

# Aetna Life Insurance Company

## Stop Loss Application and Schedule of Insurance

151 Farmington Avenue  
Hartford, CT 06156

| Policyholder Information  |  |
|---|--|
| Policyholder name (full legal name of entity): WEBB COUNTY  |  |
| Street: 1110 WASHINGTON ST., SUITE 204  |  |
| City: LAREDO  | State: TX Zip Code: 78040  |
| Email: samanthas@webbcountytx.gov   |  |
| Policy period start: 01/01/2024   | Policy period end: 12/31/2024  |
| Total number of employees/covered units covered under the policy: 1,231   |  |
| Pre-65 Retirees: <input checked="" type="checkbox"/> Included <input type="checkbox"/> Excluded   | Retirees 65+: <input type="checkbox"/> Included <input checked="" type="checkbox"/> Excluded |
| Medical paid claims basis: <input checked="" type="checkbox"/> Issued or <input type="checkbox"/> Cleared or <input type="checkbox"/> N/A   |  |
| Affiliates or subsidiaries included? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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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| <b>Third Party Administrator?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete for each administrator or vendor.                          |  |
| Medical:  |  |
| Prescription drug:  |  |
| Other:  |  |
| Individual Stop Loss Coverage (ISL)   |  |
| Individual Stop Loss coverage? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  | Individual Stop Loss amount: \$225,000   |
| Does individual Stop Loss amount differ by plan or class? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |  |
| If yes, please include the plan(s)/class(es) and amounts below.   |  |
| Plan/class:   | Individual Stop Loss amount: \$  |
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| Plan/class:   | Individual Stop Loss amount: \$  |

High risk individual Stop Loss amount(s)\* included?  N/A  No  Yes \*See Coverage Limitations identified below.

Covered benefits:  Medical  Prescription drug  Other

Contract type: Claims incurred from \_\_\_\_\_ through \_\_\_\_\_ or  paid basis  
Claims paid from 01/01/2024 through 12/31/2024

Maximum run-in claims applied:  N/A or \$ \_\_\_\_\_  per covered person  in total

Individual coinsurance percentage reimbursable: 100%

IOE transplant Stop Loss amount:  N/A  No or \$ \_\_\_\_\_

Family individual Stop Loss amount:  N/A  No or \$ \_\_\_\_\_

Aggregating Specific Stop Loss amount:  N/A  No or \$ \_\_\_\_\_

Maximum annual individual Stop Loss payment amount:  Unlimited or \$ \_\_\_\_\_

Experience Refund Option included?  N/A  No  Yes

Experience refund period: Start date \_\_\_\_\_ through \_\_\_\_\_

Loss ratio threshold: \_\_\_\_\_ % Refund share: \_\_\_\_\_ %

Maximum refund: \_\_\_\_\_ % Large claim adjustment:  No or Adjustment is: \_\_\_\_\_

Large claim identifier: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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Premier product included?  N/A  No  Yes

Renewal risk cap included?  N/A  No  Yes Cap: \_\_\_\_\_ %

Terminal run-out coverage for claims incurred prior to policy termination and paid after termination?  No  Yes  
Terminal reserve or liability period:  months

Reimbursement types:

Immediate reimbursement (Aetna as claims administrator):  N/A  No  Yes

Individual accelerated claim reimbursement (TPA as claims administrator):  N/A  No  Yes

Other conditions or provisions:

**Aggregate Stop Loss Coverage (ASL)**

Aggregate Stop Loss coverage?  No  Yes Aggregate Stop Loss percentage: \_\_\_\_\_ %

Covered benefits:  Medical  Prescription Drug  Dental  Vision  Other

Contract type: Claims incurred from \_\_\_\_\_ through \_\_\_\_\_ or  paid basis  
Claims paid from \_\_\_\_\_ through \_\_\_\_\_

Maximum run-in claims applied:  N/A or \$ \_\_\_\_\_  per covered person  in total

Individual Stop Loss insurer:  Aetna or

Minimum aggregate Stop Loss amount:  N/A or \$

Individual internal limit:  N/A  No  Yes If yes, amount: \$

Maximum annual aggregate Stop Loss payment amount?  N/A  No  Yes If yes, amount: \$

Deficit recoup provision?  N/A  No  Yes If yes, deficit cap: %

Termination provision?  N/A  No  Yes

Terminal run-out coverage for claims incurred prior to policy termination and paid after termination?  No  Yes  
Terminal reserve or liability period:  months

Reimbursement types:

Monthly budget feature (Aetna as claims administrator):  N/A  No  Yes

Aggregate accelerated claim reimbursement (TPA as claims administrator):  N/A  No  Yes

Other conditions or provisions:

**Coverage Limitations**

Mental Health claim expenses are  Included  Excluded

Transplant coverage is  Included  Excluded

Is the policyholder a hospital or hospital group?  No  Yes

If yes, domestic claims are reimbursed at:

ISL:  N/A  100%  0% / Suppressed  Other %

ASL:  N/A  100%  0% / Suppressed  Other %

High Risk Individual Stop Loss amounts:

| Member Identifier | Date of Birth | Amount | Description |
|-------------------|---------------|--------|-------------|
|                   |               | \$     |             |
|                   |               | \$     |             |
|                   |               | \$     |             |
|                   |               | \$     |             |
|                   |               | \$     |             |
|                   |               | \$     |             |
|                   |               | \$     |             |
|                   |               | \$     |             |
|                   |               | \$     |             |
|                   |               | \$     |             |
|                   |               | \$     |             |

**Premium Rates and Factors**

Premium rate:

ISL composite rate: \$102.22 per employee per month (PEPM)

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

Terminal liability premium rate:

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

\*If individual and aggregate Stop Loss coverage is included, the premium rate is combined.

|  |
|--|
| Aggregate Stop Loss factor:  |
| Composite: \$ per employee per month (PEPM) or <input checked="" type="checkbox"/> N/A |
| Terminal liability Stop Loss factor:   |
| Composite: \$ per employee per month (PEPM) or <input checked="" type="checkbox"/> N/A |

|  |   |
|--|---|
| <b>Certification and Signature</b>   |   |
| 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:   | Signature of authorized representative: |
| Official Title:  | Date:                                   |

|  |                   |
|--|-------------------|
| <b>Agent of Record</b>   |                   |
| Agent's name: on file  | Tax ID #: on file |
| Agent's firm: 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.

**CA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.

**UT:** 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.

**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.