

Building Healthy Communities



The Aetna Difference

Aetna UT 84060 Zone 4 5411 EE3 and your employees are at the center of the healthy community we are building. We deliver better outcomes and lasting solutions for the health of your business and your employees. When you choose Aetna, you get a company that is driving the transformation of health care.

- ⓑ 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 high-quality care. The result is an improved health care experience that makes it easy for individuals to get the care they need.
- ⓑ Convenient and connected member experience. Employees with convenient access to informational tools and resources are more engaged with their own health care. So we meet members where they are. In other words, we make important information about health and benefits available through every means: online, telephonic and mobile. Advanced technology gives your employees a host of tools to help them manage their health and benefits. And member service is available around the clock for those without Internet access.
- ⓑ 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.
- ⓑ 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: PreSale
Broker Name(s): SEBS OF ARIZONA, LLC
GROUP ID:

QUOTE # 13506342
EFFECTIVE DATE 07/01/17 to 07/01/18
RUN DATE May 30, 2017
84060
SIC 5411

TOTAL ELIGIBLE 3
TOTAL ENROLLED SUBSCRIBERS 3

New Business Medical Rates

		"X" Purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Plan ID	14034355	14034358	14034354	14034357	14034353	14034373
Last Name	First Name	Contract Type	UT Bronze Peak Pref HOnly 6000 60%	UT Bronze Peak Pref HOnly 6000 80% HSA E	UT Silver Peak Pref HOnly 3000 70%	UT Silver Peak Pref HOnly 3000 80% HSA E	UT Silver Peak Pref HOnly 2000 70%	UT Bronze OAMC 6500 100/50 HSA E
Aetna UT 84060 Zone 4 5411 EE3	kwWgSVW	EE	\$178.07	\$187.44	\$215.90	\$219.76	\$224.28	\$225.72
Aetna UT 84060 Zone 4 5411 EE3	g4SJcJg	EE	\$178.07	\$187.44	\$215.90	\$219.76	\$224.28	\$225.72
Aetna UT 84060 Zone 4 5411 EE3	3rfCjaM	EE	\$178.07	\$187.44	\$215.90	\$219.76	\$224.28	\$225.72
Total Amount Due			\$534.21	\$562.32	\$647.70	\$659.28	\$672.84	\$677.16
Total Subscribers			3	3	3	3	3	3



Proposal Type: PreSale
Group name: Aetna UT 84060 Zone 4 5411 EE3

Quote ID: 13506342
Effective Date: 07/01/17 to 07/01/18
Proposal Generated On: 05/30/2017 21:45

New Business Medical Rates

		"X" Purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Plan ID	14034368	14034356	14034365	14034364	14034371	14034372
Last Name	First Name	Contract Type	UT Bronze OAMC 7100 \$60 100/70	UT Gold Peak Pref HNOnly 1400 80% HSA T	UT Silver OAMC 3500 70/50	UT Silver OAMC 2500 70/50	UT Silver OAMC 2000 80/60 HSA T	UT Silver OAMC 3000 80/60 HSA E
Aetna UT 84060 Zone 4 5411 EE3	kwWgSVW	EE	\$227.02	\$243.34	\$244.05	\$253.84	\$253.85	\$254.76
Aetna UT 84060 Zone 4 5411 EE3	g4SJcJg	EE	\$227.02	\$243.34	\$244.05	\$253.84	\$253.85	\$254.76
Aetna UT 84060 Zone 4 5411 EE3	3rfCjaM	EE	\$227.02	\$243.34	\$244.05	\$253.84	\$253.85	\$254.76
Total Amount Due			\$681.06	\$730.02	\$732.15	\$761.52	\$761.55	\$764.28
Total Subscribers			3	3	3	3	3	3



Proposal Type: PreSale
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New Business Medical Rates

		"X" Purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Plan ID	14034367	14034351	14034350	14034352	14034348	14034349
Last Name	First Name	Contract Type	UT Silver OAMC 5200 \$25 100/70	UT Gold Peak Pref HNOOnly 1500 80%	UT Gold Peak Pref HNOOnly 1000 80%	UT Gold Peak Pref HNOOnly 2000 90%	UT Gold Peak Pref HNOOnly 250 80%	UT Gold Peak Pref HNOOnly 500 80%
Aetna UT 84060 Zone 4 5411 EE3	kwWgSVW	EE	\$256.67	\$261.11	\$269.29	\$274.82	\$278.27	\$278.76
Aetna UT 84060 Zone 4 5411 EE3	g4SJcJg	EE	\$256.67	\$261.11	\$269.29	\$274.82	\$278.27	\$278.76
Aetna UT 84060 Zone 4 5411 EE3	3rfCjaM	EE	\$256.67	\$261.11	\$269.29	\$274.82	\$278.27	\$278.76
Total Amount Due			\$770.01	\$783.33	\$807.87	\$824.46	\$834.81	\$836.28
Total Subscribers			3	3	3	3	3	3



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New Business Medical Rates

		"X" Purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Plan ID	14034369	14034366	14034362	14034361	14034370	14034360
Last Name	First Name	Contract Type	UT Gold OAMC 1400 80/60 HSA T	UT Gold OAMC 3500 \$10 100/70	UT Gold OAMC 1500 80/60	UT Gold OAMC 1000 80/60	UT Gold OAMC 2000 100/80 HSA T	UT Gold OAMC 500 80/60
Aetna UT 84060 Zone 4 5411 EE3	kwWgSVW	EE	\$282.78	\$285.34	\$298.45	\$306.84	\$308.60	\$318.16
Aetna UT 84060 Zone 4 5411 EE3	g4SJcJg	EE	\$282.78	\$285.34	\$298.45	\$306.84	\$308.60	\$318.16
Aetna UT 84060 Zone 4 5411 EE3	3rfCjaM	EE	\$282.78	\$285.34	\$298.45	\$306.84	\$308.60	\$318.16
Total Amount Due			\$848.34	\$856.02	\$895.35	\$920.52	\$925.80	\$954.48
Total Subscribers			3	3	3	3	3	3



