Filing at a Glance

Company:	Aetna Life Insurance Company
Product Name:	2016 LG bSwift Online Enrollment Forms (ALIC)
State:	District of Columbia
TOI:	ML02 Multi-Line - Other
Sub-TOI:	ML02.000 Multi-Line - Other
Filing Type:	Form
Date Submitted:	11/17/2016
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SERFF Status:	Assigned
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Implementation Date Requested:	On Approval
Author(s):	Cynthia Borys, Jennifer Dout
Reviewer(s):	Colin Johnson (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: *District of Columbia* **Filing Company:** *Aetna Life Insurance Company*
TOI/Sub-TOI: *ML02 Multi-Line - Other/ML02.000 Multi-Line - Other*
Product Name: *2016 LG bSwift Online Enrollment Forms (ALIC)*
Project Name/Number: *ALIC/201606*

General Information

Project Name: ALIC
Project Number: 201606
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 11/17/2016
State Status Changed:
Created By: Jennifer Dout
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Overall Rate Impact:

Deemer Date:
Submitted By: Jennifer Dout

Filing Description:
Large Group Life Accident & Health Insurance
Online Group Participant Enrollment Forms

AELG-DRA-DC (11-16)
ABS-LG-EE-DC (11-16) (WEB)

The filing listed above is being submitted electronically for your Department's approval on a general use basis. The filing is in final format rather than being a draft or proof. The submitted filing is for use by Aetna large group clients.

The Springboard Marketplace is the brand name of Aetna's online enrollment tool and is not a separate third party vendor or broker entity.

Aetna is requesting your approval with respect to the on-line Employee Enrollment Important Disclosures, Representations and Authorizations language (Form AELG-DRA-DC (11-16)), which will be presented electronically to a plan sponsor's group participants.

The attached filing provides a sample flow of the on-line enrollment experience. The blank areas on pages 49, 50 and 58 of Form ABS-LG-EE-DC (11-16) (WEB) will be filled in with the Online Employee Enrollment Important Disclosures, Representations and Authorizations language. As our clients have expressed a need for a simple, straightforward and unified enrollment form, we hope to help them achieve that objective with the approval of this language.

The filing illustrates a sample member experience which can vary but is similar across various vendors who may leverage the Employee Enrollment Important Disclosures, Representations and Authorizations language. The approval is to utilize the aforementioned language across any electronic exchange limited to Large Group clients. We will use the exact filed language in any electronic enrollment platform or exchange supported by this filing, but the formatting style may vary based on the technology vendor's electronic format.

The forms contain limited variability and included with our submission is an Explanation of Variability document for your review. Additionally, due to the nature of the technology used to administer the electronic enrollment platform, there may be cosmetic updates made to the screens from time to time. Examples include the following:

•Font type/color/size
•Photos/graphics

•Rearranging screen format – moving photos or paragraphs around
•Adding instructional text
•Adding tool tips (hover-over explanatory text)
•Button/hyperlink labels
•Updating website navigation design (breadcrumb, etc.)
•Enrollment process flow (where there is no change in content – the same information is provided or requested, it may just be presented in a different manner)

The form will not be used and is not affiliated with individual or small group public exchanges set up under the Affordable Care Act. Instead, the form will be used for private web-based enrollment platforms or exchanges through which large group, plan sponsors allow their participants to enroll in the plan sponsor's benefit offerings. Plan sponsors communicate to their participants the enrollment process and the participants would be aware of their benefit program offerings prior to accessing the enrollment platform.

The Affordable Care Act (Statute 6055) requires insurers to report annually to the Internal Revenue Service (IRS) confirming that each enrollee is covered under a plan that meets the definition of an Essential Benefits plan. The enrollee's Social Security Number (SSN) must be used in submitting this report to the IRS. For ease of administration and to avoid having to request the SSN through a separate process, this online enrollment form includes a field for the enrollee's SSN and will be used to comply with the required 6055 reporting as directed by the IRS.

We certify that this form will equal or exceed the minimum reading ease score on the Flesch Test when delivered or issued for delivery in your jurisdiction in accordance with any applicable law or regulation.

We request approval of the enclosed filling. We trust that you will find everything in order, and we look forward to your response. If you have any questions regarding this submission, please do not hesitate to contact me at the above mailing address, telephone number or e-mail address.

Company and Contact

Filing Contact Information

Jennifer Dout, P&RA Specialist
151 Farmington Ave
Hartford, CT 06156

DoutJ@aetna.com
860-273-9542 [Phone]

Filing Company Information

Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156
(860) 273-7546 ext. [Phone]

CoCode: 60054
Group Code: 1
Group Name:
FEIN Number: 06-6033492

State of Domicile: Connecticut
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *District of Columbia* **Filing Company:** *Aetna Life Insurance Company*
TOI/Sub-TOI: *ML02 Multi-Line - Other/ML02.000 Multi-Line - Other*
Product Name: *2016 LG bSwift Online Enrollment Forms (ALIC)*
Project Name/Number: *ALIC/201606*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Online Employee Enrollment form	AELG-DRA-DC (11-16)	AEF	Initial			AL DC-LG-DRA-EE-11-16 V001.pdf
2		Employee Enrollment form	ABS-LG-EE-DC (11-16) (WEB)	AEF	Initial			AL DC-LG-EE-11-16 (WEB) V001.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

Online Employee Enrollment Important Disclosures, Representations and Authorizations for District of Columbia

[For HMO / Aetna Health Network Only, coverage is underwritten or administered by Aetna Health Inc.]

[For QPOS / Aetna Choice POS / Aetna Health Network Option plans, coverage is underwritten or administered by Aetna Health Inc., Aetna Health Insurance Company, and/or Aetna Life Insurance Company.]

[For Open Access Managed Choice, PPO and Indemnity plans, coverage is underwritten or administered by Aetna Life Insurance Company.]

[For Life Plans, coverage is underwritten and administered by Aetna Life Insurance Company.]

[For Disability Plans, coverage is underwritten or administered by Aetna Life Insurance Company.]

[For Aetna DMO, Aetna Dental PPO, Dental EPP, Aetna HealthFund/Aetna DentalFund, and Aetna Indemnity Dental, coverage is underwritten or administered by Aetna Life Insurance Company.

In the states of AZ, CA, GA, MD, MO, NC, NJ and TX, Aetna DMO, Advantage and Basic plans may also be provided by one of the following: Aetna Dental of California Inc., Aetna Dental Inc. (NJ), Aetna Dental Inc. (TX), Aetna Health Inc., or Aetna Health Inc. (AZ).]

[For the Aetna Vision℠ Preferred plan, coverage is underwritten by Aetna Life Insurance Company and certain claims adjudication and other administrative services are provided by First American Administrators, Inc. (an affiliate of EyeMed Vision Care, LLC) and/or its affiliates.]

[For Critical Illness, Hospital Indemnity and Accident Plans, coverage is underwritten or administered by Aetna Life Insurance Company.]

Important Disclosures

IMPORTANT DISCLOSURES

1. The plan certificate of coverage will determine the rights and responsibilities of member(s). It will govern in the event they conflict with any benefits comparison, summary or other description of the plan.

2. With the exception of Aetna Rx Home Delivery®, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

3. Failure to enroll within 31 days of becoming eligible or that for any reason Aetna does not receive notice of a transaction request within a reasonable time following an eligibility event, may affect your and your dependents' eligibility.

[4. **For HMO coverage**: With certain exceptions described in the plan documents, HMO plans only provide coverage for referred benefits, and that, in order to be covered, services must be performed either by a participating primary care physician, or by the participating specialist, hospital, pharmacy, dentist, or other provider as authorized by a referral form from a participating primary care physician.]

[[5.] **For life and disability coverages**: The effective date of insurance for you or for any of your dependents is subject to you being actively at work on that date and that the effective date of insurance for any of your dependents is also subject to the dependent health condition requirements of the Plan. Further, any insurance subject to evidence of good health or medical information will not become effective until Aetna gives its written consent.]

[6.] **Fraud Warning**: 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.

Attention Alabama Residents: 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. **Attention Arkansas and West Virginia Residents**: 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. **Attention California, Ohio and Pennsylvania Residents**: 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. **Attention Colorado Residents**: 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. **Attention Florida Residents**: 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. **Attention Maryland Residents**: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Attention Kentucky Residents**: 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 may subject such person to criminal and civil penalties. **Attention Tennessee Residents**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits. **Attention New Jersey Residents**: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **Attention Rhode Island Residents**: 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. **Attention North Carolina Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person to criminal and civil penalties. **Attention Oklahoma Residents**: 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. **Attention Oregon Residents**: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Puerto Rico Residents**: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000), or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **Attention Vermont Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties. **Attention Virginia Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties.

Representations and Authorizations

Once You've Reviewed All Your Selections:

Participation

Representations and Authorizations 1. I represent that all information supplied in this enrollment is true and complete to the best of my knowledge and/or belief. I have read, understand and agree to the **Important Disclosures** (click on the 'Edit Selection' button above to review the Important Disclosures again) that apply to the coverage I elected via this Enrollment/Change Request.

2. I authorize deductions of the required contributions from my earnings and I agree to make any necessary payments as required for coverage.

3. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, optometrist, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request form, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, Providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand I am entitled to a copy of this authorization upon request and that a photocopy is as valid as the original.

