

Hunter Williams
Account Executive-SLS
4582 S Ulster St
Denver, CO 80237
Phone: 913-202-5955
WilliamsH1@AETNA.com

February 23, 2022

Platte County R-III School District
Stacey Rasco
998 Platte Falls Road
Platte City, MO 64079

Dear Stacey Rasco:

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 this renewal for your 2022 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 for the period 7/1/2022 through 6/30/2023.
- **Fully Insured Medical Plans**
For the period 7/1/2022 through 6/30/2023 the cost to operate your current medical plans will increase 11.06% compared to the current rate.
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.

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, 2023.

Please review the additional important information found at the following URL:
<https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/Middle-Market-and-Public-Labor-Insured-Medical-Underwriting-Disclosures-as-of-09-15-2021.pdf>

This information is incorporated in and is a part of this proposal. 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 Underwriter Disclosure document, the information in your Package shall prevail.

If you'd like to make any plan changes or if you have any questions, please contact me by June 01, 2022 at 913-202-5955. It's been a pleasure working with you and I look forward to our continued relationship.

Sincerely,

Hunter Williams
Account Executive-SLS

Darnel Pittman
Sr Analyst, Underwriter

**Each insurer has sole financial responsibility for its own products.
Health benefits and health insurance plans contain limitations and exclusions.**

Platte County R-Iii School District

Why Aetna?

Effective Date: July 01, 2022

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.

As we continue to reimagine the health care experience, we're honored to be recognized for our work:

<https://www.aetna.com/about-us/aetna-awards-recognition.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

Contact Information

Account Manager: Hunter Williams Email: WilliamsH1@AETNA.com
 Telephone Number: 913-202-5955

Assumptions

Contract State: MO Lives: 533
 Pooling Level: \$200,000 Sic Code: 8211
 Commissions: 2.60% Mem/EE Ratio: 1.40
 Health Insurance Assessment%*: 0.00% Rx Formulary: Advanced Control Formulary Aetna - Insured

Proposed Rates **Effective Date:** July 1, 2022 **End Date:** June 30, 2023

Includes Plan Change \$50 Increase to Deductible on All Plan

Coverage	Lives	Current Rates	Proposed Rates	% Change
PPO (Dean's Plan)				
MEDICARE RETIREE A&B PPO AND NETWORK \$2150				
EE	1	\$570.00	\$642.62	12.74%
EE + SP	0	\$1,155.00	\$1,302.15	12.74%
EE + Children	0	\$1,069.00	\$1,205.19	12.74%
Family	0	\$1,681.00	\$1,895.16	12.74%
Total	1	\$570.00	\$642.62	12.74%
PPO (Dean's Plan)				
MEDICARE RETIREE A&B PPO AND NETWORK \$1600				
EE	1	\$613.00	\$691.95	12.88%
EE + SP	0	\$1,230.00	\$1,388.42	12.88%
EE + Children	0	\$1,141.00	\$1,287.96	12.88%
Family	0	\$1,791.00	\$2,021.68	12.88%
Total	1	\$613.00	\$691.95	12.88%
PPO (Dean's Plan)				
PPO AND NETWORK \$2150				
EE	35	\$663.00	\$748.00	12.82%
EE + SP	3	\$1,343.00	\$1,512.00	12.58%
EE + Children	6	\$1,243.00	\$1,400.00	12.63%
Family	1	\$1,954.00	\$2,200.00	12.59%
Total	45	\$36,646.00	\$41,316.00	12.74%
PPO (Dean's Plan)				
PPO AND NETWORK \$1600				
EE	24	\$712.00	\$804.00	12.92%
EE + SP	3	\$1,431.00	\$1,614.00	12.79%
EE + Children	1	\$1,326.00	\$1,496.00	12.82%
Family	1	\$2,083.00	\$2,350.00	12.82%
Total	29	\$24,790.00	\$27,984.00	12.88%
MO L&S (Dean's Plan) PPO (Dean's Plan)				
MEDICARE RETIREE A&B PPO AND NETWORK \$2150				
EE	1	\$486.00	\$530.86	9.23%
EE + SP	0	\$993.00	\$1,084.65	9.23%
EE + Children	0	\$918.00	\$1,002.73	9.23%
Family	0	\$1,444.00	\$1,577.28	9.23%
Total	1	\$486.00	\$530.86	9.23%