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New Business Medical Rates

		"X" Purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Plan ID	14034380	14034383	14034359	14034363	14034379	14034382
Last Name	First Name	Contract Type	UT Silver PPO 3000 70/50	UT Bronze PPO 6500 100/50 HSA E	UT Gold OAMC 250 80/60	UT Gold OAMC 2000 90/50	UT Silver PPO 2000 70/50	UT Silver PPO 3000 80/60 HSA E
Aetna UT 84060 Zone 4 5411 EE3	kwWgSVW	EE	\$320.57	\$320.82	\$321.83	\$323.96	\$334.18	\$334.85
Aetna UT 84060 Zone 4 5411 EE3	g4SJcJg	EE	\$320.57	\$320.82	\$321.83	\$323.96	\$334.18	\$334.85
Aetna UT 84060 Zone 4 5411 EE3	3rfCjaM	EE	\$320.57	\$320.82	\$321.83	\$323.96	\$334.18	\$334.85
Total Amount Due			\$961.71	\$962.46	\$965.49	\$971.88	\$1,002.54	\$1,004.55
Total Subscribers			3	3	3	3	3	3

New Business Medical Rates

		"X" Purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Plan ID	14034381	14034384	14034377	14034376	14034375	14034374
Last Name	First Name	Contract Type	UT Gold PPO 1400 80/60 HSA T	UT Silver Indemnity 2000 80	UT Gold PPO 1500 80/60	UT Gold PPO 1000 80/60	UT Gold PPO 500 80/60	UT Gold PPO 250 80/60
Aetna UT 84060 Zone 4 5411 EE3	kwWgSVW	EE	\$374.49	\$376.32	\$395.67	\$406.97	\$422.28	\$426.20



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New Business Medical Rates

		"X" Purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Plan ID	14034381	14034384	14034377	14034376	14034375	14034374
Last Name	First Name	Contract Type	UT Gold PPO 1400 80/60 HSA T	UT Silver Indemnity 2000 80	UT Gold PPO 1500 80/60	UT Gold PPO 1000 80/60	UT Gold PPO 500 80/60	UT Gold PPO 250 80/60
Aetna UT 84060 Zone 4 5411 EE3	g4SJclg	EE	\$374.49	\$376.32	\$395.67	\$406.97	\$422.28	\$426.20
Aetna UT 84060 Zone 4 5411 EE3	3rfCjaM	EE	\$374.49	\$376.32	\$395.67	\$406.97	\$422.28	\$426.20
Total Amount Due			\$1,123.47	\$1,128.96	\$1,187.01	\$1,220.91	\$1,266.84	\$1,278.60
Total Subscribers			3	3	3	3	3	3

New Business Medical Rates

		"X" Purchase	<input type="checkbox"/>
		Plan ID	14034378
Last Name	First Name	Contract Type	UT Gold PPO 2000 90/50
Aetna UT 84060 Zone 4 5411 EE3	kwWgSVW	EE	\$429.03
Aetna UT 84060 Zone 4 5411 EE3	g4SJclg	EE	\$429.03



Proposal Type: PreSale
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New Business Medical Rates

		"X" Purchase	<input type="checkbox"/>
		Plan ID	14034378
Last Name	First Name	Contract Type	UT Gold PPO 2000 90/50
Aetna UT 84060 Zone 4 5411 EE3	3rfCjaM	EE	\$429.03

Total Amount Due		\$1,287.09
Total Subscribers		3

New Business Medical Benefits

		IN-NETWORK SERVICES						OUT-OF-NETWORK	
	Relative Value	OV.	Ded.	Coins.	Hosp. Copay / Ded.	OOPM.	Rx.	Ded.	OOPM.
MEDICAL PRODUCTS									
UT Bronze Peak Pref HNOnly 6000 60%	0.42	\$40 / Ded\$60 / Ded\$55 / Ded\$80	\$6000/12000 / \$6000/12000	40% / 55%	Ded40% / Ded55%	\$7100/14200 / \$7100/14200	15/30/60/30%/40% Rx Ded Applies Tiers 2-5 / 15/30/60/30%/40% Rx Ded Applies Tiers 2-5	-	-
UT Bronze Peak Pref HNOnly 6000 80% HSA E	0.44	Ded20% / Ded35%	\$6000/12000 / \$6000/12000	20% / 35%	Ded20% / Ded35%	\$6500/13000 / \$6500/13000	15/30/60/30%/40% Med Ded Applies / 15/30/60/30%/40% Med Ded Applies	-	-



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New Business Medical Benefits

