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An Aetna Renewal

Presented To

Webb County

By No Producer

Annual Renewal Rating: January 01, 2025

Plan Sponsor Number: 285620

Firm

Webb County

Contact Information

Account Manager: Michael Garza
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Telephone Number: (713) 703-7185

Assumptions

Contract State: TX
Lives: 916
Contract Period: 12 month
SIC Code: 9199
Commissions: 0.00%
Mem/EE Ratio: 2.03

Renewal Rates **Effective Date:** 01/01/2025 **End Date:** 12/31/2025

This Renewal includes a 12 month Rate Guarantee

Coverage	Lives	Current Rates	Proposed Rates	% Change
Vision				
AVP				
EE	503	$7.60	$7.60	0.00 %
EE + SP	73	$14.45	$14.45	0.00 %
EE + Children	201	$15.21	$15.21	0.00 %
Family	139	$22.36	$22.36	0.00 %
Total	**916**	**$11,043**	**$11,043**	**0.00 %**

Total Vision Lives: **916**
Current Monthly Premium: **$11,043**
Proposed Monthly Premium: **$11,043**
Total % Change: **0.00%**
Proposed Total Contract Period Premium: **$132,515**

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Clarifications:

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

**Rates may by adjusted if:

- There is 15% increase or decrease in the number of employees from our enrollment assumptions or from any subsequently reset enrollment assumptions.
- Legislation or regulation is enacted that affect the benefits payable, eligibility.
- Failure to make required premium payments in accordance with policy provisions.
- A material change in the plan of benefits offered that is initiated by Webb County or required because of legislative or regulatory action.
- Commissions payable to a broker or consultant change.
- Affordable Care Act - fees and assessments - Any additional mandated fees or taxes required by Federal laws or regulations (such as, the Patient Protection and Affordable Care Act ("PPACA"), Health Insurance Provider Fee ("HIF") tax) will be built into the rate development for the application of the contract year.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Vision is underwritten by Aetna Life Insurance Company.

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Summary of Benefits for Webb County

Aetna Vision℠ Preferred

Effective Date: 01/01/2025 Frequency (Exam/Frame/Lens): 12/12/12 Standard Plan AVP 888657 - Package A	In Network Member Cost Aetna Vision Network	Out of Network Member Reimbursement*
Exam		
Use your Exam Coverage once every Calendar Year		
Eye Exam with Dilation as Necessary	$10 Copay	$20 Reimbursement
Retinal Imaging	Member pays discounted fee of $39	Not Covered
Standard Contact Lens Fit /Follow Up[1]	Member pays discounted fee of $40	Not Covered
Premium Contact Lens Fit /Follow Up[1]	10% off Retail Price	Not Covered
Frames		
Use your Frame Coverage once every Calendar Year		
Any Frame available, including frames for prescription sunglasses	$0 Copay; $150 Allowance**, 20% off balance over allowance	$80 Reimbursement
Standard Plastic Lenses		
Use your Lens/Lens Option Coverage once every Calendar Year to purchase 1 pair of eyeglass lenses OR 1 order of contact lenses		
Single Vision	$25 Copay	$35 Reimbursement
Bifocal	$25 Copay	$55 Reimbursement
Trifocal	$25 Copay	$90 Reimbursement
Lenticular	$25 Copay	$90 Reimbursement
Standard Progressive Lens (copay includes bifocal cost)	$90 Copay	$55 Reimbursement
Premium Progressive Lens (copay includes bifocal cost)[2]	$90 Copay; 80% of Charge less $120 allowance**	$55 Reimbursement
Lens Options		
UV Treatment	Member pays discounted fee of $15	Not Covered
Tint (Solid And Gradient)	Member pays discounted fee of $15	Not Covered
Standard Plastic Scratch Coating	Member pays discounted fee of $15	Not Covered
Polycarbonate Lenses - Adult	Member pays discounted fee of $40	Not Covered
Polycarbonate Lenses - Children to age 19	Member pays discounted fee of $40	Not Covered
Standard Anti-Reflective Coating	Member pays discounted fee of $45	Not Covered
Photochromic/Transitions Plastic - Adult	20% off Retail	Not Covered
Photochromic/Transitions Plastic - Child to age 19	20% off Retail	Not Covered
Other Add-Ons	20% off Retail Price	Not Covered
Contact Lenses		
Use your Contact Lens Coverage once every Calendar Year to purchase 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional	$0 Copay; $150 Allowance**, 15% off balance over allowance	$120 Reimbursement
Disposable	$0 Copay; $150 Allowance	$120 Reimbursement
Medically Necessary	Covered in Full	$205 Reimbursement

