



Confirmation of Request for Group Health Coverage

Aetna has recently completed a review of West Chicago Elementary District 33 (inc), Dupage County's request for a quote of group health coverage (the "Request"). We have determined that we are not currently positioned to provide a competitive proposal.

However, as an entity that offers health coverage and consistent with direction provided under Section 2702 of the Patient Protection and Affordable Care Act, we will provide a response to your Request and proceed with an insured quote should West Chicago Elementary District 33 (inc), Dupage County continue to be interested in this information.

If it is still West Chicago Elementary District 33 (inc), Dupage County's position to have us provide a quote for group health coverage, please

- a) Furnish the information indicated below that has not already been provided (where available), and
- b) Sign and return this notification to us as indicated below.

In order for us to provide you the quote, a signed request along with all requested data items is required no later than 30 days prior to the requested quote effective date.

REQUIRED DATA:

- Please provide a detailed summary of the plan design(s) requested.
- Please provide the contribution strategy for the current and proposed plans.
- Please provide the following historical information:
 - Monthly claims and corresponding enrollment counts for a recent 12 months minimum, up to a 24-month period.
 - Please identify the basis for the claim information (i.e., paid vs. incurred and if incurred whether a completion factor has been applied). Provide the information broken down for each unique plan offering.
 - Please identify if any of the plans are capitated. If so, indicate whether capitations are included/excluded from the claim information.
 - Large claim information for individual claims in excess of \$25,000 based on the same time period as the claims data provided.
 - **For Hospital or Health Systems only:** Claims need to be split by domestic and non-domestic. Also please provide home/host/domestic payment arrangement (i.e. discount off billed charges, fee schedules, etc.)
 - **Individual Medical Questionnaires (IMQ)** (Where allowed by state) – will be required if/when monthly claim data is not available
 - Plan designs: A description of the plans which were in place during the experience period along with a description of any plan changes that occurred during this period and the date the change went into effect
- Current and/or Renewal Rates
- Please provide a complete census file including the following for all eligible employees: Age/DOB, Gender, Dependent Tier Status, COBRA Participant indicator, Waiver indicator, Retiree indicator, Home Zip Code, and Current Medical Plan Election.

Additional Requested Data:

- Current Medical Management programs in place
 - 5-year carrier history
 - Large Claim Data: including diagnosis and claimant status information. Identify if amounts in excess of any pooling threshold have been included/excluded from the claim experience provided.
 - Current commission level
 - A recent utilization report from the current carrier. This should include historical achieved discount and trend information as well as utilization information relative to the use of inpatient hospital, outpatient hospital, and physician/other services. The report should also identify the top utilized facilities
 - Please provide information/reason on any required data noted as not available
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West Chicago Elementary District 33 (inc), Dupage County Certification:

I understand Aetna position on its product offerings' alignment with our request, but West Chicago Elementary District 33 (inc), Dupage County requests a quote from Aetna as allowed under Section 2702 of the Patient Protection and Affordable Care Act.

Signature

Title

Date

Please send this form back c/o John Schacke via email schackej@aetna.com

Health insurance plans are offered, underwritten or administered by Aetna Life Insurance Company and its affiliates (Aetna). Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it Signature Title Date is subject to change. For more information about Aetna plans, refer to www.aetna.com.



Eric Nelson
New Business Manager
525 W Monroe St
Chicago, IL 60661

October 09, 2024

Kelly Furtado
AssuredPartners of Illinois, LLC
4 Westbrook Corporate Center, Suite 500
Westchester, IL60154

RE: West Chicago Elementary Schools District #33

Dear Kelly Furtado,

Thank you for considering Cigna HealthCare for West Chicago Elementary Schools District #33.

Based upon our evaluation of the information provided with your request for proposal, we do not believe that we can offer a competitive proposal for health insurance coverage. Therefore, we respectfully decline to offer a quote for group health insurance coverage at this time.

The rules under the Affordable Care Act require issuers to offer all products approved for sale in the market. Accordingly, we will provide a proposal if you indicate in writing that you are still interested in receiving one, notwithstanding the fact that we do not believe that we can provide a competitive quote for health insurance coverage. In such case, we may request additional information from you in order to provide a quote for insurance coverage.

We appreciate being given the opportunity to review your request for a proposal and we look forward to working with you on future prospects. Please do not hesitate to contact me if you have any questions.

Sincerely,

Eric Nelson
New Business Manager
8152071300

Attention California Agents/Brokers: A copy of this letter must immediately be forwarded to the client in order to comply with California law, SB 1163 (2010).