



1100 Abernathy Road, Suite 375

Atlanta, GA 30328

Aetna Small Group Underwriting

Proposal Test AFA Group

GA 30040

Group name: Proposal Test AFA Group

Group Number:

Control Number(s):

Proposal Type: PreSale

Quote ID: 9037967

Effective Date: 07/01/17

Proposal Generated On: 05/31/2017 12:01

Building Healthy Communities



The Aetna Difference

Proposal Test AFA Group 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.

- 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 high-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.** 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.
- 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: PreSale
GROUP ID:

QUOTE # 9037967
EFFECTIVE DATE 07/01/17 to 07/01/18
RUN DATE May 31, 2017
30040
SIC 8011

TOTAL ELIGIBLE 5
TOTAL ENROLLED SUBSCRIBERS 5
AFA QUOTE DETAILS
ISL LEVEL 30000
ASL LEVEL 110%
STOP LOSS MAXIMUM Unlimited
CONTRACT TYPE 12/48
SURPLUS RETURN TYPE 50%

Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA GA Community OAAetnaSelect 5750 HSA70%EmbCY	30001297	EE	\$55.91	\$91.21	\$65.50	\$7.65	\$220.27	3	\$5750/11500	30%	\$6550/1310 0	Ded\$35 / Ded\$70	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$74.99	\$200.67	\$144.10	\$16.84	\$436.60	1						
		EECH	\$72.61	\$186.99	\$134.28	\$15.69	\$409.57	0						
		FAM	\$90.10	\$287.32	\$206.33	\$24.11	\$607.86	0						
Total Amount Due							\$1,097.41							
AFA GA Community OAAetnaSelect 6750 100%IntRXCY	30001294	EE	\$55.68	\$91.38	\$68.34	\$7.95	\$223.35	3	\$6750/13500	0%	\$7150/1430 0	\$35 / Ded\$70	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$74.51	\$201.03	\$150.34	\$17.48	\$443.36	1						
		EECH	\$72.15	\$187.33	\$140.09	\$16.29	\$415.86	0						
		FAM	\$89.41	\$287.85	\$215.26	\$25.03	\$617.55	0						
Total Amount Due							\$1,113.41							
AFA Community OAAetnaSelect 5500 HSA 80% Emb CY	30000622	EE	\$55.71	\$94.06	\$70.41	\$8.31	\$228.49	3	\$5500/11000	20%	\$6550/1310 0	Ded\$30 / Ded\$60	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$74.57	\$206.92	\$154.90	\$18.27	\$454.66	1						
		EECH	\$72.21	\$192.81	\$144.34	\$17.03	\$426.39	0						
		FAM	\$89.49	\$296.28	\$221.78	\$26.16	\$633.71	0						
Total Amount Due							\$1,140.13							



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Aetna Funding Advantage Medical Costs

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Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA AetnaSelect 6250 100% IntrX CY	30000617	EE	\$55.54	\$94.93	\$73.33	\$8.57	\$232.37	3	\$6250/12500	0%	\$6850/1370 0	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$74.19	\$208.84	\$161.33	\$18.85	\$463.21	1						
		EECH	\$71.86	\$194.60	\$150.33	\$17.57	\$434.36	0						
		FAM	\$88.96	\$299.03	\$231.00	\$26.99	\$645.98	0						
Total Amount Due							\$1,160.32							
AFA GA Community OAAetnaSelect 6250 HSA100%EmbC Y	30001296	EE	\$55.45	\$97.91	\$76.94	\$9.39	\$239.69	3	\$6250/12500	0%	\$6550/1310 0	Ded0%	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$73.99	\$215.40	\$169.26	\$20.65	\$479.30	1						
		EECH	\$71.67	\$200.72	\$157.72	\$19.25	\$449.36	0						
		FAM	\$88.67	\$308.42	\$242.35	\$29.57	\$669.01	0						
Total Amount Due							\$1,198.37							
AFA Community OA AetnaSelect 5000 100% IntrX CY	30000616	EE	\$55.11	\$101.35	\$84.75	\$9.94	\$251.15	3	\$5000/10000	0%	\$6850/1370 0	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$73.24	\$222.98	\$186.46	\$21.88	\$504.56	1						
		EECH	\$70.98	\$207.77	\$173.74	\$20.39	\$472.88	0						
		FAM	\$87.60	\$319.26	\$266.97	\$31.33	\$705.16	0						
Total Amount Due							\$1,258.01							



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Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OAAetnaSelect 3750 HSA 80% Emb CY	30000621	EE	\$55.00	\$104.60	\$89.21	\$10.54	\$259.35	3	\$3750/7500	20%	\$6550/13100	Ded\$25 / Ded\$50	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$73.01	\$230.12	\$196.27	\$23.19	\$522.59	1						
		EECH	\$70.76	\$214.43	\$182.89	\$21.61	\$489.69	0						
		FAM	\$87.26	\$329.49	\$281.03	\$33.21	\$730.99	0						
Total Amount Due							\$1,300.64							
AFA GA Community OA Aetna Select 6750 80% CY	30001293	EE	\$54.53	\$108.66	\$100.74	\$10.24	\$274.17	3	\$6750/13500	20%	\$7150/14300	\$40 / \$80	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$71.97	\$239.04	\$221.63	\$22.52	\$555.16	1						
		EECH	\$69.79	\$222.75	\$206.52	\$20.98	\$520.04	0						
		FAM	\$85.77	\$342.27	\$317.33	\$32.24	\$777.61	0						
Total Amount Due							\$1,377.67							
AFA Choice POS II 5750 HSA 70/50 Emb CY	30001153	EE	\$55.91	\$97.59	\$71.27	\$8.51	\$233.28	4	\$5750/11500	30%	\$6550/13100	Ded\$35 / Ded\$70	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$75.00	\$214.69	\$156.78	\$18.71	\$465.18	1						
		EECH	\$72.61	\$200.06	\$146.09	\$17.44	\$436.20	0						
		FAM	\$90.11	\$307.40	\$224.49	\$26.80	\$648.80	0						
Total Amount Due							\$1,398.30							



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Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Choice POS II 6750 100/80 Int RX CY	30001150	EE	\$55.68	\$97.75	\$74.23	\$8.82	\$236.48	4	\$6750/13500	0%	\$7150/1430 0	\$35 / Ded\$70	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$74.49	\$215.06	\$163.32	\$19.40	\$472.27	1						
		EECH	\$72.14	\$200.40	\$152.18	\$18.08	\$442.80	0						
		FAM	\$89.39	\$307.93	\$233.84	\$27.78	\$658.94	0						
Total Amount Due							\$1,418.19							
AFA Community OAAetnaSelect 2750 HSA 80% Emb CY	30000620	EE	\$54.49	\$112.39	\$103.72	\$12.06	\$282.66	3	\$2750/5500	20%	\$6550/1310 0	Ded\$25 / Ded\$50	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$71.89	\$247.25	\$228.18	\$26.54	\$573.86	1						
		EECH	\$69.71	\$230.39	\$212.62	\$24.73	\$537.45	0						
		FAM	\$85.66	\$354.02	\$326.71	\$37.99	\$804.38	0						
Total Amount Due							\$1,421.84							
AFA Community OA AetnaSelect 3500 100% IntRX CY	30000615	EE	\$54.48	\$112.95	\$104.36	\$12.33	\$284.12	3	\$3500/7000	0%	\$6500/1300 0	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$71.85	\$248.49	\$229.60	\$27.13	\$577.07	1						
		EECH	\$69.68	\$231.55	\$213.95	\$25.28	\$540.46	0						
		FAM	\$85.60	\$355.79	\$328.75	\$38.84	\$808.98	0						
Total Amount Due							\$1,429.43							



