



Turning promise into practice

Client Information

Plan Sponsor: Roman Catholic Diocese of Dallas
Control Number: 870560

Effective Date: 01/01/2009
Contract State: TX

Plan Specifics

Portability Benefit Limits

	<u>Minimum</u>	<u>Maximum</u>
Employee Coverage Limits:	<u>\$5,000</u>	<u>\$500,000</u>

Benefit amount must be in increments of \$1,000. Benefit amount election cannot be less than plan minimum or exceed benefit amount in force prior to termination of employment or portability plan maximums.

Spouse Coverage Limits:	<u>\$1,000</u>	<u>\$25,000</u>
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Child Coverage Limits:	<u>\$1,000</u>	<u>\$5,000</u>
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Coverage is available from 14 days to age 19, up to age 23 if full time unmarried student. It is the employees responsibility to notify Aetna when a child is no longer eligible. Coverage will be terminated when the last child reaches limiting age.

***Current Benefit amounts in excess of Portability limits may be converted to a whole life policy**

Age Reduction*

Employee Age Reduction: Coverage reduces to 65% of elected portability amount at age 65; to 40% of elected portability amount at age 70, and to 25% of elected portability amount at age 75; and ceases at age 99

Spouse Age Reduction: Coverage reduces to 0% of elected portability amount at age 65

***Reduction takes place on January 1st of each year.**

Coverage Changes

Increase Coverage Amounts: Increasing the amount of your coverage after termination of employment is not permitted.

Additions of Members/Benefits: Addition of members or coverage after termination of employment is not permitted.

Additional Information

Employee's have a 31 day eligibility period to port their coverage.

Part time employee's only have the conversion option.

Employee must be eligible to port and also port coverage for dependent spouse and child(ren) to be eligible to port.

In the event of divorce, spouse coverage will cease but child(ren) coverage may continue, contingent on the employee porting.

In the event of employee death the spouse coverage will cease.

No reinstatement of coverage is permitted if your coverage lapses for non payment of premium

Monthly Rates

Monthly premium rates per \$1000 of coverage for the Aetna Portable Group Term Plan.

Description: Premium rates are based upon your Issue Age when the portable coverage takes effect and will change annually when you cross age bands. Rates are provided for tobacco user and non-tobacco user. Select the appropriate tobacco user or non-tobacco user rates for your coverage, and your spouse's coverage, if applicable. A person who has not used tobacco products (cigarettes, cigars, pipe, chewing tobacco, etc.) within the past 12 months is considered a non-tobacco user.

The rates included in the table below, were appropriate for the plan at the time they were prepared. The rates are subject to change without notice annually. You should confirm that the rates shown are for the current year. You may obtain current rates by calling Aetna at 1-800-826-7448. These rates do not include the billing fee, expected to be \$2.00 per bill charged to the employee.

Monthly Rates - Employee and Spouse

Issue Age	Employee Non-Tobacco user	Employee Tobacco user	Spouse Non-Tobacco user	Spouse Tobacco user
15-19	0.0820	0.1330	0.0720	0.1230
20-24	0.0820	0.1330	0.0720	0.1230
25-29	0.0820	0.1330	0.0720	0.1230
30-34	0.1020	0.1600	0.0820	0.1400
35-39	0.1330	0.2150	0.1130	0.1950
40-44	0.2050	0.3250	0.1650	0.2850
45-49	0.3500	0.5600	0.2900	0.5000
50-54	0.5840	0.9250	0.4640	0.8050
55-59	0.9310	1.4750	0.7310	1.2750
60-64	1.1540	2.0250	1.1540	2.0250
65-69	1.9980	3.5130		
70-74	3.5120	6.1630		
75-79	6.1490	10.7880		
80-84	10.7640	18.8750		
85-89	18.8390	33.0380		
90-94	32.9700	57.8130		
95-99	57.7010	101.1750		

Monthly Rates - Dependent Child(ren)

\$0.20 per thousand dollars of coverage



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The following payment arrangements are available to you on a direct-billed basis (bills will be mailed to your mailing address directly by Aetna): .
Annual (once per year)*, Semi-Annual (twice per year), and Quarterly (four times per year)*****

To calculate your premium cost estimate, use the appropriate age, coverage amount(s) and your selected premium payment arrangement.

<u>Employee Spouse Coverage</u>		<u>Example</u>	<u>Your Cost Estimate</u>
1	Enter the amount of insurance requested on yourself, but do not enter more than Guaranteed Standard Issue amount even if you are requesting more than the amount on your application.	\$20,000	_____
2	Amount of insurance requested in #1 (above) divided by 1,000 equals:	20	_____
3	Enter the amount of insurance requested on your spouse, but do not enter more than Guaranteed Standard Issue amount even if you are requesting more than the amount on your application.	\$10,000	_____
4	Amount of insurance requested in #3 (above) divided by 1,000 equals:	10	_____
5	From Table 1, enter the Monthly premium rate (regardless of the payment arrangement you are selecting) which corresponds with your age and tobacco user status.	\$0.1330	_____
6	From Table 1, enter the Monthly premium rate which corresponds with your spouse's age and tobacco user status:	\$0.1130	_____
7	Multiply #5 by #2 . This is the monthly premium payable for you:	\$2.66	_____
8	Multiply #6 by #4. This is the monthly premium payable for your spouse:	\$1.13	_____
9	Enter the amount of Accidental Death coverage for yourself divided by 1,000	20	_____
10	Enter the amount of Accidental Death coverage for Spouse divided by 1,000	10	_____
11	Multiply amount in #9 by \$0.04	\$0.80	_____
12	Multiply amount in #10 by \$0.04	\$0.40	_____
13	Add #7, #8 ,#11 and #12	\$4.99	_____
14	Annual Rate-Multiply the amount in #13 by 12 or by the number of remaining months in year for the current amount due. See example below. *Annual Rates are billed every January	_____	_____
	Semi-Annual-Multiply the amount in #13 by 6 or by the number of remaining months in billing period for the amount due. See example below. **Semi-Annual Rates are billed every January and July	_____	_____
	Quarterly-Multiply the amount in #13 by 3 or by the number of remaining months in billing period for the amount due. See example below. ***Quarterly Rates are billed every January, April, July and October	_____	_____
15	Enter the \$2.00 Direct Billing Fee.	\$2.00	_____
16	Add #14 and #15. This amount equals the total premium for you and your spouse's coverage for the frequency selected.	_____	_____

Note: If you are requesting more than the Guaranteed Standard Issue amount, you will be billed separately for that amount if evidence of good health is approved. Do not send premium for that amount with your first payment.

Example 1 Annual Rate - Enrollment effective date of 4/1 your first premium will be for 9 months(4/1-12/31) for Annual billing period.

Example 2 Semi Annual Rate - Enrollment effective date of 4/1 your first premium will be for 3 months(4/1-6/30) for Semi-Annual billing period.

Example 3 Quarterly Rate - Enrollment effective date of 4/1 your first premium will be for 3 months(4/1-6/30) for Quarterly billing period.