Platte County R-III School District

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Proposed Rates **Effective Date:** July 1, 2022 **End Date:** June 30, 2023

Includes Plan Change \$50 Increase to Deductible on All Plan

Coverage	Lives	Current Rates	Proposed Rates	% Change
MO135 Preferred PPO (Open Choice)				
MEDICARE PART A & B				
EE	0	\$547.00	\$611.98	11.88%
EE + SP	0	\$1,100.00	\$1,230.68	11.88%
EE + Children	0	\$1,019.00	\$1,140.06	11.88%
Family	0	\$1,602.00	\$1,792.32	11.88%
Total	0	\$0.00	\$0.00	11.88%
PP01 (Open Choice)				
EE	305	\$565.00	\$617.00	9.20%
EE + SP	13	\$1,154.00	\$1,261.00	9.27%
EE + Children	50	\$1,067.00	\$1,166.00	9.28%
Family	12	\$1,680.00	\$1,836.00	9.29%
Total	380	\$260,837.00	\$284,910.00	9.23%
MO135 Preferred PPO (Open Choice)				
PPD136 NETWORK (MO)				
EE	66	\$637.00	\$713.00	11.93%
EE + SP	2	\$1,279.00	\$1,429.00	11.73%
EE + Children	4	\$1,185.00	\$1,324.00	11.73%
Family	3	\$1,862.00	\$2,080.00	11.71%
Total	75	\$54,926.00	\$61,452.00	11.88%
PP01 (Open Choice)				
MO135 Preferred PPO (Open Choice)				
EE	0	\$712.00	\$804.00	12.92%
EE + SP	0	\$1,431.00	\$1,614.00	12.79%
EE + Children	0	\$1,326.00	\$1,496.00	12.82%
Family	0	\$2,083.00	\$2,350.00	12.82%
Total	0	\$0.00	\$0	12.88%
PP01 (Open Choice)				
ACTIVE PPO OUT OF AREA (DEPENDENT \$2150)				
EE	1	\$663.00	\$748.00	12.82%
EE + SP	0	\$1,343.00	\$1,512.00	12.58%
EE + Children	0	\$1,243.00	\$1,400.00	12.63%
Family	0	\$1,954.00	\$2,200.00	12.59%
Total	1	\$663.00	\$748.00	12.82%

Platte County R-111 School District

Contact Information

Account Manager: Hunter Williams Email: WilliamsH1@AETNA.com
 Telephone Number: 913-202-5955

Assumptions

Contract State: MO Lives: 533
 Pooling Level: \$200,000 Sic Code: 8211
 Commissions: 2.60% Mem/EE Ratio: 1.40
 Health Insurance Assessment%*: 0.00% Rx Formulary: Advanced Control Formulary Aetna - Insured

Proposed Rates **Effective Date:** July 1, 2022 **End Date:** June 30, 2023

Includes Plan Change \$50 Increase to Deductible on All Plan

Coverage	Lives	Current Rates	Proposed Rates	% Change
Total Medical Lives			533	
Current Monthly Total Amount Due			\$379,531.00	
Proposed Monthly Total Amount Due			\$418,275.43	
Total % Change				11.06%
Proposed Annual Total Amount Due			\$5,019,305.16	

Clarifications

*The Affordable Care Act imposed the health insurance assessment effective January 1 2014. This rate quote includes, where permitted, an estimate proportionate allocation of expenses associated with these fees.

