



An Aetna Renewal
Presented to

Platte County R-III School District

Financial Renewal Overview: July 01, 2024 through June 30, 2025
Plan Sponsor Numbers: 159112

Kenra Black
ACCOUNT DIRECTOR- S
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210
Phone: 913-343-1812
Email: BlackK1@aetna.com

Shannon Blakeslee
Ld Dir, Underwriting
151 Farmington Avenue
Hartford, CT 06156
Phone: 860-273-3600
Email: BlakesleeS@aetna.com

April 30, 2024

Platte County R-III School District
Grady Robertson
998 Platte Falls Road
Platte City, MO 64079

Dear Grady Robertson:

Thank you for allowing us to serve your health insurance and health benefit needs during the past year.

This package provides information to help you develop the future benefits program for Platte County R-III School District. As we approach the anniversary of our relationship in the journey to better health, we are pleased to present you with your medical renewal for the July 01, 2024 through June 30, 2025 policy period.

It's important to understand the full financial picture of your benefit plan. Therefore, the enclosed package provides the following important information about the cost of your current program and the value we bring to you and your company.

- **Future Program Costs**

This section illustrates the cost projections to operate your current benefit program.

- **Fully Insured Medical Plans**

The cost to operate your current medical plan(s) will increase by 0.0 percent.
This renewal reflects both the premium and commission.

- **Programs and Services**

This section provides a summary of programs and services included in your plan of benefits.

- **Caveats**

Our renewal offer is contingent upon the parameters outlined here. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments on our Medical quotations. Please review this section thoroughly.

Please review the additional important information found at the following URL. This information is incorporated by reference into this package and considered part of your policy. This quote is subject to all the terms and conditions set forth in this URL. In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriting Disclosure Document, the information in your Renewal Package prevails.

<https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/large-group-insured-medical-underwriting-disclosures-06-06-2023.pdf>

Your renewal package remains in effect until June 30, 2025.

If there are no changes that impact the conditions of this renewal as outlined in our Caveats section, the rates will remain in effect through June 30, 2025. This renewal package is considered an amendment to your existing policy. Continuance of your benefit plan and payment of rates constitutes your acceptance of this renewal. If you'd like to make any plan changes or if you have any questions, please contact me by June 01, 2024 at 913-343-1812. It's been a pleasure working with you and I look forward to our continued relationship.

Sincerely,

Kenra Black
ACCOUNT DIRECTOR- S

Shannon Blakeslee
Ld Dir, Underwriting

Each insurer has sole financial responsibility for its own products.

Health benefits and health insurance plans contain limitations and exclusions.



Kenra Black
ACCOUNT DIRECTOR- S
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210
Phone: 913-343-1812
BlackK1@aetna.com

April 30, 2024

Platte County R-III School District
Grady Robertson
998 Platte Falls Road
Platte City, MO 64079

Re: Sold Products and Programs for Platte County R-III School District

Dear Grady Robertson:

Thank you for choosing our health plan. We are excited about the opportunity to meet you and your employees on your journey to better health.

Your business is important to us and we look forward to working with you for a successful partnership.

Our company will administer the fully insured medical benefits for Platte County R-III School District, effective July 1, 2024.

If there's an addition or correction you'd like to make, please contact me at 913-343-1812.
Please sign and return by May 14, 2024.

Sincerely,

Kenra Black
ACCOUNT DIRECTOR- S

cc: Hallier-Reed L L C

Customer Signature: _____

Date: _____

This letter is not meant to supersede the final contract.



Platte County R-III School District

Why Aetna?

Effective Date: July 01, 2024

We're more than products and programs. **We offer a health care experience that's more caring, more** connected and closer to home. With a holistic approach we join members on their personal health journey, removing barriers along the way. And we work proactively to help every member achieve their goals and stay on a path to better health.

Because you have unique needs we offer customized, tailored solutions. And we have a plan to take care of each of your employees, helping to increase engagement, improve outcomes and boost productivity.

We know health care can be overwhelming. So we work together with you to help make each member of your team a stronger individual. Stronger individuals lead to a stronger workforce. And when you have a stronger workforce, you can achieve stronger results.