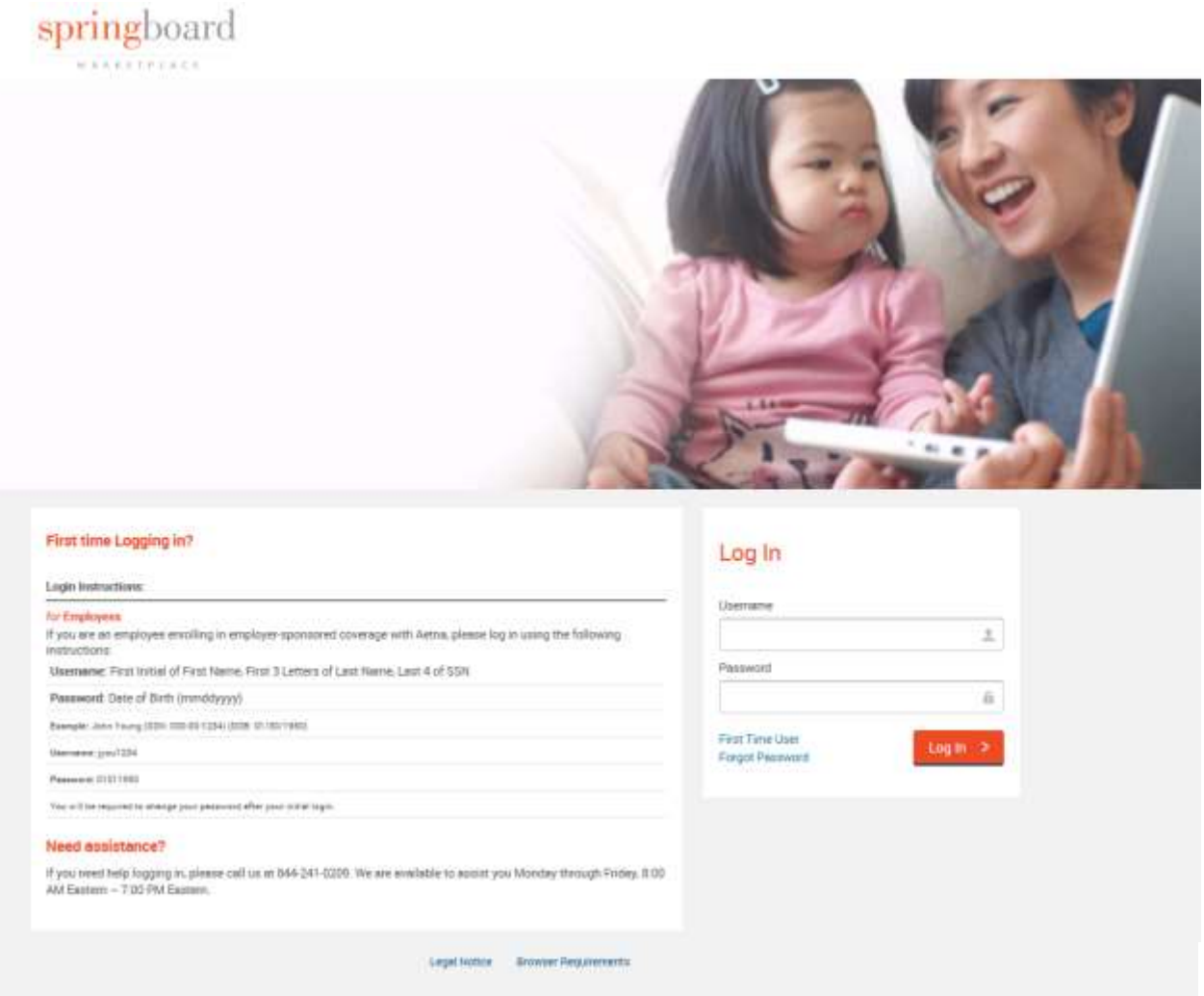
[4. I acknowledge that the Hospital Plan and Critical Illness plan are not comprehensive, major medical insurance but are fixed indemnity plans that pay fixed daily dollar benefits for covered services without regard to the health care provider's actual charges. The benefit payments are not intended to cover the full cost of medical care. I am responsible for the provider's charges. **THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

5. I hereby attest that:

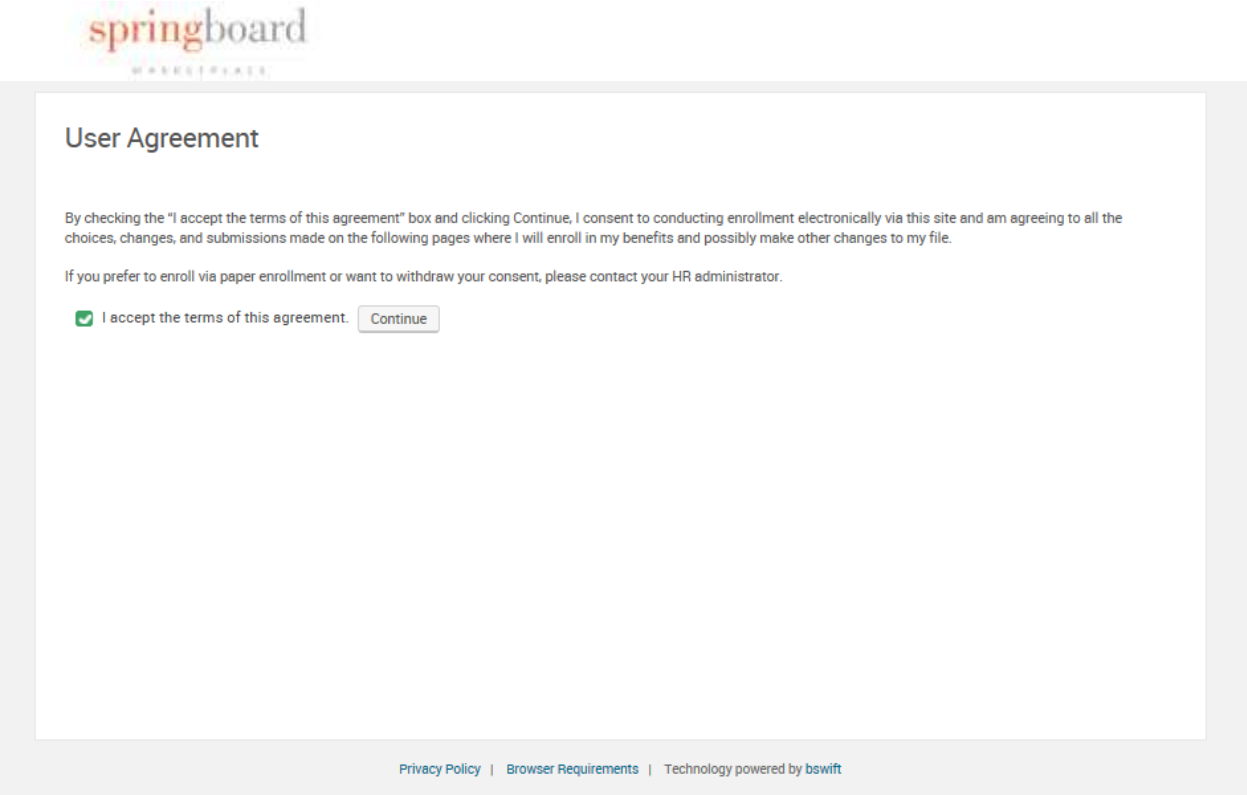
a. **Nebraska Residents:** I have major medical health insurance or Medicare that meets the requirements of minimum essential coverage as defined by the federal Affordable Care Act.

b. **California Residents:** I have comprehensive health benefits that provide Minimal Essential Benefits. Without such comprehensive coverage, I am not eligible to enroll under the Hospital Plan or Critical Illness plan.]

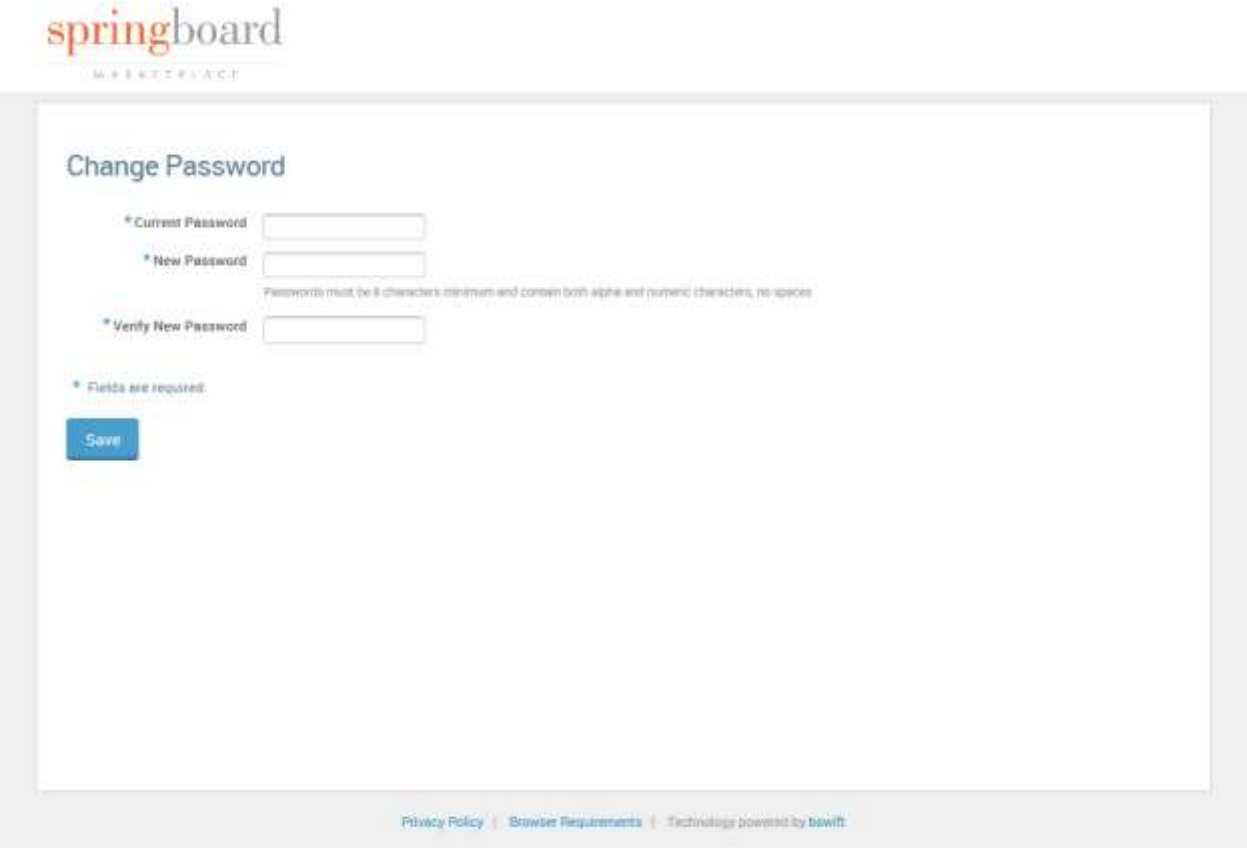
To begin the enrollment process, member will log into the **Springboard Marketplace** site with a username and password. Springboard Marketplace is the brand name of Aetna's online enrollment tool.



