

Aetna Supplemental Benefits Proposal

Galveston County



**Critical Illness
Plan**

Critical Illness

Policy Effective Date	01/01/2026
Contract State	TX
Number of Eligible Employees	500

Presented by:
Alliant Insurance Services Houston, LLC

Prepared by:
Denise Lofgren
Sales Vice President

This quote is valid for 90 days from: 09/15/2025



Table of Contents

[Why Aetna Supplemental Benefits?](#)

[Aetna Critical Illness Plan](#)

[General Proposal Conditions](#)

[Additional Conditions](#)

[Authorization for Use of Information](#)

[Additional Information](#)

Why Aetna Supplemental Benefits?

Competitive product portfolio with plan design and pricing flexibility

- **Plan design flexibility** through benefit options and add-ons
- Plans designed from a medical carrier perspective – built on a **group plan framework**
- Expertise to deliver strategic solutions standalone or bundled with medical to **enhance core medical strategy** and drive participation into HDHPs
- Increased **financial savings with discounts** for bundling Aetna products

Enhanced member experience that increases engagement and drives utilization

- Online access to coverage, claims and plan documents through **personalized member website and mobile app**
- Aetna Easy File™ – **fast, easy** member claim submission
- Aetna Claims Finder™ **proactive outreach** helps members use benefits
- Member access to Aetna's discount programs

Unique claims integration that makes it easy for members

- **Simplified claims submission** – online claims process with supporting documentation.

An effortless employer experience – backed by the power of the Aetna organization

- **Dedicated account management** team
- **Proven and seamless implementation** management
- Tactical marketing consultant and member **enrollment communication support**
- Strategic partnerships with enrollment platforms – ability to **enroll on your chosen platform**
- **Streamlined** implementation and file exchange with other Aetna plans

Aetna Critical Illness Plan

Plan Description

Aetna's critical illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical illness such as heart attack, stroke or cancer.

Plan Eligibility

- Applies to firefighters or peace officers who retire from a fire department or law enforcement agency with a minimum of 50 firefighters or peace officers.
- Coverage is effective for a period of three years from the date of the individual's retirement; Coverage will terminate upon claim payment.

Plan Highlights

- Guaranteed Issue
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- Pre-ex waived
- HSA compatible
- Benefits paid to the employee
- Online claims process
- Participation Requirement Waived

Plan Features

- No benefit reductions due to age

Value Added Programs

- Member-only CVS shopping site with 20% discount:
 - Curated CVS shopping site for members to shop a variety of health and wellness products including adult care, cold care, first aid, home health care, feminine products, pain relief, vitamins and more
 - Unique code gives members 20% off CVS branded items

Critical Illness Plan Benefits

Face Amounts

Covered Benefit	Amount
Employee face amount	\$100,000*

Maximum of one face amount payment per policy. Policy does not cover recurrence or subsequent diagnosis of conditions.

Critical Illness Benefits – Neurological (Brain)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Stroke	100%

We will pay the *Stroke* benefit amount shown if you are **diagnosed** with stroke as evidenced by:

- A clinical picture of permanent neurological damage provided from a computed tomography (CT or CAT) scan, and/or
- A magnetic resonance imaging (MRI) or such other diagnostic tests as may be required.

Stroke means an acute or sub-acute cerebral vascular incident producing permanent, neurological impairment and resulting in paralysis or other measurable objective neurological defect persisting for more than 24 hours.

The *Stroke* benefit does not include:

- Transient ischemic attacks (TIA)
- Attacks of vertebrobasilar ischemia

Critical Illness Benefits – Vascular (Heart)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
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Heart attack (myocardial infarction)	100%
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We will pay the *Heart attack (myocardial infarction)* benefit amount shown if you are **diagnosed** with a heart attack (myocardial infarction) based on:

- A new electrocardiogram (EKG or ECG) findings consistent with myocardial infarction, and
- Elevation of cardiac enzymes above standard laboratory levels of normal (in case of CPK, a CPK-MB measurement must be used).

Confirming diagnostic data from one or more of the following test results, or other diagnostic tests as may be determined, may also be required in support of a **diagnosis** of myocardial infarction:

- Cardiac catheterization
- Clinical picture of myocardial infarction
- PECT
- Stress echo results
- Thallium

Heart attack (myocardial infarction) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries.

The *Heart attack (myocardial infarction)* benefit does not include:

- Angina
- Atherosclerosis
- Congestive heart failure
- Coronary artery disease or any other dysfunction of the cardiovascular system
- Established (old) myocardial infarction
- Heart attacks that occur during clinical procedures
- Sudden cardiac arrest]

Cancer Benefits

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
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Cancer (invasive)	100%
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We will pay the *Cancer (invasive)* benefit amount if you are **diagnosed** with cancer (invasive).

Cancer (invasive) is the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells within the area where cancer first starts.