You can learn more about Aetna here:

<https://www.aetna.com/about-us.html>

"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/or Aetna Dental of California Inc.; Aetna Health of Utah 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. Contracts 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 plan requirements, please contact an Aetna representative.

Aetna has various programs for compensating producers (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 program compensating producers is also available at: www.aetna.com

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

Platte County R-III School District
Proposed Offering

Contact Information

Account Manager: _____ Kenra Black _____ Email: _____ BlackK1@aetna.com _____
 Telephone Number: _____ 913-343-1812 _____

Assumptions

Contract State: _____ MO _____ Lives: _____ 544 _____
 Pooling Level: _____ \$200,000 _____ Sic Code: _____ 8211 _____
 Commissions: _____ 2.60% _____ Mem/EE Ratio: _____ 1.34 _____
 Rx Formulary: _____ Advanced Control Formulary Aetna Insured _____

Proposed Rates **Effective Date:** July 1, 2024 **End Date:** June 30, 2025

Coverage	Lives	Current Rates	Proposed Rates	% Change
PPO (Open Choice)				
MEDICARE RETIREE A&B PPO AHP NETWORK \$2200				
EE	1	\$695.64	\$695.64	0.00%
EE + SP	0	\$1,409.58	\$1,409.58	0.00%
EE + Children	0	\$1,304.62	\$1,304.62	0.00%
Family	0	\$2,051.51	\$2,051.51	0.00%
Total	1	\$696	\$696	0.00%
PPO (Open Choice)				
ACTIVE PPO AHP NETWORK \$2200				
EE	39	\$815.00	\$815.00	0.00%
EE + SP	1	\$1,647.00	\$1,647.00	0.00%
EE + Children	7	\$1,525.00	\$1,525.00	0.00%
Family	1	\$2,396.00	\$2,396.00	0.00%
Total	48	\$46,503	\$46,503	0.00%
PPO (Open Choice)				
U-65 RETIRE PPO AHP NETWORK \$2200				
EE	2	\$815.00	\$815.00	0.00%
EE + SP	1	\$1,647.00	\$1,647.00	0.00%
EE + Children	0	\$1,525.00	\$1,525.00	0.00%
Family	0	\$2,396.00	\$2,396.00	0.00%
Total	3	\$3,277	\$3,277	0.00%
PPO (Open Choice)				
MEDICARE RETIREE A&B PPO KC CARE PLUS \$2200				
EE	1	\$574.66	\$574.66	0.00%
EE + SP	0	\$1,174.13	\$1,174.13	0.00%
EE + Children	0	\$1,085.46	\$1,085.46	0.00%
Family	0	\$1,707.41	\$1,707.41	0.00%
Total	1	\$575	\$575	0.00%
HSA PPO (Open Choice)				
ACTIVE HDHP PLAN				
EE	33	\$608.00	\$608.00	0.00%
EE + SP	0	\$1,242.00	\$1,242.00	0.00%
EE + Children	1	\$1,149.00	\$1,149.00	0.00%
Family	0	\$1,808.00	\$1,808.00	0.00%
Total	34	\$21,213	\$21,213	0.00%

Platte County R-III School District
Proposed Offering

Contact Information

Account Manager: Kenra Black
Telephone Number: 913-343-1812

Email: BlackK1@aetna.com

Assumptions

Contract State: MO
Pooling Level: \$200,000
Commissions: 2.60%

Lives: 544
Sic Code: 8211
Mem/EE Ratio: 1.34
Rx Formulary: Advanced Control Formulary Aetna Insured