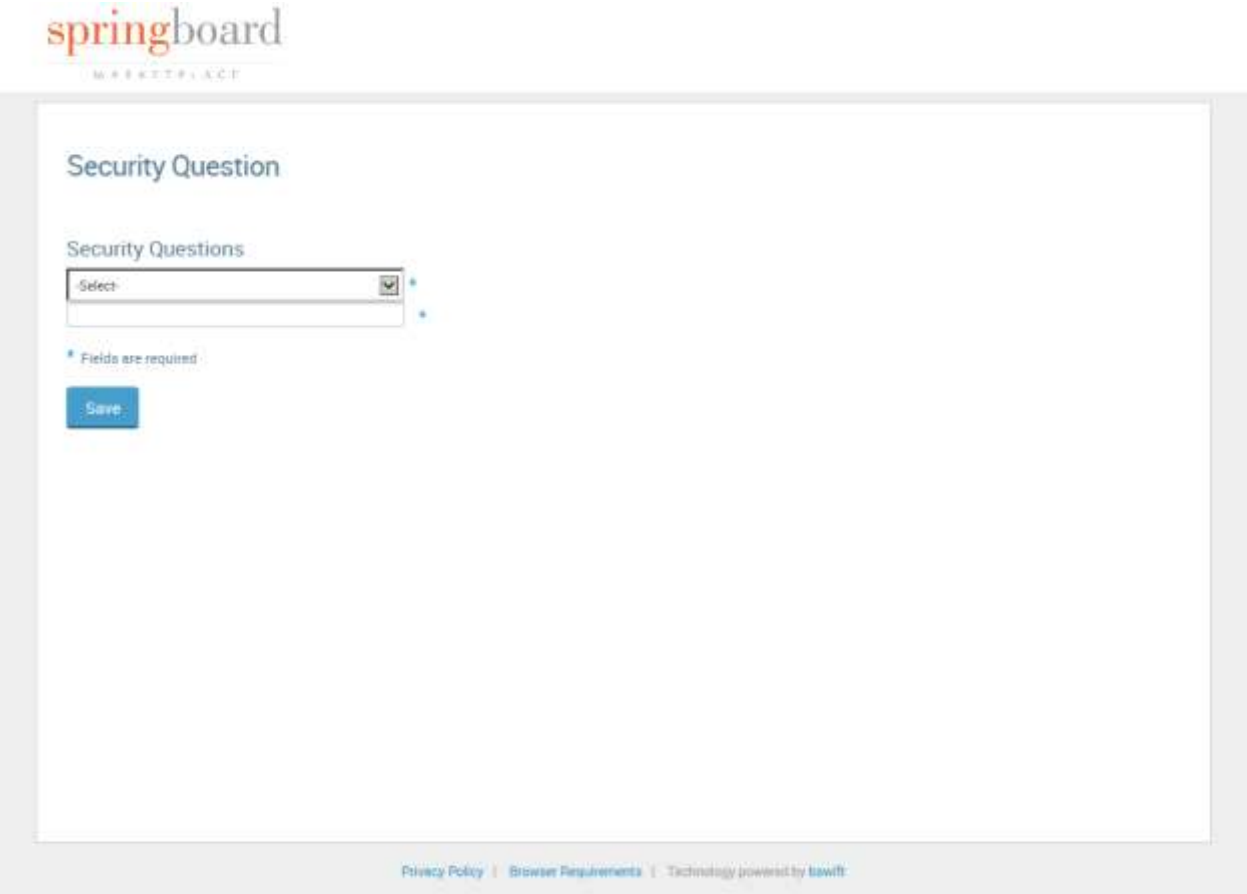
User Agreement language and acknowledgement checkbox is displayed. The member must agree to this language by checking off the “I accept the terms of agreement” checkbox in order to proceed with the online enrollment process.



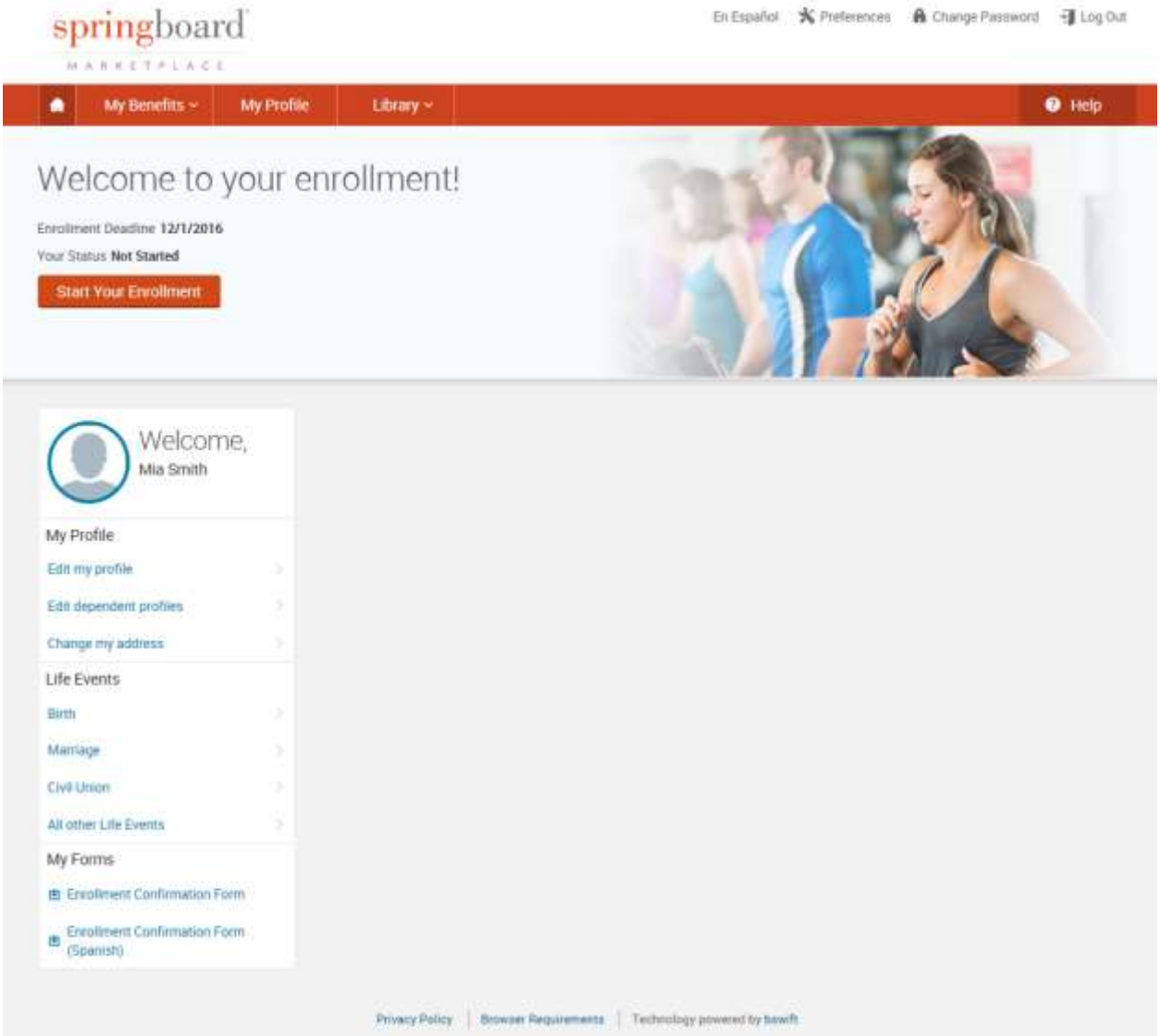
First time users are provided an opportunity to change their password.



First time users are asked to select a Security Question and enter a response.



Member begins enrolling by clicking on the **Start Your Enrollment** button on the home page of the Springboard Marketplace site.



Member can enter or update his/her information. Certain fields will be prepopulated, based on information provided from the employer group. Fields with text boxes can be filled in by the member.

springboard MARKETPLACE

En Español | Preferences | Change Password | Log Out

Employee Information

Tell me about yourself.

Before beginning enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click "Continue" at the bottom of the page.

Indicating below that you are a **Tobacco User** means that you have used tobacco products within the last 12 months. Tobacco status changes will only be evaluated on an annual basis.

If you would like to send a confirmation email once your enrollment is complete, please enter a valid email address below.

Demographics

Prefix	
First Name	Mia
Middle Initial	
Last Name	Smith
Social Security Number	415-85-9911
Date of Birth	1/1/1980
Gender	Female
* Tobacco User	No

* Fields are required

1. Your Info
   - Employee Information
   - Family Info
2. Your Benefits
3. Enroll
4. Complete

Continue

Address

Address 1 416 10th Street NE

Address 2

City Washington DC

State DC - District of Columbia

Zip 20005

County

Home Phone xxx-xxx-xxxx

Cell Phone xxx-xxx-xxxx

* Home Email imsmith@email.com

Send Alerts in ◉ English ○ Spanish

WORK CONTACT INFORMATION

Work Phone xxx-xxx-xxxx

Work Phone Ext.

Work Email

Preferred Email ◉ Home Email ○ Work Email

* Fields are required

I verify that my personal information is correct.

☑ I agree

Privacy Policy | Browser Requirements | Technology powered by bswift

Member can add dependent information by clicking on the Add Dependents button.

springboard MARKETPLACE

En Español Help Exit Enrollment

Family Information

Tell me about your family.

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click "Add Dependents". To verify or edit the information of a family member who has already been entered, click on the "Edit" link underneath the person's name.

If you do not have any family members, click "I agree" and "Continue".

1 Your Info
Employee Information
Family Info
2 Your Benefits
3 Enroll
4 Complete

Continue

Mia Smith

Female Employee

36 years old (1/1/1980)

SSN: 415-85-9911

Edit >

Add Dependents

I agree that the above information is accurate.

I agree

Privacy Policy | Browser Requirements | Technology powered by bswift

Member can enter or update dependent information.

springboard MARKETPLACE

En Español | Help | Exit Enrollment

Family Information

Tell me about your family.

Dependent Demographic

* First Name: Jack
Middle Initial:
* Last Name: Smith
* Date of Birth: 11/02/1979
* Social Security Number: 562-89-9568
* Gender: (•) Male ( ) Female
Disabled: ( ) Yes (•) No
Marital Status: Married
* Relationship: Spouse

* Fields are required

Dependent Address Information

* Address 1: 416 10th Street NE
Address 2:
* City: Washington DC
* State: DC - District of Columbia
* Zip: 20005
County:
Home Phone: xxx-xxx-xxxx
Cell Phone: xxx-xxx-xxxx

* Fields are required

Cancel | Save & Add Another | Save & Continue

Privacy Policy | Browser Requirements | Technology powered by bswift

Member is asked to confirm that the information is accurate before proceeding.

springboard MARKETPLACE

En Español Help Exit Enrollment

Family Information

Tell me about your family.

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click "Add Dependents". To verify or edit the information of a family member who has already been entered, click on the "Edit" link underneath the person's name.

If you do not have any family members, click "I agree" and "Continue".