Platte County R-III School District

Experience Exhibit

Effective Date: July 01, 2022

- 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

Month	Members	Premium	Total Medical	
			FFS/Caps	Rx Claims
202009	744	\$335,768	\$174,398	\$78,884
202010	747	\$336,310	\$764,572	\$89,815
202011	747	\$336,752	\$272,058	\$82,442
202012	749	\$338,437	\$299,263	\$108,802
202101	744	\$335,615	\$207,812	\$83,073
202102	753	\$339,586	\$150,091	\$77,806
202103	755	\$339,639	\$172,174	\$92,205
202104	755	\$339,581	\$171,639	\$99,607
202105	755	\$339,135	\$124,587	\$87,625
202106	757	\$339,468	\$290,509	\$99,734
202107	758	\$383,071	\$382,849	\$102,534
202108	771	\$387,991	\$289,234	\$103,501
TOTALS	9,035	\$4,151,354	\$3,299,184	\$1,106,028
			Current Year Incurred Claims PMPM	\$365.16
				\$122.42

Prior Year's Experience

Month	Members	Premium	Total Medical	
			FFS/Caps	Rx Claims
201909	742	\$314,029	\$268,166	\$58,017
201910	741	\$313,941	\$127,404	\$70,804
201911	738	\$312,800	\$160,609	\$73,935
201912	736	\$312,657	\$252,001	\$56,149
202001	724	\$311,970	\$89,300	\$75,545
202002	716	\$307,691	\$213,870	\$54,644
202003	722	\$309,838	\$228,060	\$61,756
202004	723	\$310,691	\$133,707	\$71,672
202005	720	\$310,274	\$162,572	\$68,458
202006	722	\$310,628	\$320,871	\$71,416
202007	717	\$323,063	\$233,590	\$58,714
202008	716	\$322,632	\$218,462	\$76,335
TOTALS	8,717	\$3,760,214	\$2,408,613	\$797,445
			Prior Year Incurred Claims PMPM	\$276.31
				\$91.48

Premium Development

Current Monthly Amount Due	\$379,531
Current Subscribers	533
Current Members	747
Current Premium PMPM	\$508.07

Platte County R-111 School District

Rate Change Development

Effective Date: July 01, 2022

- 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

Next Contract Period:	07/01/2022 - 06/30/2023	Current Year Experience		Prior Year Experience	
Claim Basis:	Incurred	Incurred		Incurred	
Year Experience Period:	09/01/2020 - 08/31/2021	09/01/2019 - 08/31/2020		09/01/2019 - 08/31/2020	
Paid Through:	10/31/2021	10/31/2021		10/31/2021	
Subscriber Months:	6,487	6,283		6,283	
Member Months:	6,487	6,283		6,283	
Experience Period Average Members:	753	726		726	

	Current Subscribers: 533	Current Members: 747	Current Year Experience			Prior Year Experience		
			Med + Cap PMPM	Rx PMPM	Total PMPM	Med + Cap PMPM	Rx PMPM	Total PMPM
1 Incurred Claims			\$365.16	\$122.42	\$487.57	\$276.32	\$91.48	\$367.80
2 Deductible Suppression			1.0194		1.0145	1.0181		1.0136
3 Incurred Claims x Deductible Suppression Factor			\$372.24	\$122.42	\$494.66	\$281.33	\$91.48	\$372.81
4 Pooled Claims			\$106.35	\$0.32	\$106.66	\$0.00		\$0.00
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)			8.54%	8.54%		8.54%	8.54%	
c. Pooling Charge			\$22.71	\$10.43	\$33.13	\$24.02	\$7.81	\$31.83
6 Incurred Claims w/ Pooling (3 - 4 + 5c)			\$288.60	\$132.52	\$421.13	\$305.35	\$99.29	\$404.65
7 Adjustment for Change in Network			1.0000	1.0000	1.0000	0.9992	1.0000	0.9994
8 Adjustment for Change in Plan			0.9950	0.9950	0.9950	1.0000	0.9989	0.9997
9 Adjustment for Change in Demographics			1.0000	1.0000	1.0000	0.9791	0.9780	0.9788
10 Underwriting Adjustment			1.0000	1.0000	1.0000	1.0689	1.0393	1.0616
11 Adjusted Incurred Claims (6 x 7 x 8 x 9 x 10)			\$287.16	\$131.86	\$419.02	\$319.28	\$100.82	\$420.10
12 Trend								
a. Annual Trend Factor			10.70%	11.79%	11.05%	10.69%	11.79%	10.96%
b. # of Months of Trend			22.0	22.0	22.0	34.0	34.0	34.0
c. Projection Factor			1.2049	1.2267	1.2122	1.3336	1.3714	1.3427
13 Exp. Based Projected Claims (11 x 12c)			\$346.01	\$161.76	\$507.76	\$425.79	\$138.26	\$564.05
14 Experience Weighting			75%	75%	75%	25%	25%	25%

