

Aetna Life Insurance Company

Stop Loss Application and Schedule of Insurance

Karina Esparza

E-signed 2023-01-26 04:03PM CST

karina.esparza@co.hidalgo.tx.us



Policyholder Information

Policyholder name (full legal name of entity): COUNTY OF HIDALGO

Street: 505 S. McColl Road Suite A

City: EDINBURG State: TX Zip Code: 78539

Email: merlen.munoz@co.hidalgo.tx.us Phone: (956) 292-7025

Policy period start: 01/01/2023 Policy period end: 12/31/2023

Total number of employees/covered units covered under the policy: 3,982

Pre-65 Retirees: Included Excluded Retirees 65+: Included Excluded

Medical paid claims basis: Issued Cleared N/A

Business Type: Corporation Government Association Union Other

Affiliates or subsidiaries included? No Yes If yes, list name(s) and address state of the primary location(s) below.

Affiliate full legal name(s):	Address state of Primary location(s):
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Third Party Administrator? No Yes If yes, complete for each administrator or vendor.

Medical:

Prescription drug:

Other:

Individual Stop Loss Coverage (ISL)

Individual Stop Loss coverage? No Yes Individual Stop Loss amount: \$350,000

Does individual Stop Loss amount differ by plan or class? No Yes

If yes, please include the plan(s)/class(es) and amounts below.

Plan/class:	Individual Stop Loss amount: \$
Plan/class:	Individual Stop Loss amount: \$
Plan/class:	Individual Stop Loss amount: \$

Plan/class:	Individual Stop Loss amount: \$
Plan/class:	Individual Stop Loss amount: \$
High risk individual Stop Loss amount(s)* included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>*See Coverage Limitations identified below.</i>
Covered benefits:	<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Prescription drug <input type="checkbox"/> Other <input type="text"/>
Contract type:	Claims incurred from _____ through _____ or <input checked="" type="checkbox"/> paid basis Claims paid from 01/01/2023 through 12/31/2023
Maximum run-in claims:	<input checked="" type="checkbox"/> N/A or \$ <input type="checkbox"/> per covered person <input type="checkbox"/> in total
Individual coinsurance percentage reimbursable:	100%
IOE transplant Stop Loss amount:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No or \$
Family individual Stop Loss amount:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No or \$
Aggregating Specific Stop loss amount:	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No or \$
Maximum lifetime individual Stop Loss payment amount:	<input checked="" type="checkbox"/> Unlimited or \$
Experience Refund Option included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Experience refund period:	Start date _____ through _____
Loss ratio threshold:	% Refund share: %
Maximum refund:	% Large claim adjustment: <input checked="" type="checkbox"/> No or Adjustment is:
Large claim identifier:	Date of birth: _____
Large claim identifier:	Date of birth: _____
Large claim identifier:	Date of birth: _____
Large claim identifier:	Date of birth: _____
Large claim identifier:	Date of birth: _____
Premier product included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Renewal risk cap included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cap: %
Other rate cap included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cap: %
Terminal run-out coverage for claims incurred prior to policy termination and paid after termination?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Terminal reserve or liability period:	<input type="text" value="3"/> months
Reimbursement types:	Immediate reimbursement (Aetna as claims administrator): <input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Individual accelerated claim reimbursement (TPA as claims administrator): <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Other conditions or provisions:	

Aggregate Stop Loss Coverage (ASL)	
Aggregate Stop Loss coverage?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Aggregate Stop Loss percentage:	%
Covered benefits:	<input type="checkbox"/> Medical <input type="checkbox"/> Prescription Drug <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other <input type="text"/>
Contract type:	Claims incurred from _____ through _____ or <input type="checkbox"/> paid basis Claims paid from _____ through _____
Maximum run-in claims:	<input checked="" type="checkbox"/> N/A or \$ <input type="checkbox"/> per covered person <input type="checkbox"/> in total
Individual Stop Loss insurer:	<input checked="" type="checkbox"/> Aetna or <input type="text"/>

ISL composite rate: \$37.80 per employee per month (PEPM)

ASL composite rate: \$ per employee per month (PEPM)

Aggregate Stop Loss factor:

Composite: \$ per employee per month (PEPM) or N/A

Terminal Liability Stop Loss factor:

Composite: \$ per employee per month (PEPM) or N/A

Certification and Signature

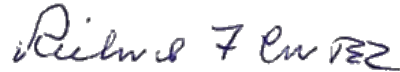
You hereby represent that the information contained in this *Stop Loss Application and Schedule of Insurance*, any *Disclosure* statement, and all other information and documents provided by you to us, is true and complete to the best of your knowledge and belief.