Mia Smith
Female Employee
36 years old (1/1/1980)
SSN: 415-85-9911
Edit >

Jack Smith
Male Spouse
37 years old (11/2/1979)
SSN: 562-89-9568
Edit >

Add Dependents

I agree that the above information is accurate.
I agree

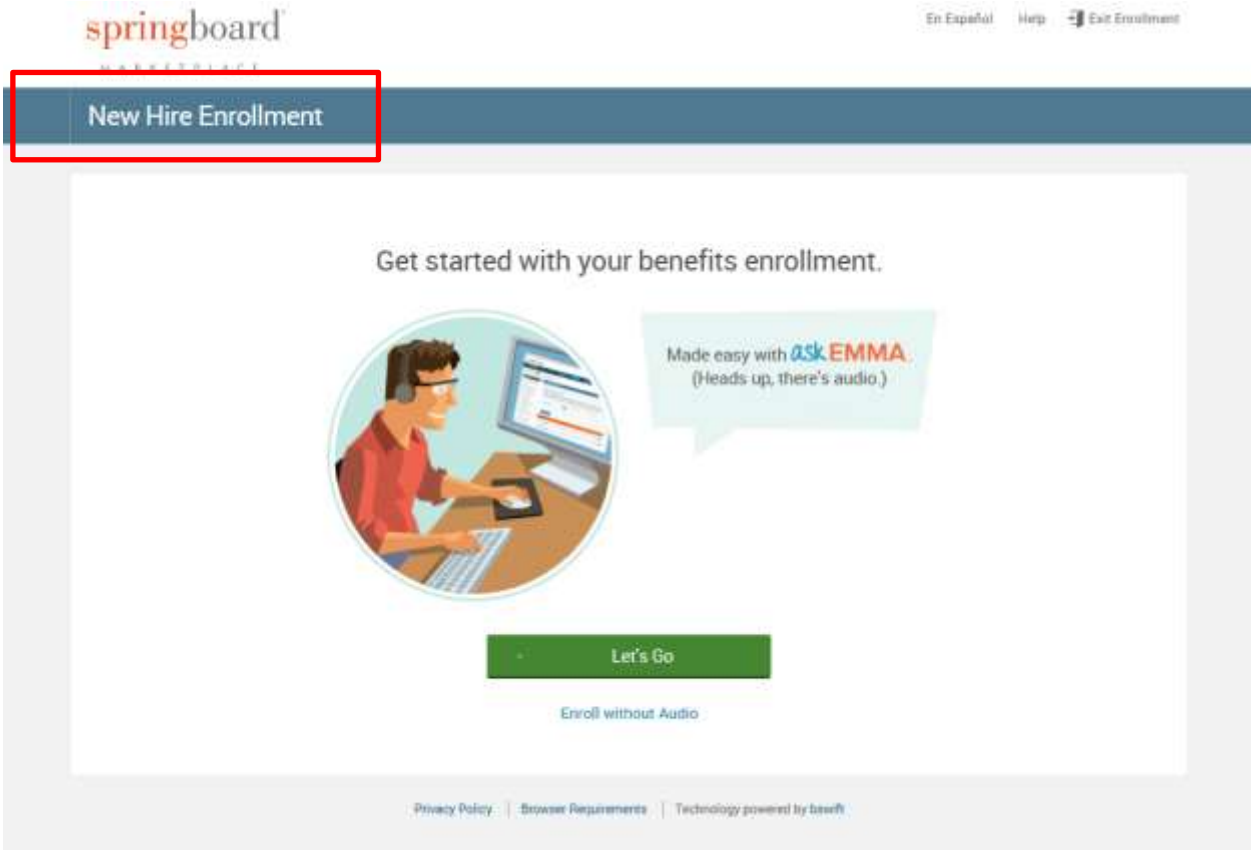
1 Your Info
Employee Information
Family Info
2 Your Benefits
3 Enroll
4 Complete

Continue

Privacy Policy | Browser Requirements | Technology powered by bswift

The Ask Emma interactive benefits advisor tool is enabled to assist the member with making benefit selections. By clicking on the “Enroll without Audio” link, Ask Emma will guide the user through the process without the use of audio. The member can also choose to turn off the Ask Emma tool in the next step.

The types of enrollment that can be listed in the blue ribbon below are: New Hire Enrollment, Company-Wide (Open) Enrollment, Life Event Enrollment, and Rehire Enrollment.



Products available for enrollment are displayed. The types and variety of products displayed in the subsequent enrollment screens will be based on each employers benefit offerings.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical — NO PLAN SELECTED
* Selection Required — I don't want this benefit (waive) — View Plan Options

Hospital — NO PLAN SELECTED
* Selection Required — I don't want this benefit (waive) — View Plan Options

Dental — NO PLAN SELECTED
* Selection Required — I don't want this benefit (waive) — View Plan Options

Vision — NO PLAN SELECTED
* Selection Required — I don't want this benefit (waive) — View Plan Options

Basic Employee Life — $0.00 Your Cost per pay period
PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details
COVERAGE $60,000.00
Completed — View Information

Short Term Disability — $0.00 Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed — View Information

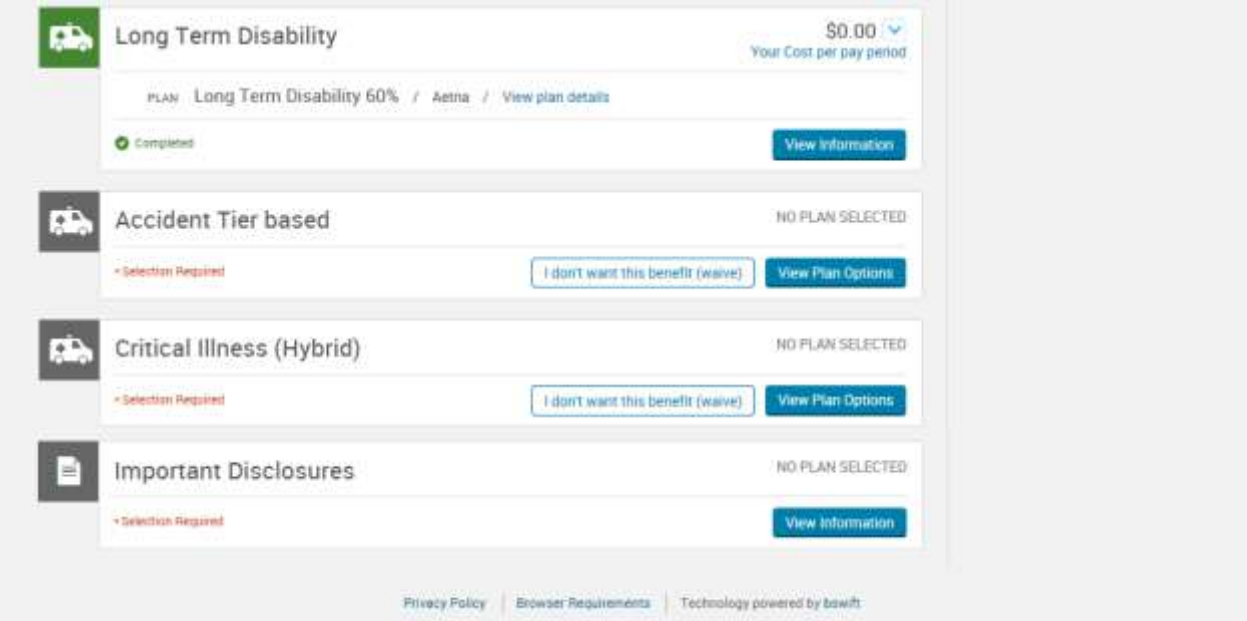
Your Cost per pay period $0.00

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

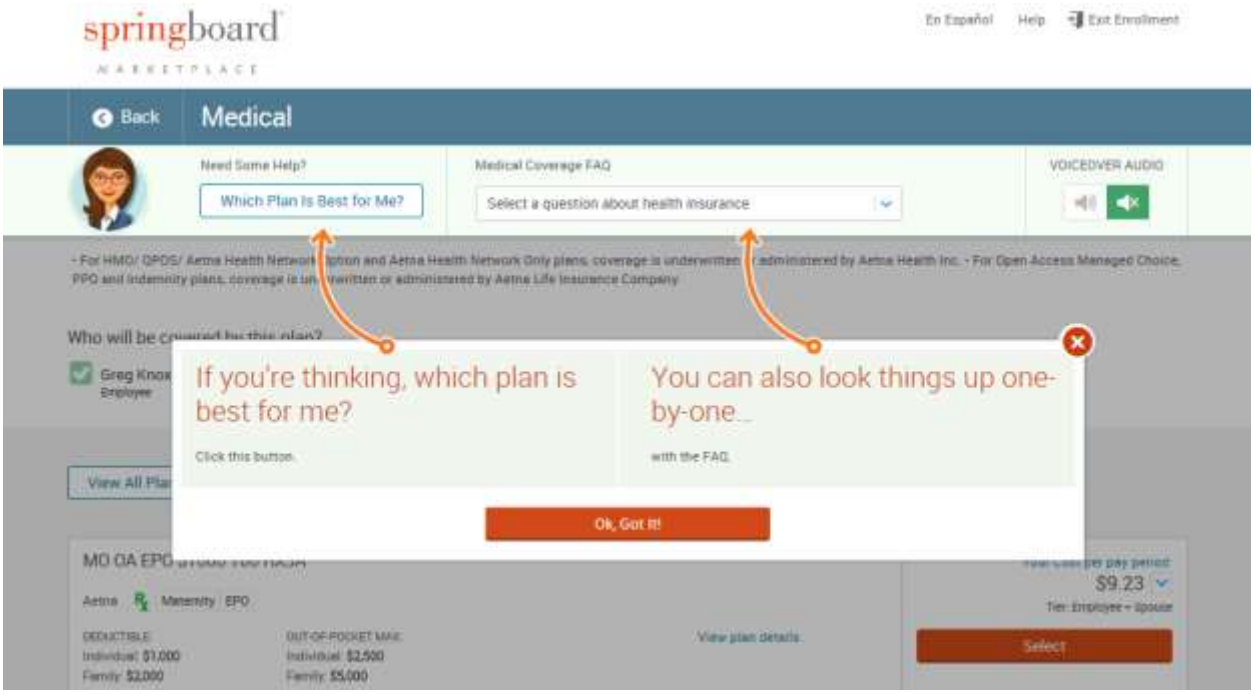
Save and Finish Later


Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy
Browser Requirements
Technology powered by bswift

Clicking on the View Plan Options button, brings the member to the below screen, and the member is asked to select dependents who will be covered under the Medical benefits.

The below screen directs the member to two areas of the site, where additional information or assistance in selecting benefits is provided. If the member clicks on the “Yes, Help Me Decide” button, the Ask Emma benefits advisor tool will be enabled, and Ask Emma will guide the member through a series of screens and questions to help determine the best available plan for his/her situation.

An FAQ section is also available, in which the member can select questions in the drop-down field to help define health care terminology or watch videos for more information on the offered benefits.



Once the member clicks on the “Ok, Got it!” button, Medical plans available for selection are displayed.

springboard MARKETPLACE

En Español Help Exit Enrollment

Back Medical

Need Some Help? Which Plan Is Best for Me?

Medical Coverage FAQ Select a question about health insurance

VOICEOVER AUDIO

• For HMO / Aetna Health Network Only, coverage is underwritten or administered by Aetna Health Inc. • For QPOS / Aetna Choice POS / Aetna Health Network Option plans, coverage is underwritten or administered by Aetna Health Inc., Aetna Health Insurance Company, and/or Aetna Life Insurance Company. • For Open Access Managed Choice, PPO and indemnity plans, coverage is underwritten or administered by Aetna Life Insurance Company.

Who will be covered by this plan?

Mia Smith Employee | Jack Smith Spouse | Add Dependents

View All Plans Side-by-Side

DC OA EPO $1000 100 RX3A

Aetna Rx Maternity EPO

DEDUCTIBLE: Individual: $1,000 Family: $2,000

OUT-OF-POCKET MAX: Individual: $2,500 Family: $5,000

View plan details

Your Cost per pay period $9.23 Tier: Employee + Spouse

Select

• Click here to search for a participating provider.