	Blended Results		
	Med + Cap	Rx	Total
15 Experience Blended Projected Claims	\$365.95	\$155.89	\$521.83
16 Experience Credibility	77.4%	77.4%	77.4%
17 Manual (CRC) Projected Claims	\$356.24	\$129.66	\$485.90
18 Blended Projected Claims	\$363.76	\$149.97	\$513.72
19 Large Claim Adjustment			
20 Retention Charges		Total	Total
a. Administrative Component		12.52%	\$76.51
b. Broker Commission Component		2.60%	\$15.89
c. Premium Tax Component		0.82%	\$4.99
d. Health Insurance Assessment		0.00%	\$0.00
e. Total Retention Charges (a + b + c + d)		15.94%	\$97.39
21 Projected Premium			\$611.11
22 Multi Product Discount			\$0.00
23 Rate Adjustment			(\$46.85)
24 Proposed Premium			\$564.27
25 Producer Services Fee Component		0.00%	\$0.00
26 Total Amount Due			\$564.27
27 Estimated Current Total Amount Due			\$508.07
28 Required Rate Change (excludes 22 & 23)			20.28%
29 Proposed Rate Change (26 / 27 - 1)			11.06%



Platte County R-III School District

Programs and Services - Fully Insured Funding		Effective Date: July 01, 2022
Program Summary	PPO	
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	
Teladoc®	Yes	
Care Management		
Aetna Enhanced Maternity Program	Yes	
Aetna One Choice ®	Yes	
Enhanced Clinical Review	Yes	
MedQuery® with Member Messaging	Yes	
Regional Case Management	Yes	
Utilization Management	Yes	
Member Resources		
Member Services	Yes	
Member Website and Mobile Experience	Yes	
Wellness Programs and Services		
Aetna Healthy Commitments™ - Core	Yes	
Personal Health Record	Yes	
Simple Steps (Aetna or Redbrick HRA)	Yes	
Reporting		
Utilization Management Reporting	Yes	
Behavioral Health		
AbleTo Network	Yes	
Applied Behavioral Analysis (ABA)	Yes	
Behavioral Health Condition Mgmt - Standard	Yes	
Managed Behavioral Health	Yes	
Allowances		
Annual Wellness Allowance	Yes	

Platte County R-III School District

Programs and Services - Fully Insured Funding		Effective Date: July 01, 2022
Program Summary	PPO	
Allowances		
Annual Wellness Allowance	Cost	
<p>We are including a wellness allowance of up to \$10,000 that may be used towards reasonable wellness services procured by the Plan Sponsor from third party vendors to pay for wellness-related expense such as wellness fairs, biometric screenings and on-site flu vaccinations incurred during the July 01, 2022 to June 30, 2023 plan year. These funds will be available as of the effective date of the period.</p> <p>Our preferred method of payment of wellness-related expenses is directly to the vendor. Payment will be made once the expenses are incurred and invoice(s) are provided.</p> <p>Invoices must be submitted to us within 60 days following the close of the plan year. Expenses must be for wellness related programs or activities that are designed to promote the health and well being of plan participants, or to educate the participants about healthy lifestyles and choices.</p> <p>Any expenses beyond the Wellness Allowance are the responsibility of the customer. Any balance of this allowance fund remaining at the end of the policy year will be forfeited. Any amounts ("Wellness allowance") paid by Aetna to a plan sponsor to offset or reimburse such plan sponsor for any expense or costs incurred as a result of contracting with Aetna for benefits plan administration services, shall be paid in accordance with applicable law. Plan sponsors are advised to determine appropriate accounting for these payments with their own counsel or accountant. Any plan sponsor receiving a wellness allowance or other payments from us that offset or reimburse expenses that would otherwise be paid from plan assets, should consult with their ERISA counsel to determine if such allowance must be credited to plan assets, and for additional counsel regarding the accounting for reporting of such payments. We assume the funding of any wellness budget is either at the request of your Plan Administrator acting in their fiduciary capacity to your Plan or for the exclusive benefit of your Plan.</p>	Included	