		IN-NETWORK SERVICES						OUT-OF-NETWORK	
	Relative Value	OV.	Ded.	Coins.	Hosp. Copay / Ded.	OOPM.	Rx.	Ded.	OOPM.
MEDICAL PRODUCTS									
UT Silver Peak Pref HNOnly 3000 70%	0.50	\$30 / Ded\$55 / \$45 / Ded\$60	\$3000/6000 / \$3000/6000	30% / 45%	Ded30% / Ded45%	\$6000/12000 / \$7000/14000	15/30/60/30%/40% Rx Ded Applies Tiers 2-5 / 15/30/60/30%/40% Rx Ded Applies Tiers 2-5	-	-
UT Silver Peak Pref HNOnly 3000 80% HSA E	0.51	Ded\$20 / Ded\$40 / Ded35%	\$3000/6000 / \$3000/6000	20% / 35%	Ded20% / Ded35%	\$4000/8000 / \$6500/13000	15/30/60/30%/40% Med Ded Applies / 15/30/60/30%/40% Med Ded Applies	-	-
UT Silver Peak Pref HNOnly 2000 70%	0.52	\$30 / Ded\$55 / \$45 / Ded\$60	\$2000/4000 / \$2000/4000	30% / 45%	Ded30% / Ded45%	\$6000/12000 / \$7000/14000	15/30/60/30%/40% Rx Ded Applies Tiers 2-5 / 15/30/60/30%/40% Rx Ded Applies Tiers 2-5	-	-
UT Bronze OAMC 6500 100/50 HSA E	0.53	Ded0%	\$6500/13000	0%	Ded0%	\$6500/13000	0/0/0/0%/0% Med Ded Applies	\$13000/26000	\$26000/52000
UT Bronze OAMC 7100 \$60 100/70	0.53	\$60 / Ded0%	\$7100/14200	0%	Ded0%	\$7100/14200	35/0%/0%/0%/0% Med Ded Applies Tiers 2-5	\$14200/28400	\$28400/56800
UT Gold Peak Pref HNOnly 1400 80% HSA T	0.57	Ded\$20 / Ded\$40 / Ded\$30 / Ded\$50	\$1400/2800 / \$1400/2800	20% / 35%	Ded20% / Ded35%	\$2800/5600 / \$2800/5600	15/30/60/30%/40% Med Ded Applies / 15/30/60/30%/40% Med Ded Applies	-	-
UT Silver OAMC 3500 70/50	0.57	\$30 / Ded\$60	\$3500/7000	30%	Ded30%	\$6500/13000	15/30/60/30%/40% Rx Ded Applies Tiers 2-5	\$7000/14000	\$13000/26000



New Business Medical Benefits

		IN-NETWORK SERVICES						OUT-OF-NETWORK	
	Relative Value	OV.	Ded.	Coins.	Hosp. Copay / Ded.	OOPM.	Rx.	Ded.	OOPM.
MEDICAL PRODUCTS									
UT Silver OAMC 2500 70/50	0.59	\$30 / Ded\$60	\$2500/5000	30%	Ded30%	\$6500/13000	15/30/60/30%/40% Rx Ded Applies Tiers 2-5	\$5000/10000	\$13000/26000
UT Silver OAMC 2000 80/60 HSA T	0.59	Ded\$20 / Ded\$40	\$2000/4000	20%	Ded20%	\$6500/7100	15/30/60/30%/40% Med Ded Applies	\$4000/8000	\$13000/14200
UT Silver OAMC 3000 80/60 HSA E	0.59	Ded\$20 / Ded\$40	\$3000/6000	20%	Ded20%	\$4500/9000	15/30/60/30%/40% Med Ded Applies	\$6000/12000	\$9000/18000
UT Silver OAMC 5200 \$25 100/70	0.60	\$25 / Ded0%	\$5200/10400	0%	Ded0%	\$5200/10400	15/0%/0%/0%/0% Med Ded Applies Tiers 2-5	\$10400/20800	\$20800/41600
UT Gold Peak Pref HNOnly 1500 80%	0.61	\$20 / \$50 / \$35 / Ded\$50	\$1500/3000 / \$1500/3000	20% / 35%	Ded20% / Ded35%	\$4000/8000 / \$6000/12000	15/30/60/30%/40% / 15/30/60/30%/40%	-	-
UT Gold Peak Pref HNOnly 1000 80%	0.63	\$20 / \$50 / \$35 / Ded\$50	\$1000/2000 / \$1000/2000	20% / 35%	Ded20% / Ded35%	\$4000/8000 / \$6000/12000	15/30/60/30%/40% / 15/30/60/30%/40%	-	-
UT Gold Peak Pref HNOnly 2000 90%	0.64	\$5 / \$20 / \$15 / Ded\$30	\$2000/4000 / \$2000/4000	10% / 25%	Ded10% / Ded25%	\$3500/7000 / \$5000/10000	15/30/60/30%/40% / 15/30/60/30%/40%	-	-
UT Gold Peak Pref HNOnly 250 80%	0.65	\$20 / \$40 / \$35 / Ded\$50	\$250/500 / \$250/500	20% / 35%	Ded20% / Ded35%	\$5000/10000 / \$6000/12000	15/30/60/30%/40% / 15/30/60/30%/40%	-	-
UT Gold Peak Pref HNOnly 500 80%	0.65	\$20 / \$50 / \$35 / Ded\$50	\$500/1000 / \$500/1000	20% / 35%	Ded20% / Ded35%	\$4000/8000 / \$6000/12000	15/30/60/30%/40% / 15/30/60/30%/40%	-	-
UT Gold OAMC 1400 80/60 HSA T	0.66	Ded\$20 / Ded\$40	\$1400/2800	20%	Ded20%	\$2800/5600	15/30/60/30%/40% Med Ded Applies	\$2800/5600	\$5600/11200



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New Business Medical Benefits