YOUR ANNUAL COSTS Explain this

MINIMUM TOTAL COST	YOUR ESTIMATED TOTAL COST	IN-NETWORK MAXIMUM TOTAL COST
$239.98 (Premium x 26 Pay Periods)	Is This My Best Choice?	$5,239.98 (Annual Premium + Out-of-Pocket Max)

DC OA EPO $1000 100 RX3A BHH

Aetna Baptist HS & HTMG Rx Maternity EPO

DEDUCTIBLE: Individual: $1,000 Family: $2,000

OUT-OF-POCKET MAX: Individual: $2,500 Family: $5,000

View plan details

Your Cost per pay period $20.77 Tier: Employee + Spouse

Select

YOUR ANNUAL COSTS Explain this

MINIMUM TOTAL COST	YOUR ESTIMATED TOTAL COST	IN-NETWORK MAXIMUM TOTAL COST
$540.02 (Premium x 26 Pay Periods)	Is This My Best Choice?	$5,540.02 (Annual Premium + Out-of-Pocket Max)

DC OAMC $3500 80/50 RX3A Plan

Aetna Rx Maternity POS

DEDUCTIBLE
Individual: $3,500
Family: $7,000

OUT-OF-POCKET MAX
Individual: $6,600
Family: $13,200

View plan details

Your Cost per pay period
$6.92
Tier: Employee + Spouse

Select

- Click here to search for a participating provider.

YOUR ANNUAL COSTS
Explain this

MINIMUM TOTAL COST	YOUR ESTIMATED TOTAL COST	IN-NETWORK MAXIMUM TOTAL COST
$179.92 (Premium x 26 Pay Periods)	Is This My Best Choice?	$13,379.92 (Annual Premium + Out-of-Pocket Max)

No Coverage Medical

Waive

Back

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Once a selection is made, the member is brought back to the summary of products screen with the medical election shown as complete. The member can proceed to view available Hospital Indemnity plans by clicking on the View Plan Options button in the dental section.

springboard MARKETPLACE

En Español | Help | Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical — $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed — I don't want this benefit (waive) — View Plan Options

Hospital — NO PLAN SELECTED

* Selection Required — I don't want this benefit (waive) — View Plan Options

Dental — NO PLAN SELECTED

* Selection Required — I don't want this benefit (waive) — View Plan Options

Vision — NO PLAN SELECTED

* Selection Required — I don't want this benefit (waive) — View Plan Options

Basic Employee Life — $0.00 Your Cost per pay period

PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details

COVERAGE $60,000.00

Completed — View Information

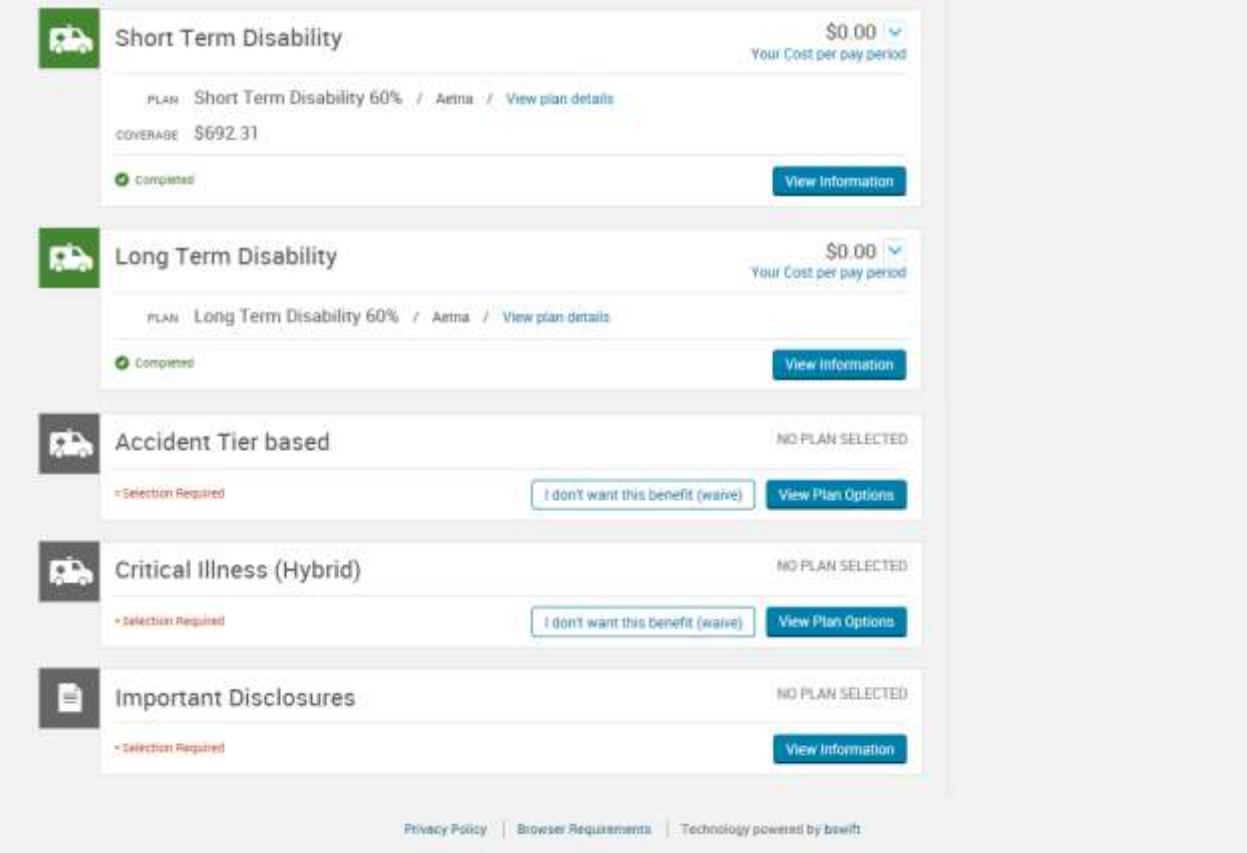
Your Cost per pay period $9.23

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later


Short Term Disability
$0.00
Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed
View Information
Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy | Browser Requirements | Technology powered by bswift

Member is asked to select dependents to be covered under the Hospital Indemnity plan.

springboard MARKETPLACE

En Español | Help | Exit Enrollment

Back | Hospital

Who will be covered by this plan?

Mia Smith (Employee) | Jack Smith (Spouse) | Add Dependents

Back | Continue

Privacy Policy | Browser Requirements | Technology powered by bswift

springboard MARKETPLACE

En Español | Help | Exit Enrollment

Back | Hospital

Benefits FAQ

Select a question

VOICEOVER AUDIO

Coverage is underwritten or administered by Aetna Life Insurance Company.

Who will be covered by this plan?

Mia Smith (Employee) | Jack Smith (Spouse) | Add Dependents

Hospital Plan

Aetna

View plan details

aetna | Select

Option 1

Lots of people worry about the expense of an inpatient hospital stay. Out-of-pocket costs can add up fast. The Aetna Hospital Plan can help you cover those costs- no matter what other medical coverage you may have.

No Coverage Hospital | Waive

Back

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springboard MARKETPLACE

En Español | Help | Exit Enrollment

Back | Hospital

Benefits FAQ

Select a question

VOICEOVER AUDIO

Coverage is underwritten or administered by Aetna Life Insurance Company.

Who will be covered by this plan?

Mia Smith
Employee

Jack Smith
Spouse

Add Dependents

Hospital Plan
Aetna
View plan details

aetna

Selected

Option 1

Lots of people worry about the expense of an inpatient hospital stay. Out-of-pocket costs can add up fast. The Aetna Hospital Plan can help you cover those costs- no matter what other medical coverage you may have.

Cost Summary (per pay period)	
Employer Contribution	$0.00
Your Cost	$4.62

Continue

No Coverage Hospital

Waive

Back

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Once a selection is made, the member is brought back to the summary of products screen with the medical election shown as complete. The member can proceed to view available Hospital Indemnity plans by clicking on the View Plan Options button in the dental section.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed | I don't want this benefit (waive) | View Plan Options

Hospital $4.62 Your Cost per pay period

PLAN Hospital Plan / Aetna / View plan details

COVERAGE

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed | I don't want this benefit (waive) | View Plan Options

Dental NO PLAN SELECTED

* Selection Required | I don't want this benefit (waive) | View Plan Options

Vision NO PLAN SELECTED

* Selection Required | I don't want this benefit (waive) | View Plan Options

Basic Employee Life $0.00 Your Cost per pay period

PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details

COVERAGE $60,000.00

Completed | View Information

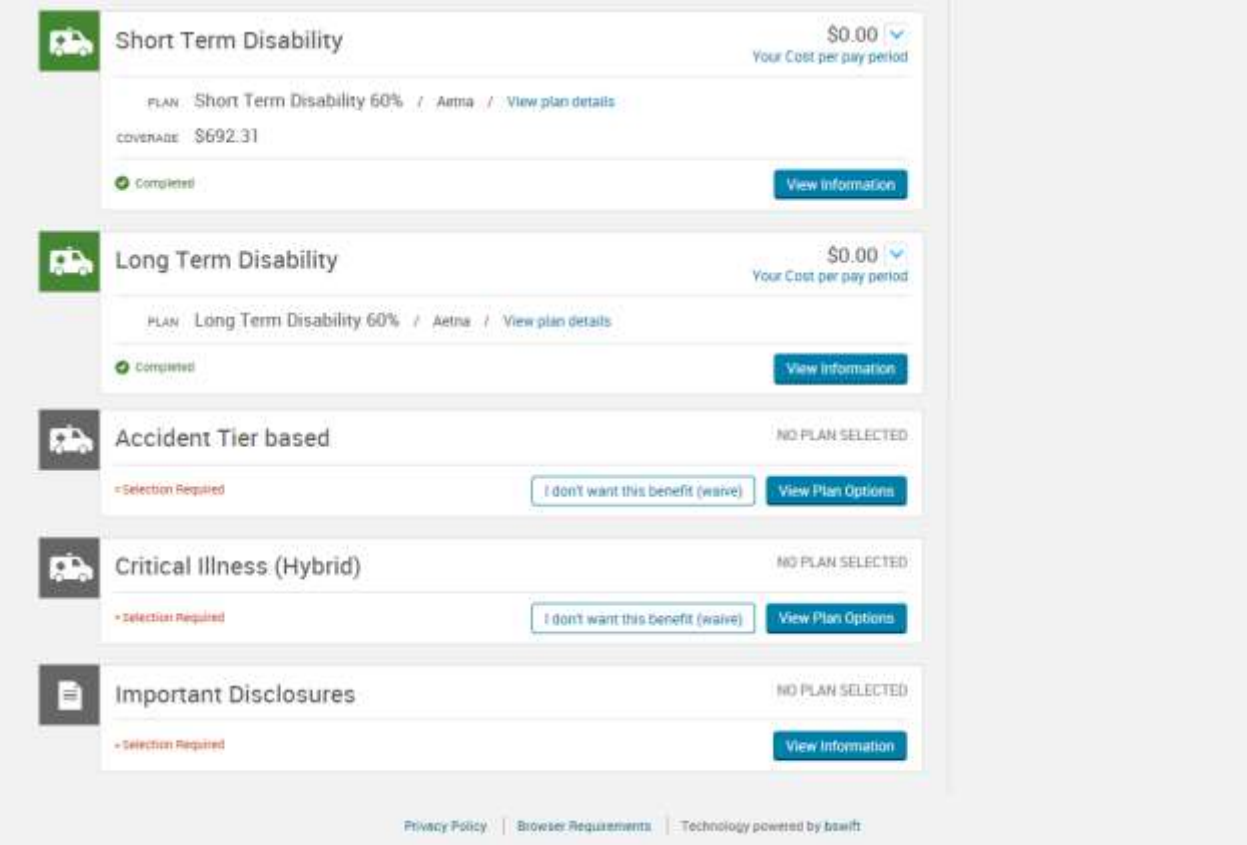
Your Cost per pay period $13.85

Finished selecting benefits? Click the button below to continue.