Proposed Rates

Effective Date: July 1, 2024

End Date: June 30, 2025

Coverage	Lives	Current Rates	Proposed Rates	% Change
PPO (Open Choice)				
ACTIVE KC CARE PLUS NETWORK \$2200				
EE	330	\$666.00	\$666.00	0.00%
EE + SP	11	\$1,361.00	\$1,361.00	0.00%
EE + Children	49	\$1,259.00	\$1,259.00	0.00%
Family	10	\$1,982.00	\$1,982.00	0.00%
Total	400	\$316,262	\$316,262	0.00%
PPO (Open Choice)				
U65 RET KC CARE PLUS NETWORK \$2200				
EE	14	\$666.00	\$666.00	0.00%
EE + SP	1	\$1,361.00	\$1,361.00	0.00%
EE + Children	1	\$1,259.00	\$1,259.00	0.00%
Family	2	\$1,982.00	\$1,982.00	0.00%
Total	18	\$15,908	\$15,908	0.00%
PPO (Open Choice)				
ACTIVE PPO KC CARE PLUS \$1650				
EE	35	\$775.00	\$775.00	0.00%
EE + SP	1	\$1,555.00	\$1,555.00	0.00%
EE + Children	0	\$1,441.00	\$1,441.00	0.00%
Family	0	\$2,263.00	\$2,263.00	0.00%
Total	36	\$28,680	\$28,680	0.00%
PPO (Open Choice)				
U65 RET PPO KC CARE PLUS \$1650				
EE	2	\$775.00	\$775.00	0.00%
EE + SP	1	\$1,555.00	\$1,555.00	0.00%
EE + Children	0	\$1,441.00	\$1,441.00	0.00%
Family	0	\$2,263.00	\$2,263.00	0.00%
Total	3	\$3,105	\$3,105	0.00%

Total Medical Lives	544
Current Monthly Total Amount Due	\$436,218
Proposed Monthly Total Amount Due	\$436,218
Total % Change	0.00%
Proposed Total Contract Period Amount Due	\$5,234,616

Clarifications

The Medical Pooling Level indicated in the assumptions above represents what was used in your pricing based on company standards for your market and case size. This may be subject to change.

Platte County R-III School District

Experience Exhibit

Effective Date: July 01, 2024

This exhibit displays the historical experience used in the development of the rates. • Claims displayed are incurred claims and have been completed.

- Claims experience includes National Advantage Program access fees (for savings achieved on covered claims with non-network providers and on high dollar, in-network facility claims).
- Claims may include adjustments for Value Based Contracts.
- This exhibit may include information from other carriers.

Current Year's Experience - Experience Group 1

<u>Month</u>	<u>Members</u>	<u>Total Amount Due</u>	<u>Total Medical FFS/Caps</u>	<u>Rx Claims</u>
202209	743	\$413,142	\$108,199	\$85,079
202210	742	\$414,322	\$132,329	\$78,523
202211	739	\$413,235	\$312,914	\$116,301
202212	738	\$411,768	\$185,601	\$96,696
202301	719	\$403,059	\$184,109	\$73,985
202302	722	\$404,030	\$105,131	\$85,082
202303	726	\$405,246	\$272,860	\$97,580
202304	729	\$405,795	\$100,934	\$88,616
202305	739	\$410,196	\$240,031	\$127,584
202306	739	\$409,385	\$592,037	\$123,785
202307	723	\$429,529	\$191,976	\$118,236
202308	732	\$432,925	\$695,586	\$122,351
TOTALS	8,791	\$4,952,630	\$3,121,708	\$1,213,818
			Current Year Incurred Claims PMPM	\$355.10
				\$138.08

Prior Year's Experience - Experience Group 1

<u>Month</u>	<u>Members</u>	<u>Total Amount Due</u>	<u>Total Medical FFS/Caps</u>	<u>Rx Claims</u>
202109	749	\$380,125	\$341,726	\$84,103
202110	744	\$378,844	\$260,159	\$107,483
202111	751	\$383,030	\$409,989	\$102,507
202112	754	\$383,953	\$243,888	\$125,498
202201	748	\$380,253	\$282,896	\$99,622
202202	749	\$380,422	\$146,907	\$105,869
202203	751	\$380,874	\$190,882	\$120,713
202204	750	\$379,494	\$218,692	\$107,463
202205	748	\$377,539	\$209,936	\$90,416
202206	748	\$376,884	\$181,459	\$123,614
202207	729	\$404,284	\$260,511	\$104,828
202208	726	\$403,508	\$114,075	\$134,695
TOTALS	8,947	\$4,609,212	\$2,861,120	\$1,306,811
			Prior Year Incurred Claims PMPM	\$319.79
				\$146.06

Premium Development

Current Monthly Amount Due	\$436,218
Current Subscribers	544
Current Members	731
Current Premium PMPM	\$596.74