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Aetna Funding Advantage Medical Costs

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Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA GA Community OAAetnaSelect 4000 HSA100%EmbCY	30001295	EE	\$54.41	\$113.71	\$105.59	\$12.95	\$286.66	3	\$4000/8000	0%	\$6550/13100	Ded0%	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$71.70	\$250.15	\$232.29	\$28.49	\$582.63	1						
		EECH	\$69.54	\$233.10	\$216.45	\$26.55	\$545.64	0						
		FAM	\$85.39	\$358.17	\$332.60	\$40.79	\$816.95	0						
Total Amount Due							\$1,442.61							
AFA Choice POS II 5500 HSA 80/60 Emb CY	30000171	EE	\$55.70	\$100.63	\$76.57	\$9.21	\$242.11	4	\$5500/11000	20%	\$6550/13100	Ded\$30 / Ded\$60	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$74.55	\$221.38	\$168.46	\$20.27	\$484.66	1						
		EECH	\$72.19	\$206.28	\$156.97	\$18.89	\$454.33	0						
		FAM	\$89.46	\$316.97	\$241.20	\$29.03	\$676.66	0						
Total Amount Due							\$1,453.10							
AFA Choice POS II 6250 100/80 Int RX CY	30000166	EE	\$55.53	\$101.55	\$79.62	\$9.50	\$246.20	4	\$6250/12500	0%	\$6850/13700	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$74.17	\$223.41	\$175.16	\$20.89	\$493.63	1						
		EECH	\$71.84	\$208.18	\$163.22	\$19.47	\$462.71	0						
		FAM	\$88.93	\$319.88	\$250.80	\$29.91	\$689.52	0						
Total Amount Due							\$1,478.43							



Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA Aetna Select 5000 80% CY	30000609	EE	\$54.17	\$115.84	\$112.64	\$11.94	\$294.59	3	\$5000/10000	20%	\$6850/1370 0	\$35 / \$70	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$71.17	\$254.85	\$247.80	\$26.27	\$600.09	1						
		EECH	\$69.04	\$237.47	\$230.90	\$24.48	\$561.89	0						
		FAM	\$84.62	\$364.90	\$354.80	\$37.62	\$841.94	0						
Total Amount Due							\$1,483.86							
AFA Community OA Aetna Select 4500 50% CY	30000612	EE	\$54.09	\$117.08	\$114.62	\$12.58	\$298.37	3	\$4500/9000	50%	\$6850/1370 0	\$35 / \$70	3/10/50/80 /50% up to 250/50% up to 500	N/A
		EESP	\$70.99	\$257.58	\$252.17	\$27.68	\$608.42	1						
		EECH	\$68.88	\$240.01	\$234.98	\$25.80	\$569.67	0						
		FAM	\$84.38	\$368.80	\$361.07	\$39.64	\$853.89	0						
Total Amount Due							\$1,503.53							
AFA Choice POS II 6250 HSA 100/50 Emb CY	30001152	EE	\$55.42	\$104.83	\$83.80	\$10.40	\$254.45	4	\$6250/12500	0%	\$6550/1310 0	Ded0%	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$73.93	\$230.62	\$184.35	\$22.88	\$511.78	1						
		EECH	\$71.62	\$214.89	\$171.78	\$21.32	\$479.61	0						
		FAM	\$88.58	\$330.20	\$263.96	\$32.76	\$715.50	0						
Total Amount Due							\$1,529.58							



Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA Aetna Select 4000 70% CY	30000611	EE	\$53.97	\$118.88	\$118.30	\$12.75	\$303.90	3	\$4000/8000	30%	\$6850/1370 0	\$35 / \$70	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.74	\$261.54	\$260.26	\$28.05	\$620.59	1						
		EECH	\$68.64	\$243.71	\$242.51	\$26.14	\$581.00	0						
		FAM	\$84.02	\$374.48	\$372.64	\$40.17	\$871.31	0						
Total Amount Due							\$1,532.29							
AFA Community OA Aetna Select 5000 100% CY	30000603	EE	\$53.92	\$119.78	\$119.99	\$12.99	\$306.68	3	\$5000/10000	0%	\$6850/1370 0	\$30 / \$60	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.62	\$263.52	\$263.97	\$28.58	\$626.69	1						
		EECH	\$68.53	\$245.55	\$245.97	\$26.63	\$586.68	0						
		FAM	\$83.84	\$377.31	\$377.95	\$40.92	\$880.02	0						
Total Amount Due							\$1,546.73							
AFA Community OA Aetna Select 2000 HSA 100% CY	30000618	EE	\$54.90	\$127.68	\$114.64	\$13.35	\$310.57	3	\$2000/4000	0%	\$3275/6550	Ded\$25 / Ded\$50	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$72.78	\$280.88	\$252.21	\$29.38	\$635.25	1						
		EECH	\$70.54	\$261.73	\$235.01	\$27.37	\$594.65	0						
		FAM	\$86.93	\$402.18	\$361.12	\$42.06	\$892.29	0						
Total Amount Due							\$1,566.96							



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									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA AetnaSelect 2500 100% IntRX CY	30000614	EE	\$54.15	\$123.91	\$120.19	\$14.29	\$312.54	3	\$2500/5000	0%	\$5500/1100 0	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$71.14	\$272.59	\$264.43	\$31.44	\$639.60	1						
		EECH	\$69.02	\$254.01	\$246.40	\$29.30	\$598.73	0						
		FAM	\$84.59	\$390.30	\$378.61	\$45.02	\$898.52	0						
Total Amount Due							\$1,577.22							
AFA Community OA Aetna Select 3500 80% CY	30000608	EE	\$53.79	\$123.80	\$125.97	\$13.85	\$317.41	3	\$3500/7000	20%	\$6500/1300 0	\$30 / \$60	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.34	\$272.37	\$277.12	\$30.47	\$650.30	1						
		EECH	\$68.27	\$253.80	\$258.23	\$28.40	\$608.70	0						
		FAM	\$83.44	\$389.98	\$396.79	\$43.63	\$913.84	0						
Total Amount Due							\$1,602.53							
AFA Choice POS II 5000 100/80 Int RX CY	30000177	EE	\$55.08	\$108.40	\$91.97	\$11.00	\$266.45	4	\$5000/10000	0%	\$6850/1370 0	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$73.17	\$238.48	\$202.33	\$24.19	\$538.17	1						
		EECH	\$70.91	\$222.22	\$188.53	\$22.55	\$504.21	0						
		FAM	\$87.49	\$341.46	\$289.69	\$34.64	\$753.28	0						
Total Amount Due							\$1,603.97							