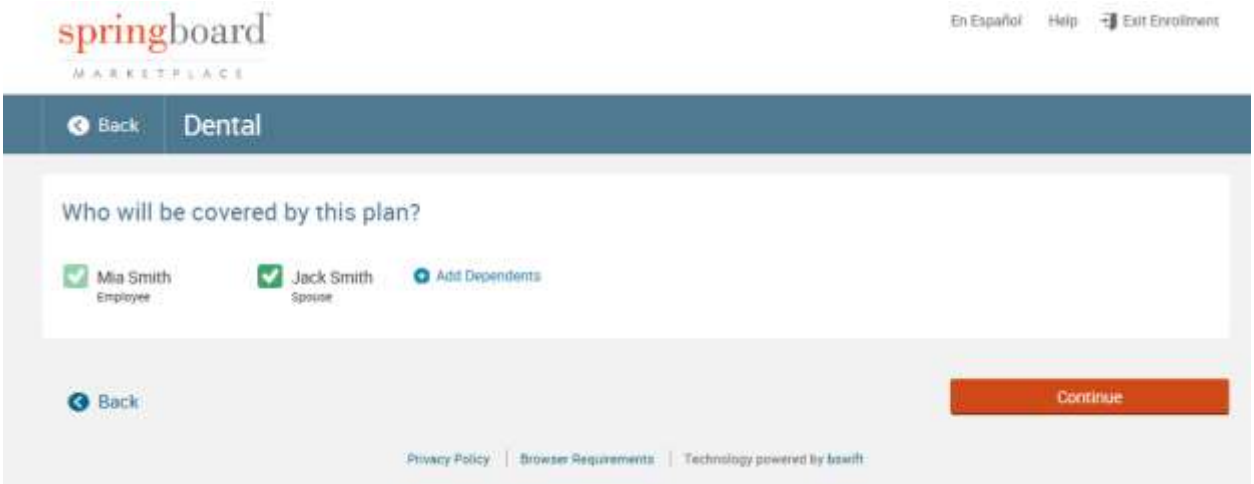
Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later


Short Term Disability
$0.00
Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed
View Information
Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy | Browser Requirements | Technology powered by bswift

Member is asked to select dependents to be covered under the dental plan.



Dental plans available for enrollment are displayed.

springboard MARKETPLACE

En Español | Help | Exit Enrollment

Back | Dental

Need Some Help?

Which Plan Is Best for Me?

Dental Insurance FAQ

Select a question about Dental Insurance

VOICEOVER AUDIO

• For Aetna DMO, Aetna Dental PPO, Dental EPP, Aetna HealthFund/ Aetna DentalFund, and Aetna Indemnity Dental, coverage is underwritten or administered by Aetna Life Insurance Company • In the states of AZ, CA, GA, MD, MO, NC, NJ and TX, Aetna DMO, Advantage and Basic plans may also be provided by one of the following: Aetna Dental of California Inc., Aetna Dental Inc. (NJ), Aetna Dental Inc. (TX), Aetna Health Inc., or Aetna Health Inc. (AZ).

Who will be covered by this plan?

Mia Smith
Employee

Jack Smith
Spouse

Add Dependents

View All Plans Side-by-Side

Active PPO - 100/80/50 80/60/50

aetna

Aetna | PPO

DEDUCTIBLE:
Individual: $50
Family: $150

ANNUAL MAXIMUM:
Individual: $1,500

CO-INSURANCE: 100/80/50%

View plan details

Your Cost per pay period:
$6.92
Tier: Employee + Spouse

Select

Click here to search for a dentist in your area.

Once at Aetna's provider directory, choose 'Dentist (Primary)', enter your location, and then choose the 'Dental PPO/PDN with PPO II' network.

Active PPO - 100/90/60 100/70/50

aetna

Aetna | PPO

DEDUCTIBLE:
Individual: $25
Family: $75

ANNUAL MAXIMUM:
Individual: $2,000

CO-INSURANCE: 100/90/60%

View plan details

Your Cost per pay period:
$5.91
Tier: Employee + Spouse

Select

Click here to search for a dentist in your area.

Once at Aetna's provider directory, choose 'Dentist (Primary)', enter your location, and then choose the 'Dental PPO/PDN with PPO II' network.

No Coverage Dental

Waive

Back

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Once a selection is made, the member is brought back to the summary of products screen with the dental election shown as complete. The member can proceed to view the Vision plans by clicking on the View Information button.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Hospital $4.62 Your Cost per pay period

PLAN Hospital Plan / Aetna / View plan details

COVERAGE

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Dental $6.92 Your Cost per pay period

PLAN Active PPO - 100/80/50 80/60/50 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Vision NO PLAN SELECTED

* Selection Required I don't want this benefit (waive) View Plan Options

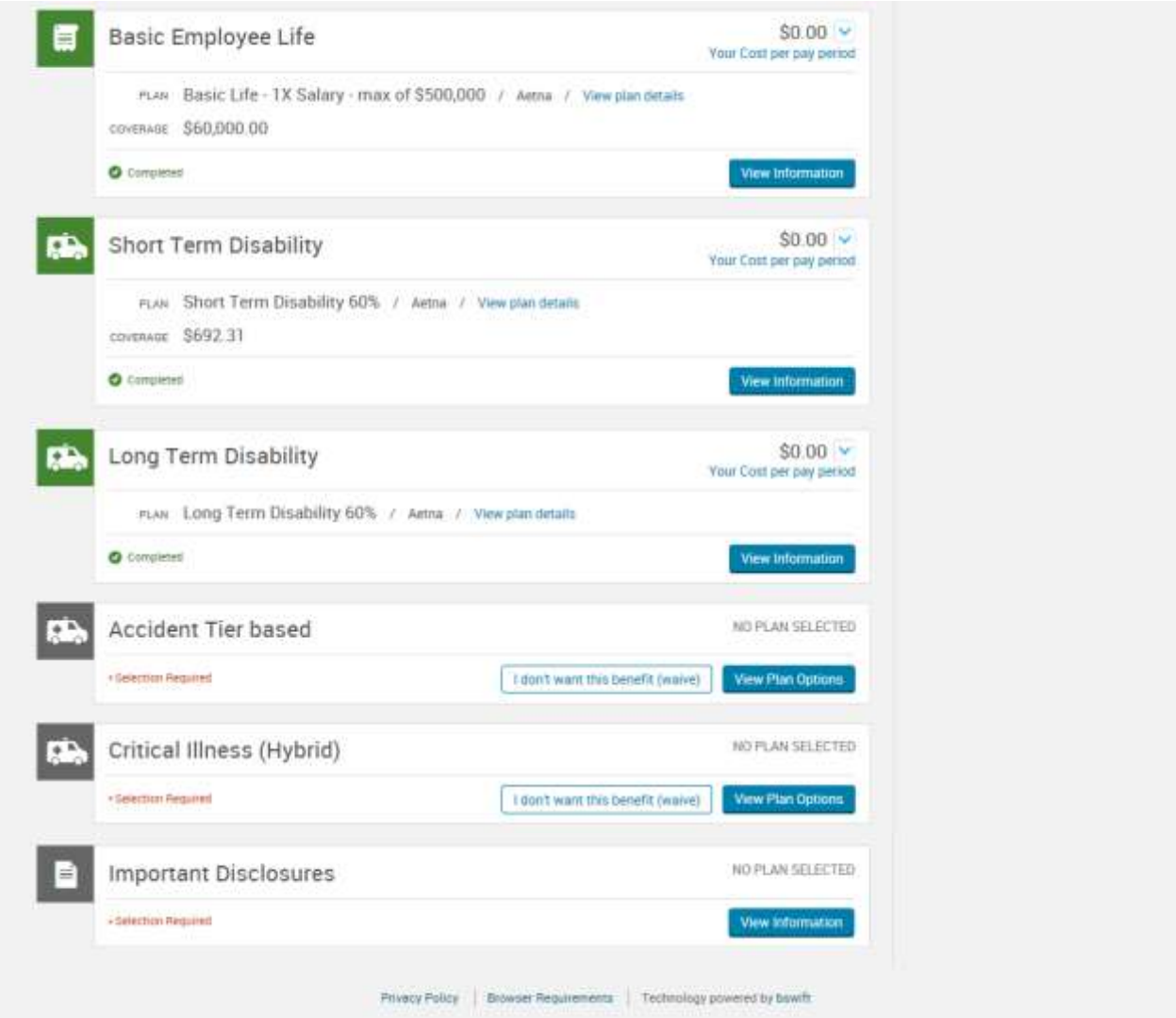
Your Cost per pay period $20.77

Finished selecting benefits? Click the button below to continue.

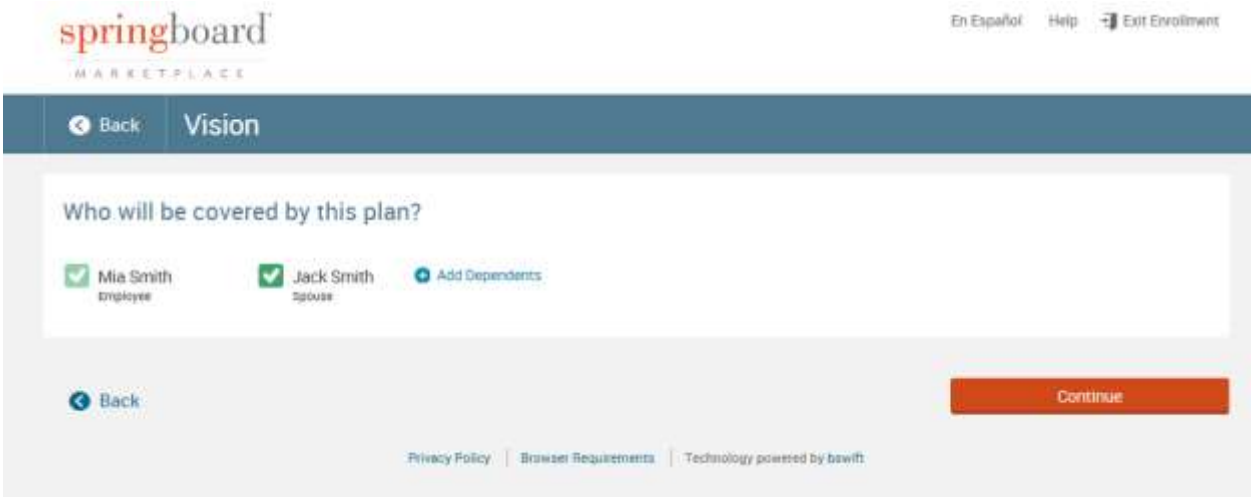
Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later


Basic Employee Life
$0.00
Your Cost per pay period
PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details
COVERAGE $60,000.00
Completed
View Information
Short Term Disability
$0.00
Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed
View Information
Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy
Browser Requirements
Technology powered by bswift

Member is asked to select dependents to be covered under the vision plan.