Platte County R-III School District Proposed Offering

Platte County R-III School District

Rate Change Development

Effective Date: July 01, 2024

- The components of your renewal rate change are detailed below.
- *The current Net Adjusted Incurred Claims Per Member Per Month (PMPM) are trended forward to the Renewal Rate Period.
- *Based on customer size by experience rating group, claims over a certain threshold are removed to normalize the claims experience in order to minimize large yearly fluctuations.
- *A large claim adjustment is added to the Incurred Claims PMPM, and blended with Manual Claims PMPM, if applicable, to develop a blended expected claim PMPM. An adjustment for renewal benefit change is added if applicable. The Underwriting Adjustment includes a factor to modify the claims during the months affected by COVID-19.
- *State taxes, commissions, and other adjustments are then added resulting in the final required premium PMPM. This exhibit may include information from other carriers.

Experience Grouping: Experience Group 1

	Current Year Experience			Prior Year Experience		
Next Contract Period: 7/1/2024 - 6/30/2025						
Claim Basis: Incurred				Incurred		
Year Experience Period: 9/1/2022 - 8/31/2023				9/1/2021 - 8/31/2022		
Paid Through: 10/31/2023				10/31/2023		
Subscriber Months: 6,433				6,371		
Member Months: 8,791				8,947		
Experience Period Average Members: 733				746		
	Current Year Experience			Prior Year Experience		
Current Subscribers: 544	Med + Cap	Rx	Total	Med + Cap	Rx	Total
Current Members: 731	PMPM	PMPM	PMPM	PMPM	PMPM	PMPM
1 Incurred Claims	\$355.10	\$138.08	\$493.17	\$319.78	\$146.06	\$465.84
2 Deductible Suppression	0.9995	0.9996	0.9996	1.0001	1.0001	1.0001
3 Incurred Claims x Deductible Suppression Factor	\$354.92	\$138.08	\$493.00	\$319.81	\$146.06	\$465.87
4 Pooled Claims	\$33.17	\$0.10	\$33.27	\$16.73	\$0.44	\$17.17
5 Pooling Charge						
a. Pooling Point	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
b. Pooling Factor (non-capitated Med & Rx claims only)	9.36%	9.36%	9.36%	9.36%	9.36%	9.36%
c. Pooling Charge	\$30.30	\$12.92	\$43.22	\$28.55	\$13.64	\$42.19
6 Incurred Claims w/ Pooling (3 - 4 + 5c)	\$352.05	\$150.90	\$502.95	\$331.64	\$159.25	\$490.89
7 Adjustment for Change in Network	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
8 Adjustment for Change in Plan	0.9903	0.9942	0.9914	0.9863	0.9932	0.9885
9 Adjustment for Change in Demographics	1.0064	1.0199	1.0104	1.0113	1.0230	1.0151
10 Underwriting Adjustment	1.0027	1.0000	1.0019	1.0113	1.0000	1.0076
11 Adjusted Incurred Claims (6 x 7 x 8 x 9 x 10)	\$351.79	\$153.01	\$504.80	\$334.52	\$161.80	\$496.32
12 Trend						
a. Annual Trend Factor	11.00%	8.40%	10.22%	11.00%	8.40%	10.16%
b. # of Months of Trend	22.0	22.0	22.0	34.0	34.0	34.0
c. Projection Factor	1.2108	1.1594	1.1952	1.3440	1.2568	1.3156
13 Exp. Based Projected Claims (11 x 12c)	\$425.95	\$177.40	\$603.35	\$449.60	\$203.34	\$652.94
14 Experience Weighting	75%	75%	75%	25%	25%	25%
	Blended Results					
	Med + Cap	Rx	Total			
15 Experience Blended Projected Claims	\$431.86	\$183.88	\$615.74			
16 Experience Credibility	100.0%	100.0%	100.0%			
17 Manual (CRC) Projected Claims	\$482.19	\$151.68	\$633.88			
18 Blended Projected Claims	\$431.86	\$183.88	\$615.74			
19 Large Claim Adjustment			\$0.00			
20 Retention Charges		Total	Total			
a. Administrative Component		12.06%	\$87.83			
b. Broker Commission Component		2.60%	\$18.94			
c. Premium Tax Component		0.83%	\$6.01			
d. Health Insurance Assessment		0.00%	\$0.00			
e. Total Retention Charges (a + b + c + d)		15.48%	\$112.78			
21 Projected Premium			\$728.53			
22 Bundle up Discount (Newly Added Products)		0.00%	\$0.00			
23 Rate Adjustment			(\$68.55)			
24 Proposed Premium			\$659.97			
25 Estimated Current Premium			\$596.74			
26 Required Rate Change (excludes 22 & 23)			22.08%			
27 Proposed Rate Change (26 / 27 - 1)			10.60%			