		IN-NETWORK SERVICES						OUT-OF-NETWORK	
	Relative Value	OV.	Ded.	Coins.	Hosp. Copay / Ded.	OOPM.	Rx.	Ded.	OOPM.
MEDICAL PRODUCTS									
UT Gold OAMC 3500 \$10 100/70	0.67	\$10 / Ded0%	\$3500/7000	0%	Ded0%	\$3500/7000	15/45/75/0%/0% Med Ded Applies Tiers 3-5	\$7000/14000	\$14000/28000
UT Gold OAMC 1500 80/60	0.70	\$25 / \$50	\$1500/3000	20%	Ded20%	\$4500/9000	15/30/60/30%/40%	\$3000/6000	\$9000/18000
UT Gold OAMC 1000 80/60	0.72	\$25 / \$50	\$1000/2000	20%	Ded20%	\$4500/9000	15/30/60/30%/40%	\$2000/4000	\$9000/18000
UT Gold OAMC 2000 100/80 HSA T	0.72	Ded0%	\$2000/4000	0%	Ded0%	\$2000/4000	0% Med Ded Applies	\$4000/8000	\$10000/20000
UT Gold OAMC 500 80/60	0.74	\$25 / \$50	\$500/1000	20%	Ded20%	\$4500/9000	15/30/60/30%/40%	\$1000/2000	\$9000/18000
UT Silver PPO 3000 70/50	0.75	\$40 / Ded\$60	\$3000/6000	30%	Ded30%	\$7100/14200	15/30/60/30%/40% Rx Ded Applies Tiers 2-5	\$6000/12000	\$14200/28400
UT Bronze PPO 6500 100/50 HSA E	0.75	Ded0%	\$6500/13000	0%	Ded0%	\$6500/13000	0/0/0/0%/0% Med Ded Applies	\$13000/26000	\$26000/52000
UT Gold OAMC 250 80/60	0.75	\$20 / \$40	\$250/500	20%	Ded20%	\$6000/12000	15/30/60/30%/40% Rx Ded Applies Tiers 2-5	\$500/1000	\$12000/24000
UT Gold OAMC 2000 90/50	0.76	\$5 / \$20	\$2000/4000	10%	Ded10%	\$4000/8000	15/30/60/30%/40%	\$4000/8000	\$8000/16000
UT Silver PPO 2000 70/50	0.78	\$40 / Ded\$60	\$2000/4000	30%	Ded30%	\$7100/14200	15/30/60/30%/40% Rx Ded Applies Tiers 2-5	\$4000/8000	\$14200/28400
UT Silver PPO 3000 80/60 HSA E	0.78	Ded\$25 / Ded\$50	\$3000/6000	20%	Ded20%	\$4500/9000	15/30/60/30%/40% Med Ded Applies	\$6000/12000	\$9000/18000
UT Gold PPO 1400 80/60 HSA T	0.87	Ded\$20 / Ded\$40	\$1400/2800	20%	Ded20%	\$2800/5600	15/30/60/30%/40% Med Ded Applies	\$2800/5600	\$5600/11600
UT Silver Indemnity 2000 80	0.88	-	-	-	-	-	-	\$2000/4000	\$6850/13700
UT Gold PPO 1500 80/60	0.92	\$25 / \$55	\$1500/3000	20%	Ded20%	\$4500/9000	15/30/60/30%/40%	\$3000/6000	\$9000/18000
UT Gold PPO 1000 80/60	0.95	\$25 / \$55	\$1000/2000	20%	Ded20%	\$4500/9000	15/30/60/30%/40%	\$2000/4000	\$9000/18000
UT Gold PPO 500 80/60	0.98	\$25 / \$55	\$500/1000	20%	Ded20%	\$4500/9000	15/30/60/30%/40%	\$1000/2000	\$9000/18000



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	Relative Value	IN-NETWORK SERVICES						OUT-OF-NETWORK	
		OV.	Ded.	Coins.	Hosp. Copay / Ded.	OOPM.	Rx.	Ded.	OOPM.

MEDICAL PRODUCTS

UT Gold PPO 250 80/60	0.99	\$20 / \$40	\$250/500	20%	Ded20%	\$6000/12000	15/30/60/30%/40% Rx Ded Applies Tiers 2-5	\$500/1000	\$12000/24000
UT Gold PPO 2000 90/50	1.00	\$5 / \$20	\$2000/4000	10%	Ded10%	\$4000/8000	15/30/60/30%/40%	\$4000/8000	\$8000/16000

New Business Dental Rates

"X" Purchase	Plan ID	Plan Name	EE	EE/SP	EE/CHILDREN	FAMILY	Employees	Monthly Premium
<input type="checkbox"/>	69153	Option 8; PPO Max 100/80/0	\$29.60	\$59.20	\$70.40	\$97.20	3	<i>\$88.80</i>
<input type="checkbox"/>	69155	Option 9; PPO 100/80/0	\$30.00	\$60.00	\$71.40	\$98.60	3	<i>\$90.00</i>
<input type="checkbox"/>	65348	Vol Option 4; PPO Max 100/80/0	\$32.00	\$63.90	\$76.10	\$105.00	3	<i>\$96.00</i>
<input type="checkbox"/>	65350	Vol Option 5; PPO 100/80/0	\$32.40	\$64.80	\$77.10	\$106.50	3	<i>\$97.20</i>
<input type="checkbox"/>	60257	Option 2; Active PPO 1000	\$33.70	\$67.40	\$80.20	\$110.70	3	<i>\$101.10</i>
<input type="checkbox"/>	60255	Option 1; PPO Max 1000	\$35.00	\$69.90	\$83.20	\$114.80	3	<i>\$105.00</i>
<input type="checkbox"/>	60259	Option 3; PPO 1000	\$35.50	\$71.00	\$84.40	\$116.50	3	<i>\$106.50</i>
<input type="checkbox"/>	60263	Option 5; Active PPO 1500	\$36.60	\$73.10	\$87.00	\$120.00	3	<i>\$109.80</i>
<input type="checkbox"/>	69157	Option 10; PPO Max 1500b	\$37.10	\$74.20	\$88.30	\$121.90	3	<i>\$111.30</i>
<input type="checkbox"/>	60261	Option 4; PPO Max 1500	\$38.00	\$76.00	\$90.40	\$124.80	3	<i>\$114.00</i>
<input type="checkbox"/>	63168	Vol Option 1; PPO 1000	\$38.30	\$76.60	\$91.20	\$125.90	3	<i>\$114.90</i>
<input type="checkbox"/>	65354	Vol Option 7; PPO 1000b	\$38.30	\$76.60	\$91.20	\$125.90	3	<i>\$114.90</i>
<input type="checkbox"/>	60265	Option 6; PPO 1500	\$38.60	\$77.10	\$91.80	\$126.70	3	<i>\$115.80</i>