Vision plans available for enrollment are displayed.

springboard MARKETPLACE

En Español | Help | Exit Enrollment

Back | Vision

Benefits FAQ

Select a question

VOICEOVER AUDIO

For the Aetna Vision℠ Preferred plan, coverage is underwritten by Aetna Life Insurance Company and certain claims adjudication and other administrative services are provided by First American Administrators, Inc. (an affiliate of EyeMed Vision Care, LLC) and/or its affiliates.

Who will be covered by this plan?

Mia Smith
Employee

Jack Smith
Spouse

Add Dependents

Aetna Vision℠ Preferred 0/10/180

Aetna Vision Network

View plan details

aetna

Your Cost per pay period:
$2.51
Tier: Employee + Spouse

Select

Look – and see – your best with an easy to use coverage.

- Offers fixed pricing on premium progressive lenses and premium anti-reflective coatings.
- A convenient mix of in-network providers, including neighborhood eye doctors as well as online retailers and your favorite chains.
- Also includes out-of-network coverage. Benefits displayed are for in-network services. See complete list of covered services within the benefit summary.

Click here to search for a participating provider.

Find out more about Aetna Vision℠ Preferred

No Coverage Vision

Waive

Back

Privacy Policy | Browser Requirements | Technology powered by bswift

Once the Continue button is clicked, the member is brought back to the summary of products screen with the vision election shown as complete. The member can proceed to view the Basic Employee Life offering by clicking on the View Information button in the Basic Employee Life section.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Hospital $4.62 Your Cost per pay period

PLAN Hospital Plan / Aetna / View plan details

COVERAGE

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Dental $6.92 Your Cost per pay period

PLAN Active PPO - 100/80/50 80/60/50 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Vision $2.51 Your Cost per pay period

PLAN Aetna Vision℠ Preferred 0/10/180 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

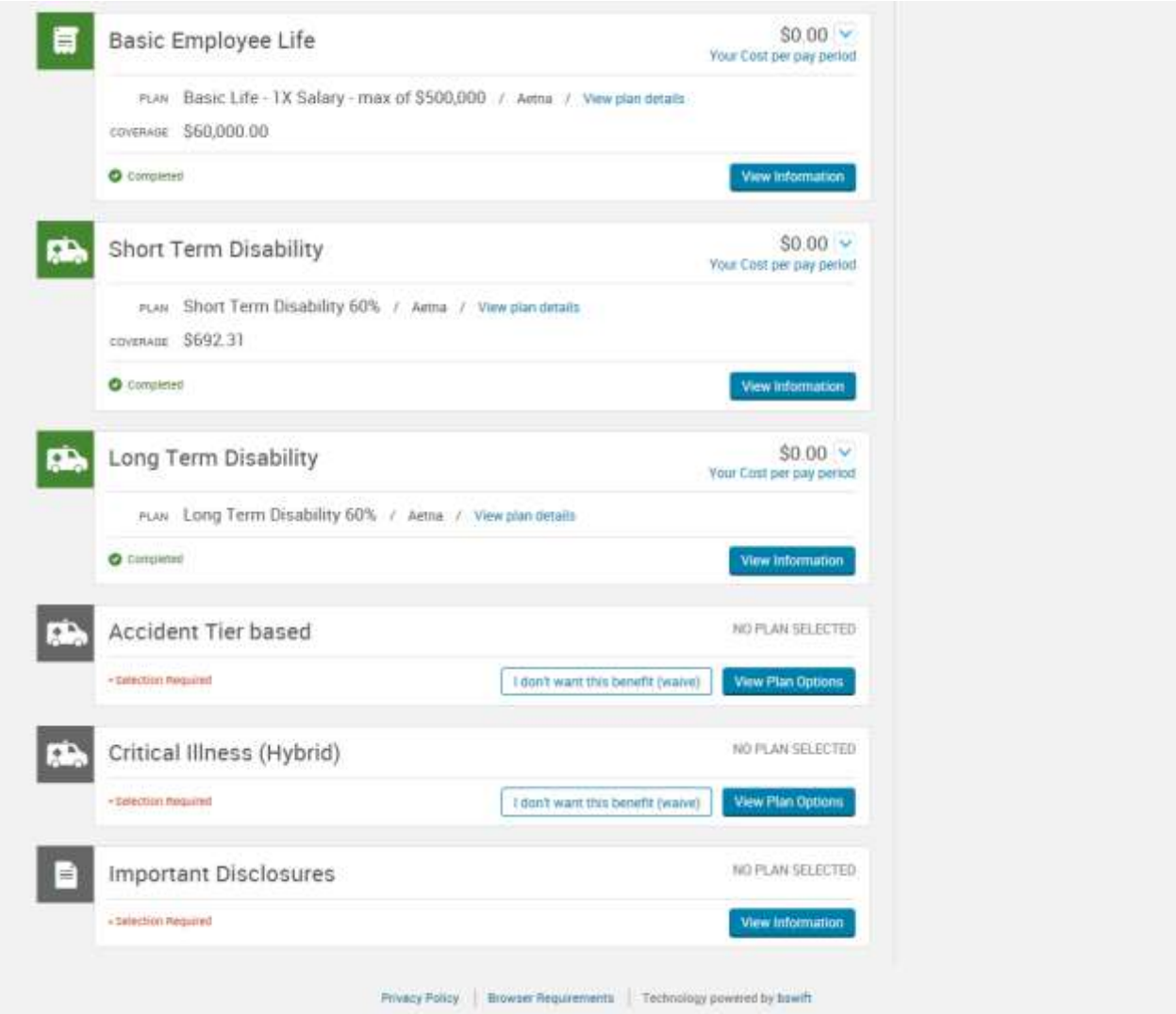
Your Cost per pay period $23.28

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later


Basic Employee Life
$0.00
Your Cost per pay period
PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details
COVERAGE $60,000.00
Completed
View Information
Short Term Disability
$0.00
Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed
View Information
Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy
Browser Requirements
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Basic Employee Life offering is displayed.

springboard MARKETPLACE

En Español | Help | Exit Enrollment

Back | Basic Employee Life

Benefits FAQ

Select a question

VOICEOVER AUDIO

Coverage is underwritten and administered by Aetna Life Insurance Company.

CURRENT PLAN

Basic Life - 1X Salary - max of $500,000

Aetna

View plan details

aetna

Basic Term Life Insurance helps financially protect your loved ones if something happens to you.

See your attached benefit summary under "Plan Links & Documents" in "Plan Details" for more information.

Coverage Amount:

$60,000.00

Guaranteed Coverage Amount: $60,000.00

Cost Summary (per pay period)	
Employer Contribution	$2.77
Your Cost	$0.00

Continue

Back

Privacy Policy | Browser Requirements | Technology powered by bswift

Once the Continue button is clicked, the member is brought back to the summary of products screen with the Basic Employee Life election shown as complete. The member can proceed to view the Short Term Disability offering by clicking on the View Information button in the Short Term Disability section.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Hospital $4.62 Your Cost per pay period

PLAN Hospital Plan / Aetna / View plan details

COVERAGE

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Dental $6.92 Your Cost per pay period

PLAN Active PPO - 100/80/50 80/60/50 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Vision $2.51 Your Cost per pay period

PLAN Aetna Vision℠ Preferred 0/10/180 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

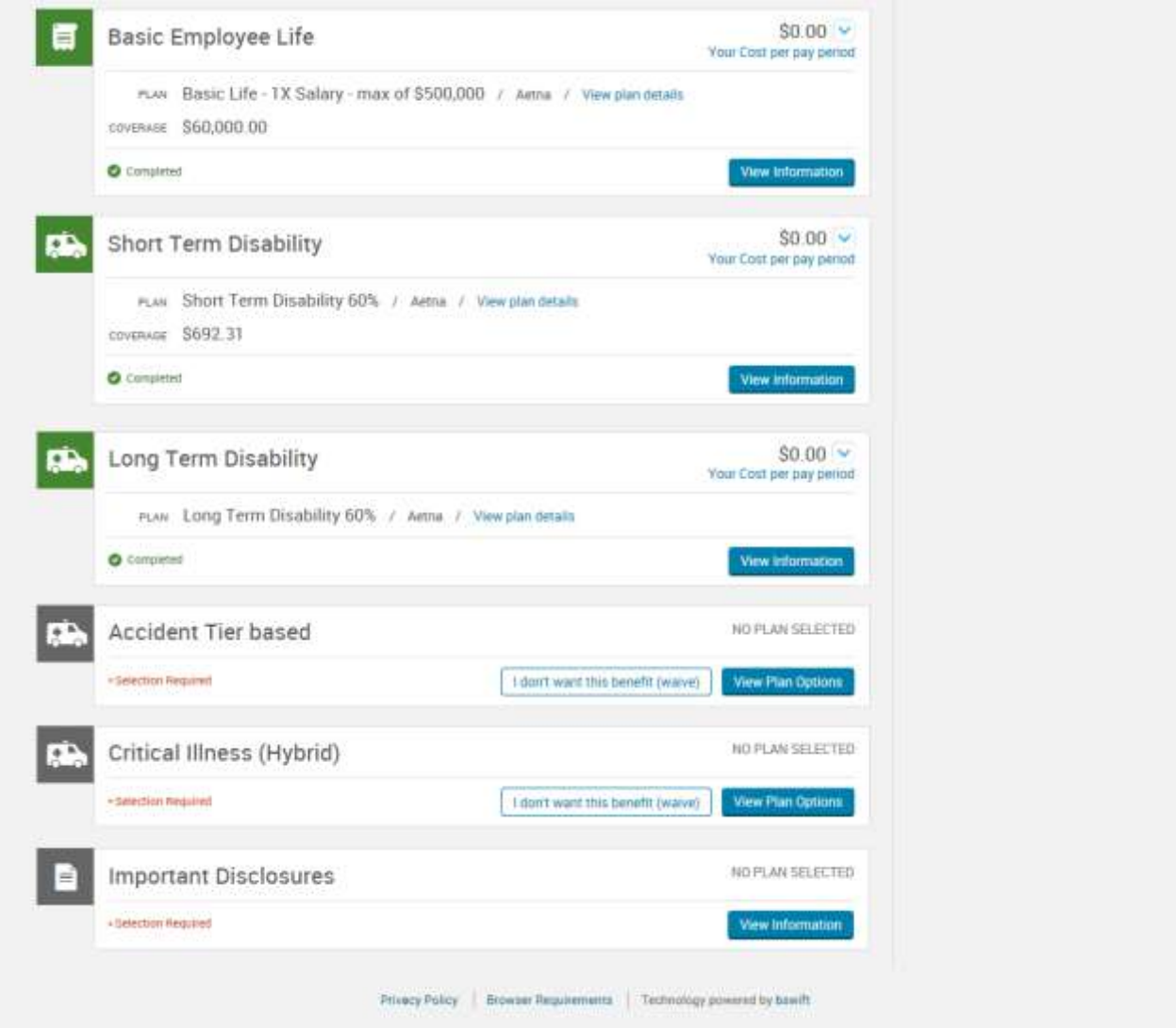
Your Cost per pay period $23.28

Finished selecting benefits? Click the button below to continue.