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Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA Aetna Select 2500 HSA 100% CY	30000619	EE	\$54.72	\$130.52	\$119.80	\$14.34	\$319.38	3	\$2500/5000	0%	\$3275/6550	Ded0%	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$72.39	\$287.15	\$263.56	\$31.54	\$654.64	1						
		EECH	\$70.18	\$267.57	\$245.59	\$29.39	\$612.73	0						
		FAM	\$86.37	\$411.15	\$377.37	\$45.16	\$920.05	0						
Total Amount Due							\$1,612.78							
AFA Community OA Aetna Select 2750 70% CY	30000610	EE	\$53.92	\$127.67	\$128.45	\$14.22	\$324.26	3	\$2750/5500	30%	\$5500/1100 0	\$35 / \$70	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.62	\$280.88	\$282.60	\$31.28	\$665.38	1						
		EECH	\$68.54	\$261.73	\$263.33	\$29.15	\$622.75	0						
		FAM	\$83.85	\$402.17	\$404.63	\$44.79	\$935.44	0						
Total Amount Due							\$1,638.16							
AFA Community OA Aetna Select 4000 100% CY	30000602	EE	\$53.58	\$127.18	\$132.89	\$14.31	\$327.96	3	\$4000/8000	0%	\$6500/1300 0	\$30 / \$60	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.88	\$279.79	\$292.35	\$31.47	\$673.49	1						
		EECH	\$67.84	\$260.71	\$272.42	\$29.33	\$630.30	0						
		FAM	\$82.78	\$400.61	\$418.60	\$45.06	\$947.05	0						
Total Amount Due							\$1,657.37							



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Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Choice POS II 3750 HSA 80/60 Emb CY	30000170	EE	\$54.96	\$111.84	\$96.86	\$11.66	\$275.32	4	\$3750/7500	20%	\$6550/1310 0	Ded\$25 / Ded\$50	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$72.91	\$246.05	\$213.08	\$25.65	\$557.69	1						
		EECH	\$70.67	\$229.28	\$198.56	\$23.90	\$522.41	0						
		FAM	\$87.12	\$352.30	\$305.10	\$36.72	\$781.24	0						
Total Amount Due							\$1,658.97							
AFA Community OA Aetna Select 2500 80% CY	30000607	EE	\$53.80	\$132.84	\$135.85	\$15.28	\$337.77	3	\$2500/5000	20%	\$5000/1000 0	\$30 / \$60	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.35	\$292.25	\$298.87	\$33.62	\$695.09	1						
		EECH	\$68.28	\$272.33	\$278.49	\$31.33	\$650.43	0						
		FAM	\$83.46	\$418.45	\$427.92	\$48.14	\$977.97	0						
Total Amount Due							\$1,708.40							
AFA Choice POS II 6750 80/60 CY	30001149	EE	\$54.49	\$115.73	\$108.37	\$11.32	\$289.91	4	\$6750/13500	20%	\$7150/1430 0	\$40 / \$80	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$71.89	\$254.60	\$238.41	\$24.90	\$589.80	1						
		EECH	\$69.71	\$237.24	\$222.15	\$23.20	\$552.30	0						
		FAM	\$85.66	\$364.54	\$341.35	\$35.65	\$827.20	0						
Total Amount Due							\$1,749.44							



Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA Aetna Select 3000 100% CY	30000601	EE	\$53.48	\$134.93	\$143.03	\$15.76	\$347.20	3	\$3000/6000	0%	\$5500/1100 0	\$30 / \$60	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.66	\$296.85	\$314.66	\$34.67	\$715.84	1						
		EECH	\$67.63	\$276.61	\$293.21	\$32.31	\$669.76	0						
		FAM	\$82.46	\$425.03	\$450.54	\$49.65	\$1,007.68	0						
Total Amount Due							\$1,757.44							
AFA Community OA AetnaSelect 1500 100% IntrX CY	30000613	EE	\$53.74	\$137.34	\$141.10	\$16.85	\$349.03	3	\$1500/3000	0%	\$4500/9000	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$70.22	\$302.15	\$310.42	\$37.08	\$719.87	1						
		EECH	\$68.16	\$281.55	\$289.25	\$34.55	\$673.51	0						
		FAM	\$83.27	\$432.63	\$444.46	\$53.09	\$1,013.45	0						
Total Amount Due							\$1,766.96							
AFA Community OA Aetna Select 2500 100% CY	30000600	EE	\$53.42	\$139.12	\$148.70	\$16.58	\$357.82	3	\$2500/5000	0%	\$5000/1000 0	\$30 / \$60	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.53	\$306.07	\$327.15	\$36.47	\$739.22	1						
		EECH	\$67.52	\$285.20	\$304.84	\$33.98	\$691.54	0						
		FAM	\$82.28	\$438.23	\$468.42	\$52.21	\$1,041.14	0						
Total Amount Due							\$1,812.68							



Proposal Type: PreSale
Group name: Proposal Test AFA Group

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Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Choice POS II 2750 HSA 80/60 Emb CY	30000169	EE	\$54.43	\$120.06	\$112.41	\$13.32	\$300.22	4	\$2750/5500	20%	\$6550/1310 0	Ded\$25 / Ded\$50	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$71.75	\$264.13	\$247.30	\$29.30	\$612.48	1						
		EECH	\$69.59	\$246.12	\$230.44	\$27.30	\$573.45	0						
		FAM	\$85.46	\$378.19	\$354.09	\$41.95	\$859.69	0						
Total Amount Due							\$1,813.36							
AFA Choice POS II 3500 100/80 Int RX CY	30000176	EE	\$54.41	\$120.69	\$113.20	\$13.61	\$301.91	4	\$3500/7000	0%	\$6500/1300 0	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$71.70	\$265.52	\$249.05	\$29.94	\$616.21	1						
		EECH	\$69.54	\$247.42	\$232.07	\$27.90	\$576.93	0						
		FAM	\$85.39	\$380.18	\$356.59	\$42.87	\$865.03	0						
Total Amount Due							\$1,823.85							
AFA Choice POS II 4000 HSA 100/50 Emb CY	30001151	EE	\$54.33	\$121.63	\$114.78	\$14.29	\$305.03	4	\$4000/8000	0%	\$6550/1310 0	Ded0%	3/10/50/80 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$71.53	\$267.58	\$252.52	\$31.43	\$623.06	1						
		EECH	\$69.38	\$249.34	\$235.31	\$29.29	\$583.32	0						
		FAM	\$85.15	\$383.13	\$361.57	\$45.00	\$874.85	0						
Total Amount Due							\$1,843.18							