Platte County R-III School District

Caveats - Fully Insured Funding

Effective Date: July 01, 2022

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

Documentation

Summary of Renewal Rates, Experience and Rate Change Development

The attached Summary of Renewal Rates exhibit outlines your premium rates for the upcoming policy period. The Experience exhibit(s) displays your experience for the most recent 12 months and adjusts for any plan change (if applicable). The Rate Change Development takes the current experience, and adds on trend, a large claim adjustment factor, expenses, taxes and/or producer service fees/commissions to develop the required premium.

Illustrative Premium

Prior to these rates being finalized and open enrollment occurring, the Plan Sponsor will provide us with full disclosure of open enrollment materials, including employee contribution rates (dollar amounts) for all plan options, eligibility definitions for all plans (retiree, part-time employees), and other carrier plan designs for all sites where our products are offered. Additionally, we request monthly enrollment, monthly claim totals, and large claims experience all current within 180 days or less of the effective date prior to finalizing this offering.

Assumptions

Prospective Quoting

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

Billing and Payment of Premium

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

Claim Fiduciary

Aetna will be the claim fiduciary for medical coverages. As claim fiduciary, Aetna will be responsible for final claim determination and the legal defense of disputed benefit payments for medical.

Commissions

As requested, we have included 2.90% commissions in our quoted rates. Eligible commission recipients must have a valid license and a valid broker of record letter presented by the plan sponsor on plan sponsor letterhead with appropriate signature.

Producer Service Fee

We are not serving as billing and collection agent for producer service fee, therefore such fee is not included in this renewal.

Financial Condition

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

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.

Platte County R-II School District

Caveats - Fully Insured Funding

Effective Date: July 01, 2022

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

Medical Service Center

Claim administration and member services for the quoted plans will be managed centrally by the Bismarck, ND Service Center. Members will be able to reach the Member Service representatives Monday through Friday, from 8 a.m. to 6 p.m., CST.

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.

Plan Design

For our fully insured products, all applicable government regulations and state mandates will apply.

Prescription Drug Benefits

Prescription drug benefits are included and will be provided through Aetna Pharmacy Management.

Aetna Specialty Pharmacy™ Program

The Aetna Specialty Pharmacy™ program covers specialty prescription drugs when filled through a network retail or specialty pharmacy, including CVS Specialty® Pharmacy. CVS Specialty is an ideal specialty pharmacy for members needing injectable and specialty medications. Members receive the full support of CVS Specialty's clinical staff, including pharmacists, registered nurses, certified pharmacy technicians and regional clinical liaisons. In addition to providing convenient access to specialty medications, CVS Specialty provides educational support to help members, their family members and caregivers manage self-injectable medications. CVS Specialty also offers enhanced care coordination and access to health care providers, so care delivery is streamlined and effective.

Each prescription is limited to a maximum supply. Depending on plan design, members may be required to fill specialty drug prescriptions at a network specialty pharmacy, unless an emergency exists.

Point of Service Rebates

This proposal 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.