Platte County R-III School District

Programs and Services - Fully Insured Funding		Effective Date: July 01, 2024		
Program Summary	MEDICARE RETIREE A&B PPO AHP NETWORK \$2200	ACTIVE PPO AHP NETWORK \$2200	U-65 RETIRE PPO AHP NETWORK \$2200	MEDICARE RETIREE A&B PPO KC CARE PLUS \$2200
Implementation/Account Management				
Designated Account Management Team	Yes	Yes	Yes	Yes
Designated Service Center	Yes	Yes	Yes	Yes
Open Enrollment Marketing Material	Yes	Yes	Yes	Yes
ID Cards	Yes	Yes	Yes	Yes
Network Services				
Institutes of Excellence™	Yes	Yes	Yes	Yes
No Cost/Low Cost Designated Walk In Clinic (MinuteClinic®)	Yes	Yes	Yes	Yes
National Advantage™ Program	Yes	Yes	Yes	Yes
National Medical Excellence Program®	Yes	Yes	Yes	Yes
Care Management				
Aetna Enhanced Maternity Program	Yes	Yes	Yes	Yes
Aetna One® Choice	Yes	Yes	Yes	Yes
Enhanced Clinical Review	Yes	Yes	Yes	Yes
MedQuery® with physician messaging	Yes	Yes	Yes	Yes
Utilization Management	Yes	Yes	Yes	Yes
Member Resources				
Member Services	Yes	Yes	Yes	Yes
Member Website and Mobile Experience	Yes	Yes	Yes	Yes
Wellness Programs and Services				
Aetna Health Your Way™ Core	Yes	Yes	Yes	Yes
24-Hour Nurse Line (frm.IHL): 1-800# Only	Yes	Yes	Yes	Yes
Reporting				
Utilization Management Reporting	Yes	Yes	Yes	Yes
Behavioral Health				
AbleTo Network	Yes	Yes	Yes	Yes
Applied Behavioral Analysis (ABA)	Yes	Yes	Yes	Yes
Managed Behavioral Health	Yes	Yes	Yes	Yes
Allowances				
Annual Wellness Allowance	Yes	Yes	Yes	Yes

Programs and Services - Fully Insured Funding		Effective Date: July 01, 2024		
Program Summary	ACTIVE HDHP PLAN	ACTIVE KC CARE PLUS NETWORK \$2200	U65 RET KC CARE PLUS NETWORK \$2200	ACTIVE PPO KC CARE PLUS \$1650
Implementation/Account Management				
Designated Account Management Team	Yes	Yes	Yes	Yes
Designated Service Center	Yes	Yes	Yes	Yes
Open Enrollment Marketing Material	Yes	Yes	Yes	Yes
ID Cards	Yes	Yes	Yes	Yes
Network Services				
Institutes of Excellence™	Yes	Yes	Yes	Yes
No Cost/Low Cost Designated Walk In Clinic (MinuteClinic®)	Yes	Yes	Yes	Yes
National Advantage™ Program	Yes	Yes	Yes	Yes
National Medical Excellence Program®	Yes	Yes	Yes	Yes
Care Management				
Aetna Enhanced Maternity Program	Yes	Yes	Yes	Yes
Aetna One® Choice	Yes	Yes	Yes	Yes
Enhanced Clinical Review	Yes	Yes	Yes	Yes
MedQuery® with physician messaging	Yes	Yes	Yes	Yes
Utilization Management	Yes	Yes	Yes	Yes
Member Resources				
Member Services	Yes	Yes	Yes	Yes
Member Website and Mobile Experience	Yes	Yes	Yes	Yes