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New Business Dental Rates

"X" Purchase	Plan ID	Plan Name	EE	EE/SP	EE/CHILDREN	FAMILY	Employees	Monthly Premium
<input type="checkbox"/>	69151	Option 7; PPO Max Active	\$39.00	\$78.00	\$92.80	\$128.10	3	\$117.00
<input type="checkbox"/>	65352	Vol Option 6; PPO Max 1500	\$40.10	\$80.20	\$95.40	\$131.60	3	\$120.30
<input type="checkbox"/>	63170	Vol Option 2; PPO 1500	\$41.70	\$83.30	\$99.10	\$136.80	3	\$125.10
<input type="checkbox"/>	65356	Vol Option 8; PPO 1500b	\$41.70	\$83.30	\$99.10	\$136.80	3	\$125.10
<input type="checkbox"/>	65346	Vol Option 3; PPO Max Active 1500	\$42.10	\$84.20	\$100.20	\$138.30	3	\$126.30
<i>Dental Assumed Participation (Changes to the Participation may have an impact on the Dental Rates)</i>								100.00%

New Business Dental Benefits

	IN-NETWORK SERVICES						OUT-OF-NETWORK	
	Prev. Svcs.	Basic Svcs.	Major Svcs.	Ortho. Svcs. / Max.	OV Copay.	Indvl. Ded./Max. Ben.	Ortho. Svcs. / Max.	Idvl. Ded. / Max. Ben.

DENTAL PRODUCTS

Option 8; PPO Max 100/80/0	100%	80%	None	None	None	\$50 / \$1,000	None	\$50 / \$1,000
Option 9; PPO 100/80/0	100%	80%	None	None	None	\$50 / \$1,000	None	\$50 / \$1,000
Vol Option 4; PPO Max 100/80/0	100%	80%	None	None	None	\$50 / \$1,000	None	\$50 / \$1,000
Vol Option 5; PPO 100/80/0	100%	80%	None	None	None	\$50 / \$1,000	None	\$50 / \$1,000
Option 2; Active PPO 1000	100%	80%	50%	None	None	\$50 / \$1,000	None	\$50 / \$1,000
Option 1; PPO Max 1000	100%	80%	50%	None	None	\$50 / \$1,000	None	\$50 / \$1,000
Option 3; PPO 1000	100%	80%	50%	None	None	\$50 / \$1,000	None	\$50 / \$1,000
Option 5; Active PPO 1500	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,000
Option 10; PPO Max 1500b	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,500
Option 4; PPO Max 1500	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,500
Vol Option 1; PPO 1000	100%	80%	50%	None	None	\$75 / \$1,000	None	\$75 / \$1,000
Vol Option 7; PPO 1000b	100%	80%	50%	None	None	\$50 / \$1,000	None	\$50 / \$1,000
Option 6; PPO 1500	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,500
Option 7; PPO Max Active	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,000
Vol Option 6; PPO Max 1500	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,500



Proposal Type: PreSale
Group name: Aetna UT 84060 Zone 4 5411 EE3

Quote ID: 13506342
Effective Date: 07/01/17 to 07/01/18
Proposal Generated On: 05/30/2017 21:45

New Business Dental Benefits

	IN-NETWORK SERVICES						OUT-OF-NETWORK	
	Prev. Svcs.	Basic Svcs.	Major Svcs.	Ortho. Svcs. / Max.	OV Copay.	Indvl. Ded./Max. Ben.	Ortho. Svcs. / Max.	Idvl. Ded. / Max. Ben.
DENTAL PRODUCTS								
Vol Option 2; PPO 1500	100%	80%	50%	None	None	\$75 / \$1,500	None	\$75 / \$1,500
Vol Option 8; PPO 1500b	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,500
Vol Option 3; PPO Max Active 1500	100%	80%	50%	None	None	\$50 / \$1,500	None	\$50 / \$1,000

*** Some subscribers may be outside this products' service area. Please select a separate eligible plan for subscribers marked "N/A".

NOTE: "X" Check the box associated with the product you are selecting for new business and circle the AFA medical Plan you are selecting (if quoted).

Cost Accepted By: _____

Title: _____

Date: _____



Proposal Type: PreSale
Group name: Aetna UT 84060 Zone 4 5411 EE3

Quote ID: 13506342
Effective Date: 07/01/17 to 07/01/18
Proposal Generated On: 05/30/2017 21:45

Census Eligibility

Last Name	Birth Date	Age	Medicare Status	Zip Code	Medical Rating Area	Member Class	Cobra	Medical Tier	Medical Network Access	Dental Tier	Dental Network Access
Aetna UT 84060 Zone 4 5411 EE3	07/01/1996	21	Primary	84060	UTRA03	Subscriber		EE	MA1	EE	DA1
Aetna UT 84060 Zone 4 5411 EE3	07/01/1996	21	Primary	84060	UTRA03	Subscriber		EE	MA1	EE	DA1
Aetna UT 84060 Zone 4 5411 EE3	07/01/1996	21	Primary	84060	UTRA03	Subscriber		EE	MA1	EE	DA1

MEDICAL NETWORK ACCESS KEY		DENTAL NETWORK ACCESS KEY	
MA1:	Eligible For All Quoted Plans	DA1:	Eligible For All Quoted Plans



Proposal Type: PreSale
Group name: Aetna UT 84060 Zone 4 5411 EE3

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Illustrative Composite Rates

DISCLAIMER: These illustrative rates may be used to help the plan sponsor determine contribution levels for employees.

In some states composite rates are illustrative only and cannot be used for billing purposes. However, the following states allow the choice of composite or member level rates for billing - Arizona, Colorado, Florida, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Nebraska, Ohio, Oklahoma, Tennessee, Texas. If the plan sponsor decides to apply with Aetna, they must elect composite or member level rates in these states.