Proposal Type: PreSale
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Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA Aetna Select 1500 80% CY	30000606	EE	\$53.52	\$144.66	\$153.90	\$17.32	\$369.40	3	\$1500/3000	20%	\$4000/8000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.75	\$318.25	\$338.59	\$38.10	\$764.69	1						
		EECH	\$67.72	\$296.55	\$315.50	\$35.50	\$715.27	0						
		FAM	\$82.59	\$455.68	\$484.80	\$54.55	\$1,077.62	0						
Total Amount Due							\$1,872.89							
AFA Choice POS II 5000 80/60 CY	30000182	EE	\$54.11	\$123.44	\$121.36	\$13.18	\$312.09	4	\$5000/10000	20%	\$6850/1370 0	\$35 / \$70	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$71.05	\$271.57	\$266.99	\$29.00	\$638.61	1						
		EECH	\$68.93	\$253.05	\$248.78	\$27.02	\$597.78	0						
		FAM	\$84.45	\$388.84	\$382.28	\$41.52	\$897.09	0						
Total Amount Due							\$1,886.97							
AFA Community OA Aetna Select 2000 100% CY	30000599	EE	\$53.28	\$145.08	\$157.80	\$17.87	\$374.03	3	\$2000/4000	0%	\$4500/9000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.22	\$319.17	\$347.17	\$39.32	\$774.88	1						
		EECH	\$67.23	\$297.40	\$323.50	\$36.64	\$724.77	0						
		FAM	\$81.84	\$456.99	\$497.08	\$56.30	\$1,092.21	0						
Total Amount Due							\$1,896.97							



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Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Choice POS II 4500 50/50 CY	30000173	EE	\$54.02	\$124.85	\$123.70	\$13.88	\$316.45	4	\$4500/9000	50%	\$6850/1370 0	\$35 / \$70	3/10/50/80 /50% up to 250/50% up to 500	N/A
		EESP	\$70.85	\$274.66	\$272.15	\$30.53	\$648.19	1						
		EECH	\$68.75	\$255.94	\$253.59	\$28.45	\$606.73	0						
		FAM	\$84.18	\$393.27	\$389.67	\$43.72	\$910.84	0						
Total Amount Due							\$1,913.99							
AFA Choice POS II 4000 70/50 CY	30000172	EE	\$53.91	\$126.69	\$127.53	\$14.06	\$322.19	4	\$4000/8000	30%	\$6850/1370 0	\$35 / \$70	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.60	\$278.72	\$280.57	\$30.94	\$660.83	1						
		EECH	\$68.52	\$259.72	\$261.44	\$28.83	\$618.51	0						
		FAM	\$83.82	\$399.08	\$401.73	\$44.30	\$928.93	0						
Total Amount Due							\$1,949.59							
AFA Choice POS II 5000 100/70 CY	30000188	EE	\$53.85	\$127.66	\$129.39	\$14.33	\$325.23	4	\$5000/10000	0%	\$6850/1370 0	\$30 / \$60	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.47	\$280.85	\$284.65	\$31.52	\$667.49	1						
		EECH	\$68.39	\$261.70	\$265.24	\$29.37	\$624.70	0						
		FAM	\$83.63	\$402.13	\$407.57	\$45.13	\$938.46	0						
Total Amount Due							\$1,968.41							



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Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA Aetna Select 1500 100% CY	30000598	EE	\$53.19	\$150.43	\$165.73	\$19.01	\$388.36	3	\$1500/3000	0%	\$4000/8000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.02	\$330.94	\$364.61	\$41.82	\$806.39	1						
		EECH	\$67.04	\$308.38	\$339.75	\$38.96	\$754.13	0						
		FAM	\$81.56	\$473.85	\$522.06	\$59.87	\$1,137.34	0						
Total Amount Due							\$1,971.47							
AFA Community OA Aetna Select 1000 80% CY	30000605	EE	\$53.28	\$152.95	\$167.62	\$19.27	\$393.12	3	\$1000/2000	20%	\$3500/7000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.22	\$336.49	\$368.77	\$42.40	\$816.88	1						
		EECH	\$67.23	\$313.55	\$343.63	\$39.51	\$763.92	0						
		FAM	\$81.84	\$481.79	\$528.01	\$60.70	\$1,152.34	0						
Total Amount Due							\$1,996.24							
AFA Choice POS II 2000 HSA 100/80 CY	30000167	EE	\$54.87	\$136.27	\$124.33	\$14.76	\$330.23	4	\$2000/4000	0%	\$3275/6550	Ded\$25 / Ded\$50	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$72.71	\$299.80	\$273.53	\$32.47	\$678.51	1						
		EECH	\$70.48	\$279.36	\$254.88	\$30.26	\$634.98	0						
		FAM	\$86.83	\$429.26	\$391.64	\$46.49	\$954.22	0						
Total Amount Due							\$1,999.43							



Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Choice POS II 2500 100/80 Int RX CY	30000175	EE	\$54.08	\$132.31	\$130.40	\$15.77	\$332.56	4	\$2500/5000	0%	\$5500/1100 0	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$70.97	\$291.07	\$286.89	\$34.69	\$683.62	1						
		EECH	\$68.85	\$271.23	\$267.33	\$32.32	\$639.73	0						
		FAM	\$84.34	\$416.76	\$410.77	\$49.67	\$961.54	0						
Total Amount Due							\$2,013.86							
AFA Choice POS II 3500 80/60 CY	30000181	EE	\$53.71	\$131.91	\$135.95	\$15.27	\$336.84	4	\$3500/7000	20%	\$6500/1300 0	\$30 / \$60	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.17	\$290.21	\$299.09	\$33.60	\$693.07	1						
		EECH	\$68.11	\$270.42	\$278.70	\$31.31	\$648.54	0						
		FAM	\$83.20	\$415.52	\$428.25	\$48.11	\$975.08	0						
Total Amount Due							\$2,040.43							
AFA Choice POS II 2500 HSA 100/80 CY	30000168	EE	\$54.68	\$139.36	\$130.07	\$15.83	\$339.94	4	\$2500/5000	0%	\$3275/6550	Ded0%	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies
		EESP	\$72.30	\$306.59	\$286.16	\$34.83	\$699.88	1						
		EECH	\$70.09	\$285.68	\$266.65	\$32.45	\$654.87	0						
		FAM	\$86.24	\$438.98	\$409.73	\$49.86	\$984.81	0						
Total Amount Due							\$2,059.64							



Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA Aetna Select 500 80% CY	30000604	EE	\$53.20	\$158.82	\$176.36	\$20.51	\$408.89	3	\$500/1000	20%	\$3000/6000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.05	\$349.40	\$388.00	\$45.12	\$851.57	1						
		EECH	\$67.07	\$325.58	\$361.55	\$42.04	\$796.24	0						
		FAM	\$81.59	\$500.28	\$555.55	\$64.60	\$1,202.02	0						
Total Amount Due							\$2,078.24							
AFA Choice POS II 2750 70/50 CY	30000183	EE	\$53.85	\$136.01	\$138.73	\$15.68	\$344.27	4	\$2750/5500	30%	\$5500/11000	\$35 / \$70	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.47	\$299.22	\$305.20	\$34.51	\$709.40	1						
		EECH	\$68.39	\$278.82	\$284.39	\$32.15	\$663.75	0						
		FAM	\$83.63	\$428.43	\$436.99	\$49.41	\$998.46	0						
Total Amount Due							\$2,086.48							
AFA Choice POS II 4000 100/70 CY	30000187	EE	\$53.51	\$135.38	\$143.22	\$15.77	\$347.88	4	\$4000/8000	0%	\$6500/13000	\$30 / \$60	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.71	\$297.83	\$315.08	\$34.68	\$717.30	1						
		EECH	\$67.69	\$277.53	\$293.60	\$32.32	\$671.14	0						
		FAM	\$82.54	\$426.44	\$451.14	\$49.66	\$1,009.78	0						
Total Amount Due							\$2,108.82							



Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Community OA Aetna Select 1000 100% CY	30000597	EE	\$52.74	\$162.97	\$189.07	\$22.33	\$427.11	3	\$1000/2000	0%	\$3500/7000	\$20 / \$40	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$68.02	\$358.54	\$415.94	\$49.14	\$891.64	1						
		EECH	\$66.11	\$334.10	\$387.58	\$45.78	\$833.57	0						
		FAM	\$80.12	\$513.37	\$595.56	\$70.35	\$1,259.40	0						
Total Amount Due							\$2,172.97							
AFA Choice POS II 2500 80/60 CY	30000180	EE	\$53.73	\$141.54	\$146.79	\$16.85	\$358.91	4	\$2500/5000	20%	\$5000/1000 0	\$30 / \$60	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$70.21	\$311.39	\$322.94	\$37.06	\$741.60	1						
		EECH	\$68.15	\$290.16	\$300.92	\$34.53	\$693.76	0						
		FAM	\$83.25	\$445.85	\$462.39	\$53.06	\$1,044.55	0						
Total Amount Due							\$2,177.24							
AFA GA Community OA Aetna Select 100% 500D CY	30001292	EE	\$51.81	\$161.40	\$200.57	\$24.52	\$438.30	3	\$0/0	0%	\$6000/1200 0	\$35 / \$75	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$65.98	\$355.08	\$441.26	\$53.94	\$916.26	1						
		EECH	\$64.21	\$330.87	\$411.18	\$50.26	\$856.52	0						
		FAM	\$77.20	\$508.40	\$631.81	\$77.23	\$1,294.64	0						
Total Amount Due							\$2,231.16							



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									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Choice POS II 3000 100/70 CY	30000186	EE	\$53.40	\$143.62	\$154.36	\$17.37	\$368.75	4	\$3000/6000	0%	\$5500/11000	\$30 / \$60	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.48	\$315.95	\$339.59	\$38.21	\$763.23	1						
		EECH	\$67.47	\$294.41	\$316.44	\$35.61	\$713.93	0						
		FAM	\$82.21	\$452.39	\$486.24	\$54.71	\$1,075.55	0						
Total Amount Due							\$2,238.23							
AFA Choice POS II 1500 100/80 Int RX CY	30000174	EE	\$53.66	\$146.54	\$152.97	\$18.56	\$371.73	4	\$1500/3000	0%	\$4500/9000	\$25 / Ded\$65	3/10/45/70 /20% up to 250/40% up to 500	Med Ded Applies Tiers 2-5
		EESP	\$70.06	\$322.39	\$336.53	\$40.84	\$769.82	1						
		EECH	\$68.01	\$300.41	\$313.59	\$38.06	\$720.07	0						
		FAM	\$83.04	\$461.60	\$481.85	\$58.48	\$1,084.97	0						
Total Amount Due							\$2,256.74							
AFA Community OA Aetna Select 500 100% CY	30000596	EE	\$52.57	\$170.56	\$201.57	\$24.11	\$448.81	3	\$500/1000	0%	\$3000/6000	\$20 / \$40	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$67.65	\$375.24	\$443.45	\$53.04	\$939.38	1						
		EECH	\$65.76	\$349.65	\$413.22	\$49.43	\$878.06	0						
		FAM	\$79.59	\$537.27	\$634.94	\$75.95	\$1,327.75	0						
Total Amount Due							\$2,285.81							



Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Choice POS II 2500 100/70 CY	30000185	EE	\$53.35	\$148.09	\$160.55	\$18.26	\$380.25	4	\$2500/5000	0%	\$5000/10000	\$30 / \$60	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.37	\$325.81	\$353.21	\$40.17	\$788.56	1						
		EECH	\$67.37	\$303.59	\$329.12	\$37.43	\$737.51	0						
		FAM	\$82.05	\$466.50	\$505.73	\$57.52	\$1,111.80	0						
Total Amount Due							\$2,309.56							
AFA Choice POS II 1500 80/60 CY	30000179	EE	\$53.47	\$154.00	\$166.20	\$19.07	\$392.74	4	\$1500/3000	20%	\$4000/8000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.63	\$338.81	\$365.64	\$41.95	\$816.03	1						
		EECH	\$67.61	\$315.71	\$340.71	\$39.09	\$763.12	0						
		FAM	\$82.43	\$485.12	\$523.53	\$60.07	\$1,151.15	0						
Total Amount Due							\$2,386.99							
AFA Choice POS II 2000 100/70 CY	30000184	EE	\$53.22	\$154.43	\$170.48	\$19.68	\$397.81	4	\$2000/4000	0%	\$4500/9000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.07	\$339.74	\$375.05	\$43.29	\$827.15	1						
		EECH	\$67.09	\$316.58	\$349.47	\$40.34	\$773.48	0						
		FAM	\$81.63	\$486.45	\$537.00	\$61.98	\$1,167.06	0						
Total Amount Due							\$2,418.39							



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									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Choice POS II 1500 100/70 CY	30000195	EE	\$53.13	\$160.11	\$179.13	\$20.92	\$413.29	4	\$1500/3000	0%	\$4000/8000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$68.89	\$352.25	\$394.08	\$46.02	\$861.24	1						
		EECH	\$66.92	\$328.24	\$367.22	\$42.88	\$805.26	0						
		FAM	\$81.37	\$504.36	\$564.26	\$65.89	\$1,215.88	0						
Total Amount Due							\$2,514.40							
AFA Choice POS II 1000 80/60 CY	30000178	EE	\$53.23	\$162.75	\$181.23	\$21.21	\$418.42	4	\$1000/2000	20%	\$3500/7000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$69.10	\$358.06	\$398.70	\$46.66	\$872.52	1						
		EECH	\$67.11	\$333.64	\$371.52	\$43.48	\$815.75	0						
		FAM	\$81.66	\$512.67	\$570.87	\$66.81	\$1,232.01	0						
Total Amount Due							\$2,546.20							
AFA Choice POS II 500 80/60 CY	30000189	EE	\$53.14	\$169.04	\$190.84	\$22.57	\$435.59	4	\$500/1000	20%	\$3000/6000	\$25 / \$50	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$68.90	\$371.88	\$419.85	\$49.66	\$910.29	1						
		EECH	\$66.93	\$346.53	\$391.22	\$46.28	\$850.96	0						
		FAM	\$81.38	\$532.47	\$601.15	\$71.11	\$1,286.11	0						
Total Amount Due							\$2,652.65							



Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Choice POS II 1000 100/70 CY	30000194	EE	\$52.64	\$173.66	\$204.65	\$24.56	\$455.51	4	\$1000/2000	0%	\$3500/7000	\$20 / \$40	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$67.80	\$382.05	\$450.22	\$54.02	\$954.09	1						
		EECH	\$65.91	\$356.00	\$419.52	\$50.34	\$891.77	0						
		FAM	\$79.81	\$547.02	\$644.64	\$77.35	\$1,348.82	0						
Total Amount Due							\$2,776.13							
AFA Choice POS II 100/50 500D CY	30001148	EE	\$51.66	\$172.08	\$217.38	\$26.91	\$468.03	4	\$0/0	0%	\$6000/1200 0	\$35 / \$75	3/10/45/70 /20% up to 250/40% up to 500	N/A
		EESP	\$65.66	\$378.58	\$478.23	\$59.21	\$981.68	1						
		EECH	\$63.91	\$352.77	\$445.62	\$55.17	\$917.47	0						
		FAM	\$76.74	\$542.06	\$684.74	\$84.78	\$1,388.32	0						
Total Amount Due							\$2,853.80							
AFA Choice POS II 500 100/70 CY	30000193	EE	\$52.47	\$181.64	\$218.34	\$26.50	\$478.95	4	\$500/1000	0%	\$3000/6000	\$20 / \$40	3/10/35/60 /20% up to 250/40% up to 500	N/A
		EESP	\$67.44	\$399.61	\$480.34	\$58.31	\$1,005.70	1						
		EECH	\$65.57	\$372.37	\$447.59	\$54.33	\$939.86	0						
		FAM	\$79.28	\$572.17	\$687.76	\$83.48	\$1,422.69	0						
Total Amount Due							\$2,921.50							



Aetna Funding Advantage Medical Costs

									IN-NETWORK SERVICES					
Med Plan Name	TPID	Tiers	Admin Fees	Stop Loss Prem	Agg. Factor	TRO	Total Amount Due	EE's	Med Ded	Med Co-ins	Max OOP	PCP/ Spec	Rx Copay	Rx Ded.
AFA Indemnity 2000 70% CY	30001041	EE	\$49.57	\$285.08	\$490.45	\$56.43	\$881.53	4	-	-	-	-	-	-
		EESP	\$61.05	\$627.17	\$1,078.98	\$124.15	\$1,891.35	1	-	-	-	-	-	-
		EECH	\$59.62	\$584.41	\$1,005.42	\$115.68	\$1,765.13	0	-	-	-	-	-	-
		FAM	\$70.15	\$897.99	\$1,544.91	\$177.76	\$2,690.81	0	-	-	-	-	-	-
Total Amount Due							\$5,417.47							

Any plan with \$0 cost and 0 enrollment is a Zero Member Enrollment Plan



New Business Dental Rates

"X" Purchase	Plan ID	Plan Name	EE	EE/SP	EE/CHILDREN	FAMILY	Employees	Monthly Premium
<input type="checkbox"/>	63143	Vol Opt 3; FOC (DMO Coins/PPO 1000)	\$50.70	\$99.10	\$115.40	\$159.40	5	\$301.90
<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								
Vol Opt 3; FOC (DMO Coins/PPO 1000)	100%	90%	60%	None	\$10	None / None	N/A	N/A / N/A

New Business Life Rates

Life Rate Grid																
Age	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85+	
Rates per \$1,000	\$0.14	\$0.15	\$0.15	\$0.16	\$0.18	\$0.24	\$0.34	\$0.52	\$0.85	\$1.01	\$1.64	\$2.81	\$4.93	\$8.74	\$15.42	
Assumed Lives			2	1	1	1										



New Business Life Rates

"X" Purchase	LIFE Plan Options	Plan ID	TOTAL PREMIUM	Basic Life Schedule	G.I. Amount	Spouse Amount	Premium Waiver Provision	Accelerated Death Benefit	Age Reduction Schedule	
<input type="checkbox"/>	Life - \$20,000	70002	\$17.60	Flat \$20,000	Please refer to Sales Brochure	-	Premium Waiver 60	Up to 75% of Life Amount for Terminal Illness	Employee's Original Life Amount Reduces to 65% at age 65, 40% at age 70, 25% at age 75	
Assumed Lives			5							

"" 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: _____



Census Eligibility

Last Name	Birth Date	Age	Medicare Status	Zip Code	Medical Rating Area	Cobra	Medical Tier	Medical Network Access	Dental Tier	Dental Network Access
LastName1	01/01/1990	27	Primary	30040			EE	MA1	EE	DA1
LastName2	01/01/1990	27	Primary	30040			EE	MA1	EE	DA1
LastName3	01/01/1980	37	Primary	30040			EE	MA1	EE	DA1
LastName4	01/01/1975	42	Primary	19454			EE	MA2	EE	DA1
LastName5	01/01/1987	30	Primary	30040			EESP	MA1	EESP	DA1
LastName5	01/01/1986	31	Secondary							

MEDICAL NETWORK ACCESS KEY		DENTAL NETWORK ACCESS KEY	
MA1:	Eligible For All Quoted Plans	DA1:	Eligible For All Quoted Plans
MA2:	MC,IND		

Proposal Type: PreSale
 Group name: Proposal Test AFA Group

Quote ID: 9037967
 Effective Date: 07/01/17 to 07/01/18
 Proposal Generated On: 05/31/2017 12:01



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 sunglasses 15% discount off retail or 5% discount off the promotional price for Lasik Laser vision correction or PRK from U.S. Laser Network 20% off balance over the plan allowance on frames 15% off balance over the plan allowance on conventional contact lenses 20% 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.							
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.	No minimum participation or SIC code required Rates guaranteed for 48 months from the effective date Rates include 10% commission							



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.



Proposal Type: PreSale
Group name: Proposal Test AFA Group

Quote ID: 9037967
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Aetna Funding Advantage Caveats

Our quote is illustrative and subject to change based upon underwriting review of the information listed and requested below. Receipt of this information is required for a final quote. Any of the information listed below, which has not been provided, may be required prior to final approval of a sale. You have a continuing obligation to report changes to information, even after the quote is released, if the changes could have an impact on the assumptions. Aetna has no obligation to honor a quote if it is based on incomplete or incorrect information.