Platte County R-III School District

Programs and Services - Fully Insured Funding		Effective Date: July 01, 2024		
Wellness Programs and Services				
Aetna Health Your Way™ Core	Yes	Yes	Yes	Yes
24-Hour Nurse Line (frm.IHL): 1-800# Only	Yes	Yes	Yes	Yes
Reporting				
Utilization Management Reporting	Yes	Yes	Yes	Yes
Behavioral Health				
AbleTo Network	Yes	Yes	Yes	Yes
Applied Behavioral Analysis (ABA)	Yes	Yes	Yes	Yes
Managed Behavioral Health	Yes	Yes	Yes	Yes
Allowances				
Implementation/Communication Allowance	Yes	Yes	Yes	Yes
Annual Wellness Allowance	Yes	Yes	Yes	Yes

Programs and Services - Fully Insured Funding		Effective Date: July 01, 2024		
Program Summary	U65 RET PPO KC CARE PLUS \$1650			
Implementation/Account Management				
Designated Account Management Team	Yes			
Designated Service Center	Yes			
Open Enrollment Marketing Material	Yes			
ID Cards	Yes			
Network Services				
Institutes of Excellence™	Yes			
No Cost/Low Cost Designated Walk In Clinic (MinuteClinic®)	Yes			
National Advantage™ Program	Yes			
National Medical Excellence Program®	Yes			
Care Management				
Aetna Enhanced Maternity Program	Yes			
Aetna One® Choice	Yes			
Enhanced Clinical Review	Yes			
MedQuery® with physician messaging	Yes			
Utilization Management	Yes			
Member Resources				
Member Services	Yes			
Member Website and Mobile Experience	Yes			
Wellness Programs and Services				
24-Hour Nurse Line (frm.IHL): 1-800# Only	Yes			
Reporting				
Utilization Management Reporting	Yes			
Behavioral Health				
AbleTo Network	Yes			
Applied Behavioral Analysis (ABA)	Yes			
Managed Behavioral Health	Yes			
Allowances				
Implementation/Communication Allowance	Yes			
Annual Wellness Allowance	Yes			

Your benefit plans may include access to CVS Health Virtual Primary Care™, CVS Health Virtual Care™ and/or Teladoc Health for telemedicine services where available.

Allowances
<p>We are including the following allowance(s) for your Aetna plans for the July 01, 2024 through June 30, 2025 plan year:</p> <ul style="list-style-type: none"> Wellness: \$20,000 <p>Annual allowance amounts may be adjusted if actual enrollment changes by 10 percent or more from our enrollment assumptions.</p> <p>Wellness allowance can be used to pay for reasonable wellness-related programs or activities incurred during the plan year. Wellness allowance expenses must be for wellness-related programs or activities that are designed to promote the health and well-being of your Aetna medical members, or to educate participants about healthy lifestyles and choices. Any wellness-related allowance amounts we pay you directly to offset or</p>

Platte County R-III School District

Programs and Services - Fully Insured Funding

Effective Date: July 01, 2024

reimburse you for any expense or costs you reimbursed a vendor for directly, must comply with these conditions. Examples of reimbursable wellness related activities include programs or activities such as wellness fairs and biometric screenings.

The above referenced fund(s) will be available as of the effective date of the plan year. Only those expenses performed and billed by a third party are payable; reimbursement for time and materials incurred directly by the plan sponsor (e.g. hours worked by the plan sponsor's own employees) are not eligible. Our preferred method of payment is directly to the vendor. We will pay allowance related expenses directly to the vendor only after you send us proper documentation outlining the expenses you have incurred. On an exception basis, we can reimburse you directly.

In the event the exception is granted, we will require you to submit detailed paid receipts from the vendor.

To facilitate allowance processing, documentation should be submitted within 60 days of the invoice date, whenever possible.

All documentation must be submitted no later than 60 days following the end of the plan year.

Acceptable documentation includes, but is not limited to:

- Vendor invoice(s) summarizing level of work completed, hourly rate and hours spent; and
- Invoices or other documentation summarizing any other miscellaneous expenses incurred (such as travel, and other business expenses related to service rendered)

The allowance(s) indicated above are forfeited at the end of the plan year if not fully utilized (they do not get rolled over to the following plan year for a cumulative amount). If you have elected to offer wellness incentives through a product reward site, unredeemed vouchers are forfeited at the end of each plan year.

