/26/1979	45	67037	KS	EE	KS Wesley Pref 5,PPO	EE	PPO	<input type="checkbox"/>	<input type="checkbox"/>
WHITESIDE	MELVIN	05/17/1991	34	60644	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ZAMUDIO	EDUARDO	09/26/2001	23	60505	IL	EE	PPO	EE	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ZEPEDA	GERARDO	01/25/1968	57	60120	IL	FAML	PPO	FAML	PPO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ZEPEDA	NORMA	12/20/1969	55							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ZEPEDA ALVAREZ	ALISON	06/13/2005	19							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ZEPEDA	DAYANARA	05/03/2003	22							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ZEPEDA ALVAREZ	KYARA	08/12/2000	24							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>





## Important information about the Summary of Benefits and Coverage

Your Summary of Benefits and Coverage (SBC) is available on the Employers page of Aetna.com. Select Small Group SBC Search Tool under Employer Tools. Once the search page opens, type in the Plan ID and Plan Effective Date you have selected on the Plan ID Search tab. Once you have selected your new plan, you may also type in your billing account number on the Account Number Search tab. Your Summary of Benefits and Coverage (as well as all required supplemental documents) will be returned to you.

**Please Distribute the SBC(s) to your plan participants and beneficiaries** We are generating and releasing SBCs for your insured medical plans. As the employer, you are best positioned to distribute SBCs to your employees and their dependents. We are relying on you to distribute them to your plan participants and beneficiaries (members and potential members) in the required timeframe for each scenario outlined in the regulation.

Here is a summary of the events that trigger the requirement for production and distribution of the SBC(s).

<i>Event "Trigger"</i>	<i>Timeframe to deliver SBC to members and potential members</i>
Upon plan renewal on or after 9/23/2012	<p>Include SBC:</p> <ol style="list-style-type: none"><li>1. With enrollment / application materials; or</li><li>2. If renewal is automatic, then within 30 calendar days before 1st day of the new policy effective date.</li></ol> <p>NOTE: For insured plans with a policy that is not finalized 30 days prior to the first day of the new policy year, the date is as soon as practicable; specifically, within 7 business days after the start of the new policy, or within 7 business days after the receipt of written confirmation of intent to renew -- whichever is earlier.</p>
Open enrollment beginning on or after 9/23/2012	Include SBC with enrollment application materials; or if enrollment materials are not distributed, no later than the first day of the enrollment period.
Upon request of SBC or summary information about health insurance coverage	<p>Deliver the SBC within 7 business days of the request.</p> <p>We will support requests for copies of SBCs received from active members enrolled in a plan.</p>
Newly eligible	<p>Deliver the SBC:</p> <p>With enrollment/application materials, or</p> <p>If enrollment materials are not distributed, no later than the first day of the employee's/dependent's eligibility to enroll</p>
Special enrollee (HIPAA)	Deliver the SBC no later than 90 calendar days from enrollment.



Material modifications of benefits	<p>If changes in coverage information impacts the content of the SBC after the first day of coverage (off-renewal), send a Notice of Material Modification (can be in form of a revised SBC) to members no later than 60 calendar days before the effective date of the coverage change(s).</p> <p>We will provide you with an updated SBC or notice to support the communication of a material modification.</p>
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**Together, we can work to comply and avoid penalties** It's important that we work together to comply with the law. Insurance carriers and plan sponsors are subject to potential penalties, so timely delivery of the material is important.

**We're here to help with this important requirement** Please don't hesitate to call your account representative or broker if you have questions.

We have created letter templates to help you communicate the Summary of Benefits and Coverage to your plan participants. You can download them at <http://www.aetna.com/health-reform-connection/tools/index.html>.

This is just a summary of the requirements. For the full list of events, timeframes, distribution requirements and information on the regulations, please review the regulations at the HHS website:  
<http://cciio.cms.gov/resources/other/index.html#sbcug>.

## Now there's an easier way for you to share the Summary of Benefits and Coverage

As you know, the Summary of Benefits and Coverage (SBC) document is a requirement of the Affordable Care Act (ACA).

**Manage benefits online** eBusiness is our secure employer website. It's your gateway to online, hassle-free maintenance of your plan. Once you register, you'll have an easy way to share the SBC with your plan participants. Plus, you get all the tools you need to manage your benefits online. If you haven't registered for eBusiness yet, call us at 1-800-237-7476. If you are already registered for eBusiness, log in at [www.Aetna.com/employer](http://www.Aetna.com/employer).

### Simple, online path to get the SBC

You can go to <https://www.aetna.com/sbcsearch/home.html> Then follow the steps below to download and print the SBC.