Assumptions
<p>Claims Basis Payment for Eligible Claim Expenses is considered to be paid as of the date the payment instrument is issued by Aetna.</p>
<p>Contributions Client contributions meet Aetna's minimum requirements for offering the AFA product as its only medical and prescription drug benefits solution.</p> <ul style="list-style-type: none"> Client contributions must be at least 50% total cost of coverage under the Plan or 50% of Employee Only contributions toward the cost of coverage under the Plan.
<p>Data Transfer at Termination Following termination of the Agreement and provided Client has paid all amounts due under this Agreement, Aetna will release to Client or, as agreed upon by both parties, to a successor administrator, in Aetna's standard format, all claim data, records and files within a reasonable time after Client requests that Aetna provide those materials. All costs associated with the release of data, records and files from Aetna to Client shall be paid by Client.</p>
<p>Eligibility Our quote assumes eligibility applies to:</p> <ul style="list-style-type: none"> active, permanent full-time Employees working in the U.S. active, permanent full-time Employees' dependents those continuing on COBRA only. Individuals on State or Spousal Continuation coverage are NOT eligible. <p>There is a minimum requirement of 5 enrolled Employees, except in states of CT and NV (10 enrolled), DE (12 enrolled/16 eligible), and NC (20 enrolled/26 eligible).</p> <p>Our financial estimates are contingent on the total number of covered medical and pharmacy Employees (including beneficiaries enrolled under COBRA) as stated in this quote.</p> <p>Employees who work a normal work week of less than 30 hours per week shall not be eligible, unless Aetna provides the group an exception to the 30 hour requirement . In no case shall an exception be granted to be less than 20 hours per week.</p>



<p>Eligibility Transmission Our quote assumes we will receive eligibility information monthly, or more frequently, from one location by electronic connectivity or paper submissions. Submission of eligibility information by more than one location or via multiple methods will result in additional charges. Costs associated with any custom programming necessary to accept eligibility information are excluded. During the installation, we will review all available methods of submitting eligibility information and identify the approach that best meets the Client's needs.</p>
<p>Financial Condition Client is a legitimate business and meets underwriting approval for acceptable financial strength. Aetna reserves the right to request additional supporting information in order to evaluate financial status.</p>
<p>First Year Renewal The first year renewal will be delivered at least 60 days prior to the Anniversary Date.</p>
<p>ACA Dependent to Age 26 Source documentation of the dependent limiting age is required for AFA installation. In the absence of documentation from the current carrier(s), the Service Fees and Stop Loss Premium Rates consider the dependent limiting age is up to age 26 student/non-student based on Affordable Care Act (ACA) legislation. The Expected Claims Cost and applicable resultant Claim Factors, Aggregate Stop Loss Factors and Terminal Reserve Stop Loss Factors contemplate the change to a dependent limiting age of up to 26/26 student/non-student and may not be amended upward.</p>
<p>High Deductible Health Plan Aetna reserves the right to change the quoted monthly cost, or to decline to offer an AFA quote if the Client funds their Plan deductible in excess of 50%.</p>
<p>Participation This quote is based on the assumption that 75% of eligible Employees must enroll in the Client Sponsored Plan excluding valid waivers; 50% of eligible Employees must enroll in the Client Sponsored Plan including valid waivers.</p>
<p>Pharmacy Our quoted monthly cost assumes that prescription drug benefits are included and claims administration will be provided through Aetna Pharmacy Management.</p>
<p>Plan Design This quote response is based on the benefit plan designs, plus any noted deviations. Aetna standard provisions, claims policies, procedures and claim settlement practices will apply for items not specifically outlined.</p>



Assumptions(cont.)

Producer Compensation (Consultant Fees)
 The compensation for consultants in this quote is included in the Service Fees. There is no producer compensation included in Stop Loss Premium Rates. Aetna has various programs for compensating agents, brokers and consultants. If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's programs for compensating producers is also available at www.aetna.com.

Run-Off Claims Processing
 Our Service Fees reflect a paid (immature) claim base and take into account the expenses associated with the processing of Run-Off Claims for the 48 months (WV at 24 months) following termination and subject to the terms outlined in the Agreement and/or associated Schedules, Statements, Appendices and Amendments.

Employee Benefit Documents
 Our Service Fees include Aetna costs for drafting standard Summary of Benefits and Coverage (SBCs) and Aetna Benefit Booklets for Client's approval.

Subrogation
 We have entered into an agreement with the firm of Rawlings & Associates to provide comprehensive subrogation services to the Client. A contingency fee of 30% is retained upon recovery for self-funded Clients.

Underlying Plan
 Our quoted monthly cost assumes that there is no underlying plan in effect that will either partially or completely subsidize any Plan Participant cost sharing including but not limited to copays, deductibles, and/or coinsurance balances. Aetna reserves the right to change the quoted monthly cost or decline to provide an AFA quote if Aetna becomes aware of the existence of an underlying plan.

Banking/Billing

Aetna is to act as Client's claims administrator in making Benefit Payments for and in connection with the Funding Advantage product. Aetna or Citibank Delaware, shall be authorized to debit Client's bank account monthly for a consolidated amount consisting of the payment of Service Fees, Stop Loss Premium, Estimated Claim Costs (aggregate stop loss factors) and Terminal Reserve Stop Loss Fund (terminal reserve factors) payments which have been mutually agreed upon in the Banking Agreement. These amounts debited from Client's bank account will be initially placed in an account in the Client's name, at Citibank, where any remaining balances will reside.



Claim Funding

Clients are required to pay up to the monthly Estimated Claim Costs. This amount is based on Estimated Claim Costs for the 12 month Agreement Period (including the Aggregate Stop Loss Percentage).

If the Plan's actual claim experience is less than the Estimated Claim Costs collected, then a Claim Funding Surplus occurs. The final Claim Funding Surplus amount will be determined as part of your Plan's Year End Accounting.

If the 50% surplus option is selected, Aetna will retain as a deferred administrative fee one-half of the amount by which Estimated Claim Costs exceed Actual Claim Costs made during the Plan Year. Following renewal of an Aetna Medical product offering, the remaining one-half will be returned to Client.

If the 100% surplus option is selected, following renewal or upon termination, any Claim Funding Surplus amount will be returned to Client.

If the Plan's actual claim experience is higher than the maximum Estimated Claim Costs collected, Eligible Claim Expenses will be covered under the Stop Loss Policy.

Stop Loss Quote Specifics

Underwriting Rules

For existing enrollees and new entrants after the effective date of the Stop Loss Policy, Actively At Work (AAW)/Dependent Non-Confinement (DNC) Rules will be waived.

All retired Employees both under and over age 65, and their dependents are excluded from coverage under the Stop Loss Policy

Lasering

Lasering will not apply.

Contract Basis

- Stop Loss is quoted on a 12/12 Contract Basis. There is no run-in, which is reflected in the discounted Premium Rates provided. Aetna will not process claims or provide Stop Loss Payments for dates of service prior to the effective date.