In Network Discounts	
Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands	
Additional pairs of eyeglasses or prescription sunglasses[3]	**Up to 40% off prescription eyeglasses/sunglasses and 15% off conventional contact lenses once the funded benefit has been used**
Non-covered Items[4]	**20% off Retail Price**
Lasik Laser vision correction or PRK from **U.S. Laser Network**[5]. Call 1-800-422-6600	**15% discount off retail or 5% discount off promotional price**
Hearing Discounts[6] - two ways to save: **Hearing Care Solutions** 1-866-344-7756 **Amplifon Hearing Health Care** 1-877-301-0840	**Save on hearing aids, exams, batteries, repairs and more**

Partial list of exclusions and limitations

Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

*Out of network coverage is available. To receive reimbursement up to the amounts listed above, a claim form with itemized receipt is required. Reimbursement will not exceed the providers actual charge. Claims forms can be found at aetnavision.com or by calling customer service Monday through Sunday at 1-877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. You also have access to Allied Providers, such as Costco Vision, who will apply your out-of-network benefits at the point of service and handle the claim submission process for you.

**Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

[1]Contact lens fit and two follow-up visits are allowed once an eye exam has been completed.

[2]Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions. Ask your eye care provider for more information. Premium Progressive Lens cost includes bifocal cost.

[3]Additional pair discount applies to purchases made after the plan allowances have been exhausted. Discounts are not insurance.

[4]Non covered discounts may not be available in all states.

[5]Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

[6]Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO).

Policies and plans are insured and/or administered 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 ("EyeMed"), LLC.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. These are the plan's main exclusions and limitations. See the booklet-certificate for a complete description. The plan does not cover: special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (nonprescription) lenses; nonprescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice.

Refer to Aetna.com for more information about Aetna® plans.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 877-973-3238. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512. 1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD). Help for those who speak another language and for the hearing impaired.

For language assistance in your language call 877-973-3238. Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación.

Webb County

Financial Exhibits and Assumptions — Effective Date: January 01, 2025

The financial quotation presented in this proposal is based on the assumptions outlined in this document. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments to our quote. The financial assumptions have been outlined in the following manner:

General Financial Assumptions
Fully-Insured Products
Programs and Services

We have made every effort to respond to your request in a manner that reflects existing and expected business practices for the effective date that you have chosen. Should you decide to establish a business relationship with us, we will require you to enter into a contractual agreement after we confirm benefits, services and rates.

General Financial Assumptions

Group Policy ("Contract") Period

The contract period begins on the effective date of January 01, 2025.

Pricing and Underwriting Basis

We have assumed that the proposed plan of benefits will be extended to the employee groups included on the census file that was submitted with the RFP. Our enrollment assumptions are shown on the rate exhibits. Our proposal assumes that coverage will not be extended to additional employer groups without review of supplemental census information and other underwriting information for appropriate financial review.

Plan Design

These products are offered subject to the terms of our Plan Design Deviations Document. For our fully insured products, all government regulations and state mandates will apply. The availability of certain vision plan designs may vary by state.

Funding Arrangement

We have quoted a fully insured Vision plan(s) for your employees.

Claims Reimbursement Basis

For most services, coverage is provided for both in and out of network care. However, for certain services, coverage may not be available or may be reduced when care is provided by a non-participating provider. In no event will the amount paid by the plan for out of network care exceed the reimbursement provided had the service been performed by a participating provider.

Policies and Claim Settlement Practices

Our quotation assumes that our standard contract provisions and claim settlement practices will apply. If a material change is initiated by Webb County or due to legislative or regulatory action in the claim payment requirements or procedures, account structure, or any changes materially affecting the manner or cost of paying benefits, we reserve the right to adjust our proposal accordingly.

Run-In Claim Processing

Our proposal excludes run-in claim processing from the prior carrier (claims incurred prior to the effective date of the plan).

Service Center

Claim administration and member services for the quoted plans will be provided by EyeMed's Mason, Ohio Customer Care Center. Members will be able to reach member service representatives 7:30 a.m. to 11:00 p.m. ET, Monday through Saturday, and 11:00 a.m. to 8:00 p.m. ET Sunday, excluding certain holidays. In addition, EyeMed offers automated interactive voice response system (IVR) 24/7.

Continuity of Coverage at Takeover

Our standard contracts exclude coverage for work begun prior to the member's effective date with Aetna.

Eligibility Transmission

Our proposal assumes we will receive eligibility information weekly or biweekly, from Webb County's location(s) and/or by Webb County's designated vendor. Aetna's preferred method of submission is via electronic connectivity. Aetna does not charge for the first 4 ELRs/segments whether associated with one transmission or via multiple methods. Costs associated with more than 4 ELRs/segments or with any custom programming necessary to accept Webb County's eligibility information and/or information coming from a designated vendor are excluded. During the installation, we will review available methods of submitting eligibility information and identify a mutually agreeable approach.

Fully-Insured Products

Terms of Offer

The Vision Plan is offered on a prospectively insured, no deficit carry-forward basis. At renewal, we may take into account Webb County's experience to determine the appropriate rating action for the Vision plans.