1. On the Account Number Search Tab, type in your billing account number in the "Billing Account Number" field or on the Plan ID Search Tab, type in the plan ID you wish to view in the "Plan ID" field and the coverage effective date in the "Effective Date" field
2. Click "Submit"
3. When the SBCs are retrieved, click the box on the ones you wish to download
4. A zip file will appear and you can save the zip file or the pdf SBC and supplement documents within the zip file to your computer.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

# Fully Insured Caveats

## Caveats

The proposed rates are illustrative and subject to change based upon underwriting review of the information listed and requested below. Any of the information listed below, which has not been provided, may be required prior to final approval of a sale.

We are relying on information from the Plan Sponsor and its representatives in establishing the rates and terms of this proposal. If any of this information is inaccurate or incomplete and has a material impact on the cost of the programs, we reserve the right to adjust our rates and terms. For example, but without limitation, Aetna may change rates if there is a material deviation from the rate quotation assumptions or if the Plan Sponsor is unable to provide us with the requested information. As another example, if additional information related to this quotation is made available to us at a later date, we reserve the right to reassess, and potentially revise, this quotation based upon analysis of that information. For states that require approval of rate filings, your final rate may be different if the quoted rates are not approved by the effective date of coverage.

## Documentation

### Current Rates

Current rates/fees and plan designs.

### Renewal Rates

Renewal rates/fees and plan designs.

### Billing Statement

Complete copy of the most recent billing statement, within one month of the effective date.

### Monthly Claims

Updated monthly claims on incumbent carrier letterhead on a rolling 12-month basis with corresponding exposures up to 90 days prior to the effective date.

### Large Claims

Large claim information, on incumbent carrier letterhead, for the last 12 months within 90 days prior to the effective date, including diagnosis, for claimants in excess of \$25,000.

### Demographics

Census data on incumbent carrier letterhead for all subscribers eligible for coverage, including: each subscriber's date of birth, insurance status, dependent coverage, gender, and home zip code. Census should also identify whether each subscriber is active, COBRA, part-time, union, early retiree, retiree or waiver and the plan/product in which the subscriber is currently enrolled.

Additional information may be required if union members, retirees or part-time workers are eligible.



## Assumptions

### Prospective Quoting

The quoted insured medical rates are offered on a prospectively rated basis. No policy year accounting balance will be calculated for these coverages.

### Billing and Payment of Premium

Amount due is payable on the first day of the month covered by the invoice. If the amount due is not paid in full within 30 days, we reserve the right to terminate the contract and/or assess late premium payment charges.

### Contributions

Plan Sponsor contributions meet our minimum requirements for Total Replacement sales.

### Participation

This quote requires a minimum of 20% of the eligible Employees must enroll in Client Sponsored Plan. We may adjust your final rates if our final participation level changes by more than 10 percent from what was assumed or falls below 20 percent of eligible employee.

### Financial Condition

Plan Sponsor is a legitimate business and meets underwriting approval for acceptable financial strength. We reserve the right to request additional supporting information in order to evaluate financial status.

### First Year Renewal

The first year renewal will be delivered 60-90 days prior to the anniversary date.

### High Deductible Health Plan

We reserve the right to re-evaluate the quoted rating if the customer subsidizes or reimburses any portion of the employees' cost sharing responsibilities.

### Mandates

Benefit provisions are subject to state, local, and federal mandates. Future mandates will be incorporated in the plan(s) as of the date required by law and may require rate adjustments.

We reserve the right to revise the premium, modify the terms of the offer or terminate if:

### Member/Subscriber Ratio

The enrolled member to subscriber ratio increases or decreases by more than 10% from the 1.29 ratio assumed in this quote.

### Enrollment



The actual enrollment in total or by plan changes by more than 10% compared with what was proposed. The plan sponsor offers coverage to employees previously not eligible under the plan without prior notification. (Change in census is based on additions and subtractions--a 60 life group who adds 3 people and takes away 3 others has a 6 person change in census even though they stay at 60 lives).

#### Participation and Contribution Rules

Under Affordable Care Act (ACA) and state insurance regulations, a group health insurance policy may be non-renewed for certain reasons. We reserve the right to non-renew for failure to comply with certain requirements such as participation and/or contribution rules.

#### Contract Provisions

The final benefit provisions, account structure, claim payment requirements or services change from those proposed.

#### Information Accuracy/Demographics

The information provided is inaccurate and/or the demographics of the quoted group change resulting in +/- 5% premium difference.

#### 60 Day Provision

A decision is not reached within 60 days from the time the quote is released.

#### COBRA Enrollment

The total number of COBRA enrollees exceeds 10% of the total enrolled group or the total number of COBRA enrollees increases by more than 5 percentage points from the lives assumed in this quote.