	EE Only	EE & Spouse	EE & Child(ren)	Family	Total
Number of Active Subscribers	3	0	0	0	3

Medical Plan	Plan ID	Composite Premium				
		EE Only	EE & Spouse	EE & Child(ren)	Family	Total Premium
UT Bronze Peak Pref HNOOnly 6000 60%	14034355	\$178.07	\$356.14	\$373.95	\$552.02	\$534.21
UT Bronze Peak Pref HNOOnly 6000 80% HSA E	14034358	\$187.44	\$374.88	\$393.62	\$581.06	\$562.32
UT Silver Peak Pref HNOOnly 3000 70%	14034354	\$215.90	\$431.80	\$453.39	\$669.29	\$647.70
UT Silver Peak Pref HNOOnly 3000 80% HSA E	14034357	\$219.76	\$439.52	\$461.50	\$681.26	\$659.28
UT Silver Peak Pref HNOOnly 2000 70%	14034353	\$224.28	\$448.56	\$470.99	\$695.27	\$672.84
UT Bronze OAMC 6500 100/50 HSA E	14034373	\$225.72	\$451.44	\$474.01	\$699.73	\$677.16
UT Bronze OAMC 7100 \$60 100/70	14034368	\$227.02	\$454.04	\$476.74	\$703.76	\$681.06



Proposal Type: PreSale
Group name: Aetna UT 84060 Zone 4 5411 EE3

Quote ID: 13506342
Effective Date: 07/01/17 to 07/01/18
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Medical Plan	Plan ID	Composite Premium				
		EE Only	EE & Spouse	EE & Child(ren)	Family	Total Premium
UT Gold Peak Pref HNOnly 1400 80% HSA T	14034356	\$243.34	\$486.68	\$511.01	\$754.35	\$730.02
UT Silver OAMC 3500 70/50	14034365	\$244.05	\$488.10	\$512.51	\$756.56	\$732.15
UT Silver OAMC 2500 70/50	14034364	\$253.84	\$507.68	\$533.06	\$786.90	\$761.52
UT Silver OAMC 2000 80/60 HSA T	14034371	\$253.85	\$507.70	\$533.09	\$786.94	\$761.55
UT Silver OAMC 3000 80/60 HSA E	14034372	\$254.76	\$509.52	\$535.00	\$789.76	\$764.28
UT Silver OAMC 5200 \$25 100/70	14034367	\$256.67	\$513.34	\$539.01	\$795.68	\$770.01
UT Gold Peak Pref HNOnly 1500 80%	14034351	\$261.11	\$522.22	\$548.33	\$809.44	\$783.33
UT Gold Peak Pref HNOnly 1000 80%	14034350	\$269.29	\$538.58	\$565.51	\$834.80	\$807.87
UT Gold Peak Pref HNOnly 2000 90%	14034352	\$274.82	\$549.64	\$577.12	\$851.94	\$824.46
UT Gold Peak Pref HNOnly 250 80%	14034348	\$278.27	\$556.54	\$584.37	\$862.64	\$834.81
UT Gold Peak Pref HNOnly 500 80%	14034349	\$278.76	\$557.52	\$585.40	\$864.16	\$836.28
UT Gold OAMC 1400 80/60 HSA T	14034369	\$282.78	\$565.56	\$593.84	\$876.62	\$848.34
UT Gold OAMC 3500 \$10 100/70	14034366	\$285.34	\$570.68	\$599.21	\$884.55	\$856.02
UT Gold OAMC 1500 80/60	14034362	\$298.45	\$596.90	\$626.75	\$925.20	\$895.35
UT Gold OAMC 1000 80/60	14034361	\$306.84	\$613.68	\$644.36	\$951.20	\$920.52
UT Gold OAMC 2000 100/80 HSA T	14034370	\$308.60	\$617.20	\$648.06	\$956.66	\$925.80
UT Gold OAMC 500 80/60	14034360	\$318.16	\$636.32	\$668.14	\$986.30	\$954.48
UT Silver PPO 3000 70/50	14034380	\$320.57	\$641.14	\$673.20	\$993.77	\$961.71
UT Bronze PPO 6500 100/50 HSA E	14034383	\$320.82	\$641.64	\$673.72	\$994.54	\$962.46
UT Gold OAMC 250 80/60	14034359	\$321.83	\$643.66	\$675.84	\$997.67	\$965.49



Proposal Type: PreSale
Group name: Aetna UT 84060 Zone 4 5411 EE3

Quote ID: 13506342
Effective Date: 07/01/17 to 07/01/18
Proposal Generated On: 05/30/2017 21:45

Medical Plan	Plan ID	Composite Premium				
		EE Only	EE & Spouse	EE & Child(ren)	Family	Total Premium
UT Gold OAMC 2000 90/50	14034363	\$323.96	\$647.92	\$680.32	\$1,004.28	\$971.88
UT Silver PPO 2000 70/50	14034379	\$334.18	\$668.36	\$701.78	\$1,035.96	\$1,002.54
UT Silver PPO 3000 80/60 HSA E	14034382	\$334.85	\$669.70	\$703.19	\$1,038.04	\$1,004.55
UT Gold PPO 1400 80/60 HSA T	14034381	\$374.49	\$748.98	\$786.43	\$1,160.92	\$1,123.47
UT Silver Indemnity 2000 80	14034384	\$376.32	\$752.64	\$790.27	\$1,166.59	\$1,128.96
UT Gold PPO 1500 80/60	14034377	\$395.67	\$791.34	\$830.91	\$1,226.58	\$1,187.01
UT Gold PPO 1000 80/60	14034376	\$406.97	\$813.94	\$854.64	\$1,261.61	\$1,220.91
UT Gold PPO 500 80/60	14034375	\$422.28	\$844.56	\$886.79	\$1,309.07	\$1,266.84
UT Gold PPO 250 80/60	14034374	\$426.20	\$852.40	\$895.02	\$1,321.22	\$1,278.60
UT Gold PPO 2000 90/50	14034378	\$429.03	\$858.06	\$900.96	\$1,329.99	\$1,287.09