Printed name of authorized representative:

Richard F Cortez

Official Title: **Hidalgo County Judge**

Signature of authorized representative:



Date: **Jan 26, 2023**

Agent of Record

Agent's name: on file

Agent's firm: on file

Tax ID #: on file

(If countersignature laws require commission sharing with a duly licensed resident agent in another jurisdiction, the above designation will be modified to the extent required by law.)

Fraud Notice

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

State-specific notices:

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime.

LA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK: WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim

for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.

RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

VA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

1. AI-88889

A. Requesting approval to rescind action taken by (CC 11/29/2022 AI-88360) for the award of the Self-funded Health plan-stop loss reinsurance services to Unum.

B. Requesting approval to award Aetna the recommended carrier with authority for the County Judge to sign any required documentation. (Audio Reference 59m: 45s)

Commissioner Fuentes abstained from any discussion and/ or action regarding agenda items 22. H. 1. A. and 22. H. 1. B.

The remaining members of the Court proceeded with a vote of approval for agenda items 22. H. 1. A. and 22. H. 1. B.

On motion by COMMISSIONER PCT. 3, EVERARDO "EVER" VILLARREAL, seconded by COMMISSIONER PCT. 2, EDUARDO "EDDIE" CANTU, the Court made a UNANIMOUS vote of approval on agenda items 22. H. 1. A. and 22. H. 1. B.

Vote: 3 - 0 – Unanimously.

Attachments:

Consultant

Recommendation

Backup

EXECUTED as of the day and year first written above.

APPROVED BY COMMISSIONERS' COURT ON December 20, 2022

Agenda Item No. 88889

Executive Office: MS

COUNTY:
COUNTY OF HIDALGO

Richard F Cortez
Hon. Richard F. Cortez, County Judge

ATTEST:



Arturo Guajardo Jr
Arturo Guajardo, Jr., County Clerk

ATTACHMENTS:
(If Applicable)

SUPPLEMENTAL SIGNATURES:
(If Applicable)











22-0048-12-20 Self-Funded Health Plan- Stop-Loss Reinsurance Services

Final Audit Report

2023-01-27

Created:	2023-01-24
By:	Alexandra Vela (alexandra.vela@co.hidalgo.tx.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAewiHAXx5aNU7wHEHnkf-uBEPyTSX_Pnv


"22-0048-12-20 Self-Funded Health Plan- Stop-Loss Reinsurance Services" History

-  Document created by Alexandra Vela (alexandra.vela@co.hidalgo.tx.us)
2023-01-24 - 10:37:31 PM GMT
-  Document emailed to Monica Salinas (monica.salinas@co.hidalgo.tx.us) for approval
2023-01-24 - 10:40:21 PM GMT
-  Email viewed by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
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-  Document approved by Monica Salinas (monica.salinas@co.hidalgo.tx.us)
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-  Document emailed to countyjudge@co.hidalgo.tx.us for signature
2023-01-24 - 10:40:55 PM GMT
-  Email viewed by countyjudge@co.hidalgo.tx.us
2023-01-24 - 10:42:32 PM GMT
-  Signer countyjudge@co.hidalgo.tx.us entered name at signing as Richard F Cortez
2023-01-26 - 3:47:45 PM GMT
-  Document e-signed by Richard F Cortez (countyjudge@co.hidalgo.tx.us)
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-  Document emailed to Karina Esparza (karina.esparza@co.hidalgo.tx.us) for approval
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 Signer arturo.guajardo@co.hidalgo.tx.us entered name at signing as Arturo Guajardo Jr.


2023-01-27 - 3:20:12 PM GMT

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Signature Date: 2023-01-27 - 3:20:14 PM GMT - Time Source: server

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Approval Date: 2023-01-27 - 4:09:12 PM GMT - Time Source: server

 Agreement completed.

2023-01-27 - 4:09:12 PM GMT