Terminal Reserve Option

The Terminal Reserve Option provides Run-Off Claims protection for claims in excess of the applicable Aggregate and Individual Stop Loss Amounts and is effective only in the event of Policy termination. With this option:

- Calculation of the Individual and Aggregate Stop Loss Amounts in the final Policy Year will include claims incurred under the Plan during all Policy Years immediately prior to termination and paid within the 48 months (WV 24 months) following the termination of the Policy.
- The Terminal Reserve Fund is established in the first Policy Year and will be adjusted each renewal based upon updated enrollment and claim projections for subsequent Policy Years to ensure that estimated first dollar Run-Off Claims are fully funded. Upon termination, the calculation of the Aggregate Stop Loss Amount will be adjusted to include the balance of the Terminal Reserve Fund.
- Additional Stop Loss Premium Rates typically charged at termination will be included in the Premium Rates charged for the first Policy Year with increases or decreases in Premium Rates identified in the Annual Policy Renewal.



Minimum Underwriting Requirements

We reserve the right to adjust the Stop Loss Premium Rates and Aggregate Stop Factors and Terminal Reserve Stop Loss Factors during the Policy Year if there are:

- changes to the Client's Plan
- deviations from any of our quote assumptions (e.g. Contract Basis, type of Stop Loss Insurance, changes in enrollment or other assumptions outlined in our Firm Quote)
- changes in other factors bearing on the Stop Loss risk assumptions.

If you fail to meet the underwriting requirements established by Aetna, including but not limited to the minimum number of Employees, our Stop Loss quote can be withdrawn or voidable by Aetna.

Aetna reserves the right to revise the Service Fees and Stop Loss Premium Rates or withdraw the quote if:

60 Day Provision

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

Benefit/Claim Payment

A material change in claims payment requirements or procedures, account structure, or any other change materially affecting the manner or cost of paying your Plan's Covered Benefits (whether initiated by you or by legislative or regulatory action).

COBRA

The total number of COBRA enrollees exceeds 10% of the total eligible Employees.

Services Agreement Provisions

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

Enrollment

The actual enrollment in total or by benefit plan changes by more than 10% compared with what was quoted.

Retirees

Retiree coverage not available for Clients with less than 100 eligible Employees.

Termination

The Agreement is terminated by the Client requiring Aetna to incur charges for maintaining Plan structure to report and/or process Run-Off Claims.



Additional Caveats

Aetna Specialty PharmacySM Program
 This quote incorporates Aetna Specialty Pharmacy. Aetna Specialty Pharmacy is the preferred specialty pharmacy for your Plan Participants. Specialty pharmacies focus on providing injectables and specialty medications. These medications often require special storage and handling and may not be readily available at the local pharmacy. Your Plan Participants receive the full support of Aetna’s clinical staff, including pharmacists, registered nurses, certified pharmacy technicians, and regional clinical liaisons.

Domestic Partner
 Our quote allows the option for Domestic Partner coverage under the quoted benefit plan options.

Illinois Registration of Business Entities
 If awarded your business, Aetna will comply with Section 20-160 of the Illinois Procurement Code. If Aetna fails to comply with Section 20-160 of the Illinois Procurement Code, any Agreement between Aetna and Client shall be voidable under Section 50-60 of the Illinois Procurement Code. Aetna has registered as a business entity with the State Board of Elections and our registration certificate is enclosed. We acknowledge that we have a continuing duty to update the registration in compliance with applicable Illinois law.

Aetna Whole Health(AWH)

AWH Network
 "When you select the Aetna Whole Health (AWH) option as part of your AFA product, your Plan Participants will have access to providers in the following AWH network(s): "

Employee Contributions and Participant Cost Share for AWH-based Benefit Plan Offerings
 If you offer Employees more than one benefit plan option, Plan Contributions by Employees must be lower for the AWH benefit plan offering(s) than for other benefit plan options. Further, with all AWH benefit plan offerings that use a tiered In-Network benefit design, the Participant’s cost share must be less for AWH Network services than for services they get from other Network providers (as well as Out-of-Network providers).

Network Re-Contracting and Accountable Care Payments
 In addition to standard fee-for-services rates, contracted rates with Network providers may also be based on case and/or per diem rates and in some circumstances, include risk-adjustment calculations, quality incentives, pay-for-performance and other incentive and adjustment mechanisms. We may also make accountable care payments (ACPs) to your AWH Network providers. ACPs provide funding to help AWH Network providers to improve quality, reduce costs and enhance the patient experience by:

- Identifying and engaging patients at risk for health crises sooner through more data-sharing
- Increasing patient engagement in best-in-class care management programs through doctor-driven outreach
- Delivering better health outcomes through increased collaboration between Aetna and AWH providers.



The ACP amount is based upon the number of Plan Participants in an AWH Network arrangement. We make ACPs quarterly on a retrospective basis.

We treat ACPs as Covered Benefits under your Plan, and with one exception (discussed in the next sentence) we charge the ACPs to your Actual Claim Costs when we make the payments. Because we make ACPs retrospectively, we reflect anticipated ACPs for the fourth quarter of your Plan Year in the following Agreement Period or as an increase to your Run-Off Claim Costs if you terminate your Agreement with us.

Stop Loss Insurance determines Eligible Claim Expenses based on the "paid" date of a claim (defined as the date the payment instrument is issued by Aetna). As such, ACPs for the fourth quarter will be applicable to the subsequent Policy Year based on the "paid" date or be applicable to the Terminal Reserve Option (TRO) in the event of termination. The Terminal Reserve Fund includes estimated ACPs for one quarter.

Medical Explanation of Benefits (EOBs)

We make EOBs available through our secure Navigator website for your Plan Participants who have registered to use Navigator and for whom we have a valid email address. We send Participants an email when a new EOB is available. All other Participants receive paper EOBs. If a Participant receiving EOBs electronically prefers paper EOBs, they can get them by telling us that is their preference. Please note that, for most states, we do not produce EOBs for claims when there is no Plan Participant liability.

Affordable Care Act (ACA) Disclosure

This new business quote is intended to be compliant with ACA. This new business offering assumes your Plan is not grandfathered. 29 CFR 2590.715-2713A provides certain eligible organizations with an accommodation in connection with coverage of contraceptive services. Eligible organizations must oppose providing coverage for some or all contraceptive services provided under the ACA on account of religious objections, in addition to other requirements.

The benefits and fees within this quote are subject to change pending any required approvals from state or federal regulatory agencies. If you have questions, please contact your Account Manager.

Patient Protection and Affordable Care Act (PPACA) Taxes and Fees

Any taxes or fees (assessments) applied to self-funded benefit plans related to the Patient Protection and Affordable Care Act will be solely the obligation of the Client. The administrative Service fees that Aetna is presenting in this quote do not include any such Client liability or the remittance of these fees on the Client's behalf.

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



Federal Mental Health Parity

The Federal Mental Health Parity and Addiction Equity Act of 2008 applies to self-funded plans for Plan Years beginning on or after October 3, 2009. Given that yours is a self-funded Plan, it is ultimately up to you (the Client) to comply with Federal Mental Health Parity. We can continue to make our recommendation regarding application and how we think your Plan should be designed in order to comply but we are not in the position to provide self-funded Clients legal advice. Therefore, you should speak to your own legal counsel and make the final determination related to compliance with Federal Mental Health Parity.

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 an Aetna representative.

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