The following are not cancer (invasive):

- Metastatic cancer (a cancer that starts in one organ and moves to another organ)
- Locally advanced cancer (the spread of a cancer within the same organ)
- Pre-malignant conditions or conditions with malignant potential
- Carcinoma in situ (non-invasive)
- Skin cancer

Maximum of one face amount payment per policy.

Annual Rates - Critical Illness Plan

Quoted Rates are guaranteed for 90 days from the date of this Proposal.

09/15/2025

Commission Percentage	25%
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Employee - 3-year
Single Premium

Face Amount \$100,000

Under 25	\$1,300.32
25-29	\$1,957.68
30-34	\$3,262.68
35-39	\$5,311.44
40-44	\$7,451.64
45-49	\$10,217.52
50-54	\$12,863.88
55-59	\$15,396.84
60-64	\$19,105.92
65-69	\$24,758.64
70+	\$40,575.96

Critical Illness Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and schedule of benefits to determine which services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits under the policy will not be payable for a diagnosis related to the following:

1. Act of war, riot, war;
2. Assault, felony, illegal occupation, or other criminal act;
3. Care provided by immediate family members or any household member;
4. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
5. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received in the United States or its territories.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

General Proposal Conditions (Applicable for All Quoted Plans)

Effective Date

Effective date shall be the retirement date of the member.

Premium – payments

Full 3-year premium must be paid in advance. Enrollment must be filed and received within 30 days of retirement.

They may be paid to Aetna Inc., PO Box 536919, Atlanta GA 30353-6919 or by agreed upon electronic means or to our authorized agent.

Additional Conditions

The quoted plan and rates in this proposal are subject to final underwriting review by Aetna. Aetna reserves the right, to the extent permitted by law, not to extend coverage or to change pricing and/or other terms specified in this proposal based on that review.

Quoted plan and rates have been based on the information provided to Aetna. Additional information may be required to complete the underwriting and installation process. Rates and/or product availability may change if any of the following occur:

- ✓ Participation and/or engagement assumptions are not met or there is a change in the contribution strategy
- ✓ Actual enrolled census deviates materially from information provided
- ✓ The number of eligible lives and/or participation changes at any time prior to the next open enrollment
- ✓ The information provided to Aetna is incorrect or incomplete
- ✓ Benefit level changes from those specified in this proposal
- ✓ The Client or Producer uses a benefit technology firm with whom we already have a contract and did not identify that firm before we issued this proposal

Plans summarized in this proposal are subject to additional terms, conditions and limitations specified in the applicable coverage contracts. Copies of coverage contracts are available upon request.

Changes to product availability, actuarial factors, and state/federal laws may alter the proposal at the time of final underwriting and installation.

Quotes are based on the assumptions that all information provided to Aetna is correct and complete, that the Client is a group to which coverage may be issued, and that the group is in sound financial condition.

Notification of acceptance of the proposal must be communicated in writing to Aetna no later than 30 days prior to the coverage effective date. Otherwise, late acceptance may cause a delay in contract issue, in case installation, postponement of effective date, and/or invalidation of the proposal.

Aetna reserves the right to modify its products, services, rates and fees in response to legislation, regulation or requests of government authorities resulting in material changes to plan benefits, and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no benefit or plan changes are mandated.

Additional Information

Financial Sanctions Exclusions Clause

If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit treasury.gov/resource-center/sanctions/Pages/default.aspx.

Compensation to Producers (Brokers, Agents and Consultants)

Licensed and appointed producers may earn compensation in the form of a commission on the sale of this product. The amount of compensation varies depending on a number of factors, including customer segment and the products selected. Aetna offers additional bonus programs to its producers, which may also apply. Please consult your broker for additional information concerning their compensation for this sale, including commission and any applicable bonus programs. The producer is prohibited by law from altering the amount of compensation received from Aetna based in whole or in part on the sale.

Compensation to Salaried Aetna Employees

Salaried employees may earn compensation on the sale of Aetna products. The compensation varies depending on a number of factors, including customer segment and products selected. Combining all factors, compensation for each product quoted averages less than 8% of the total first year annual premium. Aetna offers additional bonus programs, which may also apply. Neither Aetna nor the employee has material ownership interests in the other. The employee may not alter the amount of compensation received from Aetna. You may obtain additional information about the compensation expected to be received by eligible employees, based in whole or in part on the sale of an Aetna product, or alternative options presented, by contacting Aetna at aetna.com/about-us/forms/employee-compensation-disclosure.html.

Providers are independent contractors and are not agents of Aetna. Aetna does not provide care or guarantee access to health services. Discount programs provide access to discounted prices and are not insured benefits.

Aetna Voluntary Plans are underwritten by Aetna Life Insurance Company (Aetna). Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.

Policy forms issued include: Critical Illness: AL HCOC-VOL CI 01, AL HPOL-VOL CI 01;