Proposal Type: PreSale
Group name: Aetna UT 84060 Zone 4 5411 EE3

Quote ID: 13506342
Effective Date: 07/01/17 to 07/01/18
Proposal Generated On: 05/30/2017 21:45

Sign below for requested plan. Only one plan can be selected	AETNA VISION PREFERRED Plan Options	PREMIUM MONTHLY RATES				PLAN INFORMATION In-Network			
		Self	Self + Spouse	Self + Child(ren)	Self + Family	Routine Eye Exam co-pay ¹	Frame allowance ²	Eyeglass Lens ³ co-pay	Contact Lens allowance
	Plan name: Basic 12M Exam, Lens* & Frames allowed every 12 rolling months	\$7.69	\$14.60	\$15.37	\$22.59	\$20	\$100	\$20	\$105
	Plan name: Basic 24M Exam & Lens* allowed every 12 rolling months. Frames allowed every 24 rolling months	\$6.26	\$11.90	\$12.53	\$18.42	\$20	\$100	\$20	\$105
	Plan name: Plus 12M Exam, Lens* & Frames allowed every 12 rolling months	\$8.98	\$17.07	\$17.97	\$26.41	\$10	\$130	\$25	\$130
	Plan name: Plus 24M Exam & Lens* allowed every 12 rolling months. Frames allowed every 24 rolling months	\$7.35	\$13.96	\$14.70	\$21.60	\$10	\$130	\$25	\$130
	Plan name: Premier 12M Exam, Lens* & Frames allowed every 12 rolling months	\$10.23	\$19.43	\$20.46	\$30.07	\$10	\$130	\$10	\$115
	Plan name: Premier 24M Exam & Lens* allowed every 12 rolling months. Frames allowed every 24 rolling months	\$8.42	\$16.00	\$16.85	\$24.77	\$10	\$130	\$10	\$115
Discounts Available at In-Network locations	<ul style="list-style-type: none">Up to 40% off additional pairs of eyeglasses or prescription sunglasses15% discount off retail or 5% discount off the promotional price for Lasik Laser vision correction or PRK from U.S. Laser Network20% off balance over the plan allowance on frames15% off balance over the plan allowance on conventional contact lenses20% off non-covered items					¹ Co-pay: The amount the member will pay for covered services as specified by the plan. ² Allowance: The amount the plan will pay for covered services as specified by the plan. ³ Eyeglass lens copay includes: standard single, bifocal, trifocal and lenticular vision lenses. *Lens coverage allowed once every benefit period to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses. Please reference the plan guide for complete plan design, including out of network reimbursement levels and covered lens options. • No minimum participation or SIC code required • Rates guaranteed for 48 months from the effective date • Rates include 10% commission			
Network									
	With Aetna Vision Preferred, members can see any licensed provider - in the network or out. Our network is extensive, with over 70,000 providers to choose from. We offer both independent eye doctors and top retail providers, including but not limited to: LensCrafters, Pearle Vision, Sears Optical, Target Optical and JC Penney Optical. Visit www.aetnavision.com to locate an in-network provider.								



Vision insurance plans are underwritten by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc., and certain network administration services are provided through EyeMed Vision Care, LLC ("EyeMed"). This material is for information only and is not an offer to contract. An application must be completed in order to obtain coverage. Providers participating in the Aetna Vision Network are contracted through EyeMed Vision Care, LLC ("EyeMed"). EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers, and provider network composition is subject to change without notice. Vision insurance plans contain exclusions and limitations. Not all vision services are covered. See plan documents for a complete description of benefits, exclusions, imitations and conditions of coverage. *Lens coverage can be used once every benefit period to purchase either one pair of eyeglass lenses or one order of contact lenses. Plan features and availability may vary by location and are subject to change. Discounts for non-covered services may not be available in all states.



Aetna HealthFund® One-to-One

Out-of-pocket costs can be expensive for employees. Aetna HealthFund One-to-One integrates medical plans with funding options that help employers and employees manage health care costs. These funding options allow employers and employees to contribute to a savings account or reimbursement fund to pay for eligible out-of-pocket medical expenses.

- Health Reimbursement Arrangement (HRA) - Offered as part of a group medical plan. Employees can use the funds to pay for health expenses not covered under the group medical plan, especially if they're in the deductible part of their plan. Only an employer can fund an HRA.
- Health Savings Account (HSA) - Available to employees who have elected a qualified High-Deductible Health Plan (HDHP). Employees can use the funds to pay for eligible out-of-pocket health care expenses (not just what's covered under the group health plan). The employer and employee can contribute to an employee's HSA.
- Flexible Spending Account (FSA) - Available to employees who have a group medical plan that isn't a HDHP. Employees can use the funds to pay for eligible out-of-pocket health care expenses. FSAs are funded by employers and employees. Limited purpose FSAs are also available from PayFlex; visit Producer World for full details.

Aetna HealthFund One-to-One plan options*	Group Size	Per Employee, Per Month (PEPM)
HRA	2-100	Waived
HSA	2-299	Waived
FSA **	2-299	\$5.65
*Powered by PayFlex ® **FSA fees are not charged by the medical plan. Employers will be charged separately by PayFlex. There is a minimum monthly fee of \$150. Please see the Pricing Guide available on Producer World for the current pricing.		

To offer one or more of the PayFlex health care accounts detailed above, complete the New Client Notification Form . You can find this form on Producer World. E-mail it to us at implementation@payflex.com .

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Idaho and Wyoming, by Aetna Health of Utah Inc. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. PayFlex Systems USA, Inc. (PayFlex) is an affiliate of Aetna Life Insurance Company (Aetna). PayFlex provides administrative services for Aetna's Consumer Financial Solutions products. Investment services are independently offered by the HSA Administrator. Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules and are unfunded liabilities of your employer. Fund balances are not vested benefits. 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 www.aetna.com.