#### Retiree Enrollment

The total number of Retired enrollees exceeds 10% of the total enrolled group or the total number of Retiree enrollees increases by more than 5 percentage points from the lives assumed in this quote.

#### Industry

The nature of business and/or SIC code changes compared with what was assumed in setting the rates.

#### Quoted Benefits and Administration

A material change is a change that materially affects the cost of the plan. A material change includes, but is not limited to, changes caused by any legislative or regulatory requirement, changes impacting standard contract provisions, claim settlement practices, plan administration, plan benefits or changes to the programs and services we offer you.

#### Regulatory Reporting

We are entitled to rely on information supplied by you in connection with any regulatory filings we provide on your behalf or any other services we provide. We are not responsible for any penalties or fees associated with reporting delays/errors caused by your failure to provide us with accurate or timely information.

Notice to small group employers located outside the state of Vermont.



This quote is based on the [representation/census] that your plan covers fewer than 25 certificate holders in Vermont. Aetna cannot quote or renew cases that cover 25 or more Vermont residents who work at an employer location in Vermont.

Notice to small group employers located inside and outside the state of Vermont.

Health insurers who offer coverage in the state of Vermont must offer employers the option to cover all part-time employees who are Vermont residents and work 17.5 hours or more. Please note, however, that we are not filed and approved to sell medical coverage to employers located in the state of Vermont and must offer coverage to out of state employers as noted above. Please contact your Account Manager for details.

#### VISION RENEWAL:

If your group is currently enrolled in an Aetna Vision Preferred product, you can remain in the same vision plan you have today with no change to rates or benefits. Or, you can choose a different plan from those presented here.

#### DENTAL DISCLAIMER

Employees in AZ, CA, GA, MA, MD, MO, NC, NJ and TX must either live or work within the approved DMO® service area to be eligible to enroll in the DMO®

For FOC plans, please refer to the benefit summary for DMO® and PPO benefit details.

Proposals for Aetna Dental PPO (including the Freedom-of-Choice plan design and Texas PDN) may not be offered to groups that have Assurant Employee Benefits as the incumbent Dental PPO carrier, unless the Aetna Dental PPO is quoted and sold along with a Medical plan.

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.

In Virginia, Aetna DMO® is called Aetna DNO. It is not an HMO. To receive maximum benefits, members must choose a participating primary care dentist to coordinate their care with in-network providers.

Attention customers with Massachusetts residents: You should be aware that our network of preferred providers in Massachusetts [has](#) providers mainly in the following counties: Barnstable, Berkshire, Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester. Members' out of pocket expenses will be higher if they do not see an in-network provider and, in some plans, benefits may not be available at all for out-of-network providers.

**DENTAL PPO:** Dental PPO II is a vendor based program that offers access to contracted rates for dental claims that may otherwise be paid at billed charges under the out-of-network portion of the Dental PPO plan. The third party vendors participating in the Dental PPO II Program network are considered participating providers and services rendered by such providers will be reimbursed in accordance with the terms of the Customer's plan as in-network service.

#### DENTAL EXPLANATION OF BENEFITS (EOBs):

We make EOBs available through our secure Navigator website for subscribers who have registered to use Navigator and for whom we have a valid email address. We send members an email when a new EOB is available. All other members receive paper EOBs. If a member receiving EOBs electronically prefers paper EOBs, they can get them by telling us that is their preference.



## Regulatory Reporting

We are entitled to rely on information supplied by you in connection with any regulatory filings we provide on your behalf or any other services we provide. We are not responsible for any penalties or fees associated with reporting delays/errors caused by your failure to provide us with accurate or timely information.

## Disclosure Statement

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies include: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Washington Inc., Aetna Health Insurance Company of Connecticut, Aetna Health Insurance Company of New York, Corporate Health Insurance Company, Aetna Life Insurance Company, Aetna Dental Inc., and Aetna Dental of California Inc.

Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Managed care plans may not cover all health care expenses. Benefit Documents should be read carefully to determine which health care services are covered. While this material is believed to be accurate as of the print date, it is subject to change. For more specific information about the coverage details, including limitations, exclusions, and other product requirements, please contact your account representative.

The information contained in this quote is confidential and should not be shared with anyone other than your broker or benefit plan consultant.

If the group has any Massachusetts employees, the plan would need to meet Massachusetts Credibility. If the employee/group proceeds with a plan that does not meet Massachusetts Credibility, the MA employee(s) could be subject to fines/penalties associated with Massachusetts Credibility. The Employer is responsible for the attestation process and will receive an attestation form to complete and return to verify if the plan meets Massachusetts Credibility. For more information or questions/concerns on Massachusetts Credibility, please contact your CPA or Financial Advisor.