We assume the funding of any allowance dollars is either at the request of your Plan Administrator acting in its fiduciary capacity or for the exclusive benefit of your Plan. You are responsible for determining that your use of allowance dollars is appropriate and legally compliant. With respect to allowance dollars that are used in connection with a wellness program, you are responsible for ensuring that the program and any incentives/rewards comply with applicable laws, including limitations on maximum allowable wellness incentives/rewards. We will pay any allowances in accordance with applicable law. We suggest you seek appropriate accounting and legal counsel for all payments to ensure they comply with applicable accounting principles and laws.

If you terminate your medical plan with us in whole or in part (defined as a 50 percent or greater membership reduction from the membership we assumed in this renewal) prior to the end of the plan year, you'll be responsible for remitting payment for any allowance amounts used. Payment is due to us within 31 days of the invoice.

Platte County R-III School District

Caveats - Fully Insured

Effective Date: July 01, 2024

For the purposes of this document, Aetna may be referred to using "we," "our" or "us" and Platte County R-III School District may be referred to using "you" or "your".

Our quoted rates are proposed for the policy period effective July 01, 2024 through June 30, 2025.

Our renewal is illustrative and subject to change based upon underwriting review of total claims and large claims data that is current to within 150 days of the renewal date. You will receive final rates approximately 150 days prior to the renewal date.

The caveats below apply to any future rate adjustments made for the same policy period unless new caveats and assumptions are provided.

Underwriting Caveats

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

Enrollment

There is a 10 percent change in the enrolled number of employees in total or by plan from our enrollment assumptions. This includes the impact of new or terminating locations and/or groups. (Change in census is based on additions and subtractions - a 60 life group who adds 3 people and takes away 3 others has a 6 person change in census even though they stay at 60 lives.) Our renewal assumes coverage will not be extended to additional employee groups without review of supplemental census information and other underwriting information for appropriate financial review.

Member-to-Employee Ratio

The member-to-employee ratio changes by more than 10 percent from the 1.34 ratio assumed in this quote.

COBRA Enrollment

The number of COBRA enrollees exceeds 10 percent of the total enrolled group or changes by more than 2 percent from the 5 enrollees assumed in this quote. COBRA enrollees must be eligible for the same benefits as the active population.

Retiree Enrollment

The number of early or non-Medicare eligible retirees exceeds 10 percent of the total enrolled group or changes by more than 2 percent from the 5 enrollees assumed in this quote. Early or non-Medicare eligible retirees must be eligible for the same benefits as the active population. Patient Management programs are excluded for Medicare primary members.

Plan Eligibility

The quoted plans are only for active employees and pre-65 retirees.

Quoted Benefits and Administration

A material change is initiated by you or by legislative or regulatory action which affects the cost of the plan. A material change includes, but is not limited to, changes impacting standard contract provisions, account structure, claim settlement practices, plan administration, plan benefits or changes to the programs and services we offer you.

Industry

The nature of business and/or SIC code changes from the 8211 code assumed in this quote.

Total Replacement

We're the sole carrier for the quoted lines of coverage.

Affordable Care Act Non-Renewal

Under Affordable Care Act (ACA) and state insurance regulations, a group health insurance policy may be non-renewed for certain reasons.

Platte County R-III School District

Caveats - Fully Insured

Effective Date: July 01, 2024

Assumptions

Underwriting

Prospective Quoting

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

Participation

Our rates assume at least 75 percent of eligible employees excluding spousal and parental waivers must enroll in our Medical plans, but not less than 50 percent of all eligible employees regardless of spousal and parental waivers. We may adjust your final rates if our final participation level changes by more than 10 percent from what was assumed or falls below 30 percent of eligible employees regardless of spousal or parental waivers. Where federal law and state law permit, we may non-renew if our participation level falls below 20 percent of eligible employees participants regardless of spousal or parental waivers.

Contributions

You must provide the contribution strategy for both current and proposed plan(s).

Plan Design

This renewal is based on the current benefit plan designs, plus any noted deviations. Our standard provisions, contract wording and claim settlement practices will apply for items not specifically outlined. All applicable government regulations and state mandates will apply. These products are offered subject to the terms of our Benefit Review Document.