The quoted rates are valid until the earliest of 90 days from the date of this quotation or 30 days prior to the assumed effective date. We reserve the right to update this quotation if the quote is not accepted within this time frame.

Plan Offering

We have assumed that Aetna will be the sole Vision vendor offered to Webb County's employees.

Customer/Employee Contributions & Participation

There is no minimum participation requirement for the first year. Beginning with the first renewal we will require a minimum participation level of 15.00 % of eligibles.

Rate Guarantee

We have offered a 12 month rate guarantee. The rate will be guaranteed from 01/01/2025 through 12/31/2025, but will be subject to any applicable increase associated with the Health Insurer Fee (see *Patient Protection and Affordable Care Act – Fees and Assessments* below) for the life of the guarantee period. The rate guarantee is subject to the same terms and conditions as stated under the Rate Guarantee. We reserve the right to review and possibly modify or terminate the guarantee arrangement if any of the following occur during the guarantee period:

1. There is a 15.00 % increase or decrease in the number of employees from our enrollment assumptions or from any subsequently reset enrollment assumptions.
2. A change in the demographic and/or geographic mix of the eligible group from that assumed at the time the guarantee is established.
3. A material change in the plan of benefits offered that is initiated by Webb County or required because of legislative or regulatory action.
4. Failure of Webb County to make required premium payments in accordance with policy provisions.

Payment of Vision Premium

Insured bills are typically generated on the 24th through 26th of each month and mailed within 3 business days. Premium payments are due on the first day of the month for which coverage is provided. We require that all payments be reconciled within one month of receipt. In order for a payment to be considered reconciled, the difference between the amount billed and the amount paid must be resolved. While we expect the monthly premium payment by the due date, we allow a 31-day grace period following the due date. Interest may be collected on late premium payments.

Plan Eligibility

Our quoted rates assume that permanent full-time employees work a minimum of 25 hours per week on a regularly scheduled basis and that eligible dependents include an employee's spouse and unmarried children up to age 26. Retirees are not eligible for coverage.

Run-Off Claim Processing

Our quoted rates reflect an incurred (mature) claim base and take into account the expenses associated with the processing of run-off claims following cancellation, subject to the conditions of our financial guarantee.

Annual Enrollment

The quoted rates assume that there will be an annual enrollment period when all eligible employees have a choice of enrolling in any of the available Vision plans offered by Webb County.

Contract Situs

This quote is based on a contract situs of TX. Extraterritorial state requirements may apply to members residing in specific States. If your plan covers members in other states, impacts to your plan of benefits and rates adjustments (if any) will be evaluated and communicated to you at the point of sale.

Vision Directories

Vision network providers can be located on-line at www.aetnavision.com. Paper provider directories are available for an additional fee.

ID Cards

Our quoted rates include the cost for ID cards. Each vision subscriber will receive two ID cards. The ID card includes a toll-free number for accessing member services.

Commissions

Commissions have been excluded from our quoted rates.

Disclosure Statement

Aetna has various programs for compensating agents, brokers and consultants. If you would like information regarding compensation programs for which your agent, broker, or consultant is eligible, payments (if any) which Aetna has made to your agent, broker, or consultant; or other material relationships your agent, broker, or consultant may have with Aetna, you may contact your agent, broker, or consultant; or your Aetna account representative. Information regarding Aetna's programs for compensating agents, brokers, or consultants is also available at www.aetna.com.

Aetna Vision℠ Preferred

Vision 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. 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.

Additional Products and Services

Costs for special services rendered, which are not included or assumed in the pricing guarantee will be direct billed. For example, Webb County would be subject to additional charges for customized communication materials, as well as costs associated with custom reporting, programming, etc. The costs for these types of services would depend upon the actual services performed and would be determined at the time the service is requested.

Affordable Care Act – Fees and Assessments

Any additional mandated fees or taxes required by Federal laws or regulations (such as, the Patient Protection and Affordable Care Act ("PPACA"), Health Insurance Provider Fee ("HIF") tax) will be built into the rate development for the applicable contract year.

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 penalities or fees associated with reporting delays/errors caused by your failure to provide us with accurate or timely information.

Webb County

Programs and Services - Fully Insured Funding

Effective Date: January 1, 2025

Program Summary	AVP
Claims Services	
Claim Fiduciary	Yes
External Review	Yes
Member Services	
Electronic Delivery of SPD Booklet/Certificate material	Yes
Integrated Voice Response	Yes
Online Directories	Yes
Online Wellness Info	Yes
Open Enrollment Materials	Yes
Secure Member Website	Yes
Standard ID Cards	Yes
Toll Free Member Services with access to muli-lingual language	Yes
Welcome Package Including 2 vision ID cards	Yes
Wellness Programs and Services	
Oneline Eye Health Education Information	Yes