Policy forms issued in OK include: HMO/OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

New Business Caveats

EMPLOYEES RESIDING IN MISSOURI

For those groups domiciled or situated outside of the state of Missouri that have employees residing in the state of Missouri, the OAMC or MC plans are not available to those employees. A PPO or Indemnity Plan would be the available options for those employees.

Starting with plan years on or after 1/1/14, the Affordable Care Act and subsequent federal regulations prohibit group health plans and health insurance issuers from requiring any otherwise eligible plan participants and beneficiaries (employees and dependents) to wait more than ninety (90) days before their health coverage is effective (states may permit maximum waiting periods that do not exceed a specified period that is less than ninety (90) days). The regulations define group health plan as the employer or plan administrator. The issuer is defined as the insurance company. Since the requirement applies to both the group health plan and the issuer, each party's obligation is satisfied if the ninety (90) day waiting period (or shorter state specified waiting period) is honored. However, if neither party complies, both are subject to penalty.

When renewing its plan(s) with Aetna, the Employer Group Policyholder ("Employer") represents that it provides to Aetna, effective date information regarding plan participants and beneficiaries that takes into account the eligibility conditions and waiting period requirements required under applicable state and federal law, in order for such plan participants and beneficiaries to become eligible for coverage under the Employer's group health insurance coverage with Aetna. In compliance with the waiting period requirements, Aetna shall use the effective date information provided by Employer to enroll such plan participants and beneficiaries in the Employer's group health insurance coverage. In the event this information changes, the Employer shall inform Aetna immediately.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org). For non-Massachusetts contract holders that provide coverage to Massachusetts employees: This plan may not be considered as creditable coverage under the Massachusetts Health Care Reform Law and the employee may be subject to tax penalties.

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 Out of Network Savings program is available for Indemnity and PPO dental plans that determine the Recognized Charge for out-of-network services based on FAIR Health data; it is not, however, available for dental benefits that are embedded with a medical plan. Aetna contracts with third-party network vendors that, in turn, have contracted with dentists who have agreed to charge discounted rates. Those dentists are still considered out-of-network providers, and the services they provide will be covered in accordance with your plan's benefits for out-of-network services.

DENTAL DISCLAIMER

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 an Aetna 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.

DNO (Dental Network Only) in Virginia is not an HMO. To receive maximum benefits, members must choose a participating primary care dentist to coordinate their care with in-network providers.

RATES AND BENEFITS:

Rates and benefits are for informational purposes only, are non-binding and subject to change without notice. The quote is effective for the specified effective date only and is subject to change without notice. All medical premium amounts displayed are monthly. Actual rates and benefits may vary based upon the information received with the application (including the enrollment information) and underwriting review. This preliminary rate sheet should be read in conjunction with the more detailed benefit descriptions, exclusions and limitations, and underwriting guidelines contained in your product brochures. For more information, please contact your licensed agent or Sales Representative. "Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. These companies include Aetna Health Inc.; Aetna U.S. Healthcare Inc.; Aetna Health of California Inc.; Aetna Health of the Carolinas Inc.; Aetna Health of Illinois Inc.; Aetna Health of North Texas Inc.; Aetna Health of Washington Inc.; Aetna Life Insurance Company; Aetna Health Insurance Company of Connecticut; Aetna Health Insurance Company of New York; Aetna Health Insurance Company; Aetna HealthAssurance Pennsylvania, Inc.; Aetna Dental Inc.; and/or Aetna Dental of California Inc.



Utah

New Business Sold Checklist 1-50 full-time equivalent employees

Any missing information may result in the effective date being moved forward to the next available date.

® 1. Employer Application

® 2. Employee Enrollment and Waivers

eList Tool available on

<https://www.aetna.com/producer/SmallGroup/documents/elist/2-100-Existing-New-Business-elist-Tool.xlsm>

- Aetna eList Tool must have macros enabled prior to entering data and complete the spreadsheet in full.
- Do not amend the eList Tool format in any manner.
- If using the tool, no need to send the employee enrollment forms. All the required information must be entered into the tool.
- Waivers must be included in the eList with the reason waiving.

Or Paper Copy available on <https://www.aetna.com/employers-organizations/tools-manuals-forms.html>

- For all eligible employees enrolling or waiving health coverage
- Waivers may be submitted in a separate excel waiver listing with the reason for waiving included

Q 3. Full-Time Equivalents form

Q 4. Illustrative quote with sold plan(s) marked

Q 5. Copy of Initial Premium check payable to Aetna or ACH Form

- When an ACH form is submitted, the form MUST be FULLY completed including the amount of the premium.
- When a copy of the check is submitted, upon approval you will be notified to send the check to the Bank lockbox.

Q 6. Wage and Tax Statement

- 1 to 50 employees - Quarterly Wage and Tax Statement.
- Sole proprietors, partners, and officers not listed on the QWTS are not required to submit tax documents; the underwriter may request if needed.
- Corporations, sole proprietors and partnerships are eligible even if there are no W-2 employees.
- There must be at least 1 enrolled employee living and working in Utah.
- Spouse is employee - must be on QWTS, payroll or tax records.

® 7. Dental Benefit Summary to receive credit for major and orthodontic coverage (if elected)

For complete Underwriting Guidelines go to https://www.aetna.com/producer/SmallGroup/underwriting_rules/index.html

Send enrollment materials to	E-mail: ACANBUSoldcasesubmission@aetna.com Note: there is a 5MB limit when sending email.
Secure File Transport (FTP)	https://st3.aetna.com To obtain access to the FTP server, visit us at Producer World. There is no size limit.
Submission deadline	25th of the previous month for the 1st of the month effective date; and 10th of the month for 15th of the month effective date. (subject to change for 3 rd and 4 th quarter)

For help with your new case submissions contact your ACA New Business Unit at ACANBUBrokerSupport@aetna.com or call us at 1-844-241-0209

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 (Aetna).

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