Rate Mutualization

The enclosed rates are mutualized and assume that either our medical plans are offered on a sole replacement basis without competitor plan offerings, or that competitors' rates are mutualized over exactly the same service areas. Rate mutualization is also offered under the condition that the site specific contribution strategy does not financially disfavor us from any competitor plan offerings. The mutualized rates assume that the plan will be offered in all sites included in the mutualized rates. If actual site-specific enrollment differs significantly from that assumed during the mutualized rate calculation, we reserve the right to recalculate the mutualized rates based upon actual site-by-site enrollment.

Run-In Claim Processing

Expenses associated with run-in claims from any prior plan (claims incurred prior to the effective date of our plan) are excluded from the proposed rates.

Platte County R-111 School District

Caveats - Fully Insured Funding

Effective Date: July 01, 2022

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

Network Re-Contracting

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. These mechanisms may include payments to organizations that may refer to themselves as accountable care organizations ("ACOs") and patient-centered medical homes ("PCMHs"), in the form of accountable care payments (ACP) and incentive arrangements based on clinical performance and cost-effectiveness. The ACP amount is based upon an assessment for each member who is already accessing providers in an ACO, and is assessed retrospectively on a quarterly basis and collected through established claim wire. Each ACO will have a different ACP based on the clinical efficiencies targeted and network negotiations. The ACP assists the ACO in funding transformation of the health care system 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 the health plan and ACO providers

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.

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

Member/Subscriber Ratio

The enrolled member to subscriber ratio increases or decreases by more than 10% from the 1.4 ratio assumed in this quote.

Enrollment

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

The plan sponsor offers coverage to employees previously not eligible under the plan without prior notification.

(Change in census is based on additions and subtractions - a 60 life group who adds 3 people and takes away 3 others has a 6 person change in census even though they stay at 60 lives.)

Participation and Contribution Rules

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

Contract Provisions

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

Covered Lives, Demographics

A 5.0% percent change in the demographics and/or geographic mix of the enrolled group in aggregate or in any site with at least 100 enrolled subscribers. A 10 percent change in the total number of subscribers enrolled in each individual product or in aggregate, including the impact of new or terminating locations and/or groups.

Platte County R-III School District

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Retiree & COBRA Members

The premium rates assume that the pre-65 retirees, COBRA and non-Medicare disabled participants combined comprise less than five percent of the total Aetna covered group and that this group doesn't vary in size by more than two percent from the previous year. For option (slice) offerings, pre-65, COBRA and non-Medicare disabled participants must be eligible for the same benefits as the active population. Retirees are not included among the eligible population. We expect Medicare primary individuals to pursue such coverage. The premium rates assume that COBRA participants comprise less than ten percent of the total Aetna covered group. Include if customer covers Medicare eligible retirees which is non-standard - Medicare eligibles must participate in both Medicare Part A and Medicare Part B.

Quoted Benefits and Administration

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

Additional Products and Services

Costs for special services, that are not included or assumed in the rate guarantee will be direct-billed after such services have been rendered. For example, the Plan Sponsor will be subject to additional charges for customized communication materials. 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.

Additional

Please review the additional important information found at the following URL:

<https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/Middle-Market-and-Public-Labor-Insured-Medical-Underwriting-Disclosures-as-of-09-15-2021.pdf>

<https://www.aetna.com/content/dam/aetna/pdfs/aetna.com/2022-national-accounts-insured-medical-uw-disclosures.pdf>

This information is incorporated in and is a part of this proposal. 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 Underwriter Disclosure document, the information in your Package shall prevail.

Medical Disclosure Information

At the time of annual enrollment, your plan participants should be provided with the Medical Disclosure information related to their plan of benefits. Go to our corporate website and enter the state followed by the word 'Disclosure' in the search field. Please provide the applicable Medical Disclosure document and any required Addendum to your plan participants. If you have any questions, please contact your broker or account management team.

Health Care Reform Caveats

Affordable Care Act (ACA) Taxes and Fees

The Affordable Care Act (ACA) imposed 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 2022 is Patient-Centered Outcomes Research Trust Fund fee (PCORI). It applies to issuers of specified health insurance policies and plan sponsors of 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.