Underlying Plan

Our rates assume that there are no underlying plans in effect that will either partially or completely subsidize any member cost sharing including but not limited to copays, deductibles, and/or coinsurance balances.

Prescription Drug Benefits

Prescription drug benefits are included and will be provided by Aetna.

Point of Service Rebates

This renewal may include point of service rebates ("POS Rebates") favorable to, and shared with, eligible subscribers and dependents. However, Aetna reserves the right to make appropriate changes to the premium offered hereunder in the event POS Rebates are discontinued, in whole or in part, on account of any material changes made to

- (i) the laws, rules and/or regulations applicable to POS Rebates or
- (ii) any material drug manufacturer rebate contracts providing the source for POS Rebates.

Additional Products, Programs and Services

Costs for special services rendered that are not included or assumed in the pricing guarantee will be direct-billed after such services have been rendered. For example, you will be subject to additional charges for customized communication materials, as well as costs associated with custom reporting, booklet and SPD printing, etc. The costs for these types of services will depend upon the actual services performed and will be determined at the time the service is requested.

Member Communications

Pricing assumptions include direct communications access to Aetna membership through both ongoing Aetna Health communications and relevant ongoing included product/program specific communications. These communications can reduce member and plan costs by guiding in care navigation, managing chronic conditions, promoting preventive services, and more.

Billing Information

Billing and Payment of Premium

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

Commissions

As requested, we've included 2.60 percent of commissions in our quoted rates. Eligible commission recipients must have a valid license and a valid broker of record letter presented by you on your letterhead with appropriate signature. Unless we hear from you by May 01, 2024, we've assumed you wish to maintain this arrangement for the upcoming policy period.

Platte County R-III School District

Caveats - Fully Insured

Effective Date: July 01, 2024

Claim and Member Services

Medical Service Center

We've assumed that claim administration and member services for the quoted plans will be managed centrally by the Arlington, TX Service Center. Members will be able to reach the Member Service representatives Monday through Friday from 8 a.m. to 6 p.m., CT.

Summary Plan Description (SPD) Modification

We've assumed that the standard SPD language will be used and any customization may require an additional cost.

Reporting and Data Transfer

Aetna Intellectual Property

Under the Group Policy, you may have access to certain of Aetna's Customer reporting systems. Aetna represents that it has either the ownership rights or the right to use all of the intellectual property used by Aetna in providing the Services under the Group Policy ("Aetna IP"). Aetna will grant you, as the Customer, a nonexclusive, non-assignable, royalty free, limited right to use certain of the Aetna IP for the purposes described in the Group Policy. You agree not to modify, create derivative product from, copy, duplicate, decompile, disassemble, reverse engineer or otherwise attempt to perceive the source code from which any software component of the Aetna IP is compiled or interpreted. Nothing in the Group Policy shall be deemed to grant any additional ownership rights in, or any right to assign, sublicense, sell, resell, lease, rent, or otherwise transfer or convey, the Aetna IP to you.

Additional

Please review the additional important information found at the following URL. This information is incorporated by reference into this package and considered part of your policy. This quote is subject to all the terms and conditions set forth in this URL. In the event that any information contained herein conflicts or is inconsistent with the information in the Underwriting Disclosure document, the information in your package prevails.

<https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/large-group-insured-medical-underwriting-disclosures-06-06-2023.pdf>

Legislative and Regulatory Requirements

Affordable Care Act (ACA) Taxes and Fees

The Affordable Care Act (ACA) imposes several fees/assessments. The Health Insurance Provider Fee (HIF) was applicable in 2020, but a federal omnibus bill signed on December 20, 2019 repealed the HIF for 2021 and beyond. Still applicable in 2024 is Patient-Centered Outcomes Research Trust Fund fee (PCORI). It applies to issuers of specified health insurance policies and plan sponsors of applicable self-insured health plans. The fee was set to end in 2019, but it was extended for 10 years through 2029. The fee applies to policy or plan years ending on or after October 1, 2012, and before October 1, 2029.

This rate quote includes, as applicable, an estimate of the PCORI fee. We reserve the right to modify the rate, or otherwise recoup such fees, based on future regulatory guidance, subsequent state regulatory approvals, or if estimates are materially insufficient.

Regulatory Reporting

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

Mandates

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