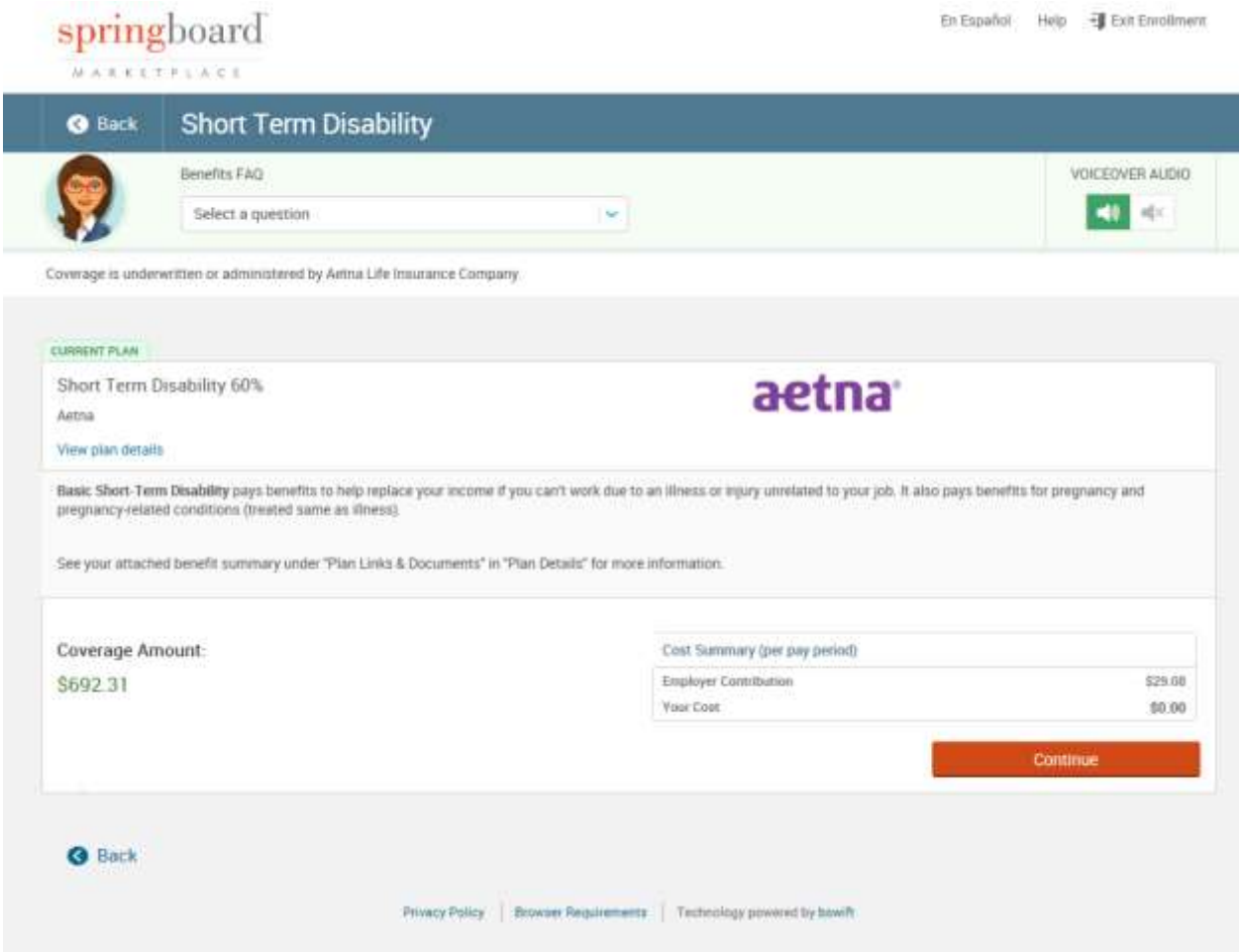
Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later


Basic Employee Life
$0.00
Your Cost per pay period
PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details
COVERAGE $60,000.00
Completed
View Information
Short Term Disability
$0.00
Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed
View Information
Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy
Browser Requirements
Technology powered by bswift

Short Term Disability offering is displayed.



Once the Continue button is clicked, the member is brought back to the summary of products screen with the Short Term Disability election shown as complete. The member can proceed to view the Long Term Disability offering by clicking on the View Information button in the Long Term Disability section.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Hospital $4.62 Your Cost per pay period

PLAN Hospital Plan / Aetna / View plan details

COVERAGE

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Dental $6.92 Your Cost per pay period

PLAN Active PPO - 100/80/50 80/60/50 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Vision $2.51 Your Cost per pay period

PLAN Aetna Vision℠ Preferred 0/10/180 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

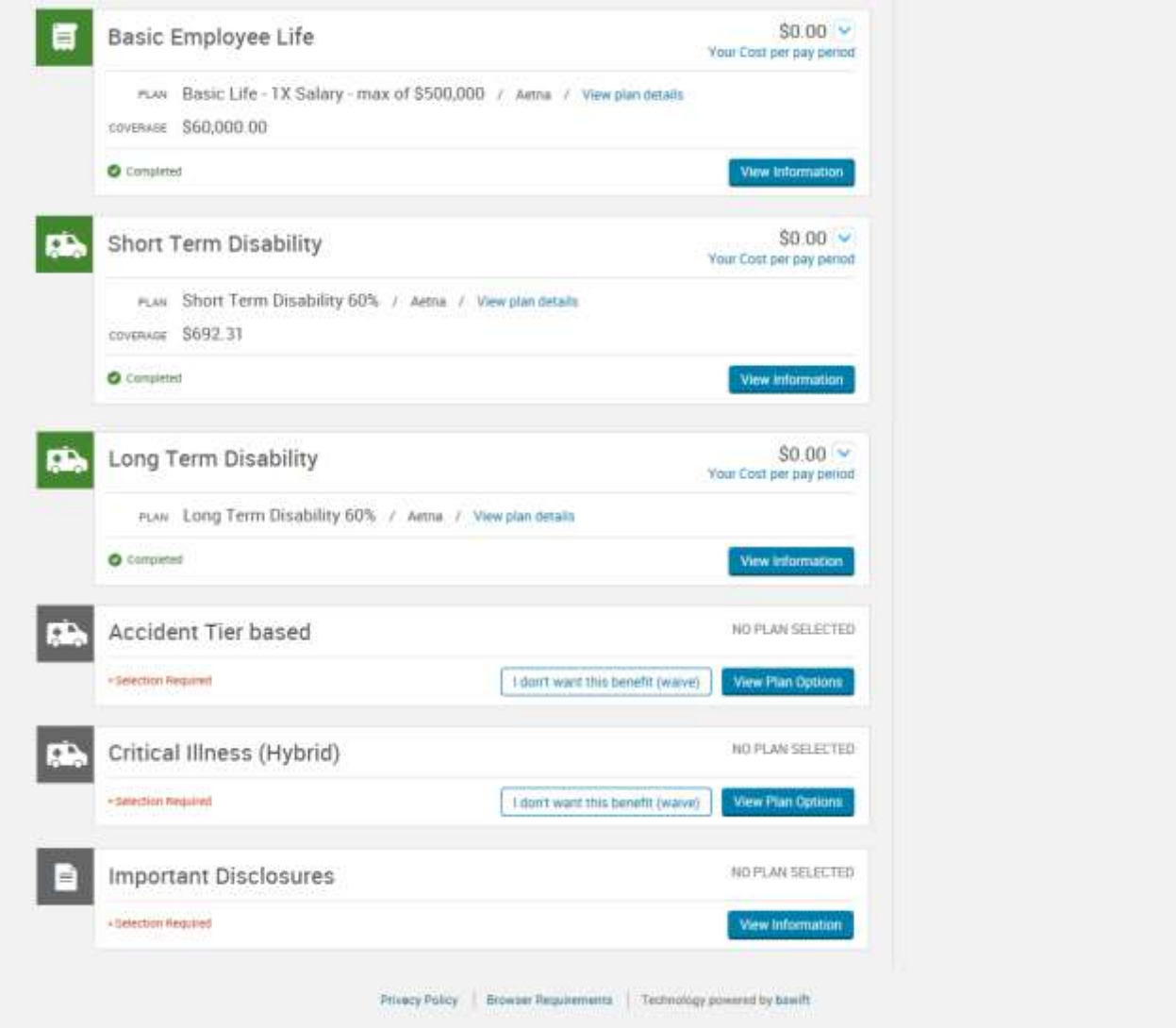
Your Cost per pay period $23.28

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later


Basic Employee Life
$0.00
Your Cost per pay period
PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details
COVERAGE $60,000.00
Completed
View Information
Short Term Disability
$0.00
Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed
View Information
Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy
Browser Requirements
Technology powered by bswift

Long Term Disability offering is displayed.

springboard MARKETPLACE

En Español | Help | Exit Enrollment

Back | Long Term Disability

Benefits FAQ

Select a question

VOICEOVER AUDIO

Coverage is underwritten or administered by Aetna Life Insurance Company.

CURRENT PLAN

Long Term Disability 60%

Aetna

View plan details

aetna

Long-Term Disability pays benefits to help replace your income if you can't work for an extended period due to an illness or injury.

See your attached benefit summary under "Plan Links & Documents" in "Plan Details" for more information.

Cost Summary (per pay period)	
Employer Contribution	$21.00
Your Cost	$0.00

Continue

Back

Privacy Policy | Browser Requirements | Technology powered by bswift

Once the Continue button is clicked, the member is brought back to the summary of products screen with the Long Term Disability election shown as complete. The member can proceed to view the Accident Plan offering by clicking on the View Information button in the Accident Plan section.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed | I don't want this benefit (waive) | View Plan Options

Hospital $4.62 Your Cost per pay period

PLAN Hospital Plan / Aetna / View plan details

COVERAGE

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed | I don't want this benefit (waive) | View Plan Options

Dental $6.92 Your Cost per pay period

PLAN Active PPO - 100/80/50 80/60/50 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed | I don't want this benefit (waive) | View Plan Options

Vision $2.51 Your Cost per pay period

PLAN Aetna Vision℠ Preferred 0/10/180 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed | I don't want this benefit (waive) | View Plan Options

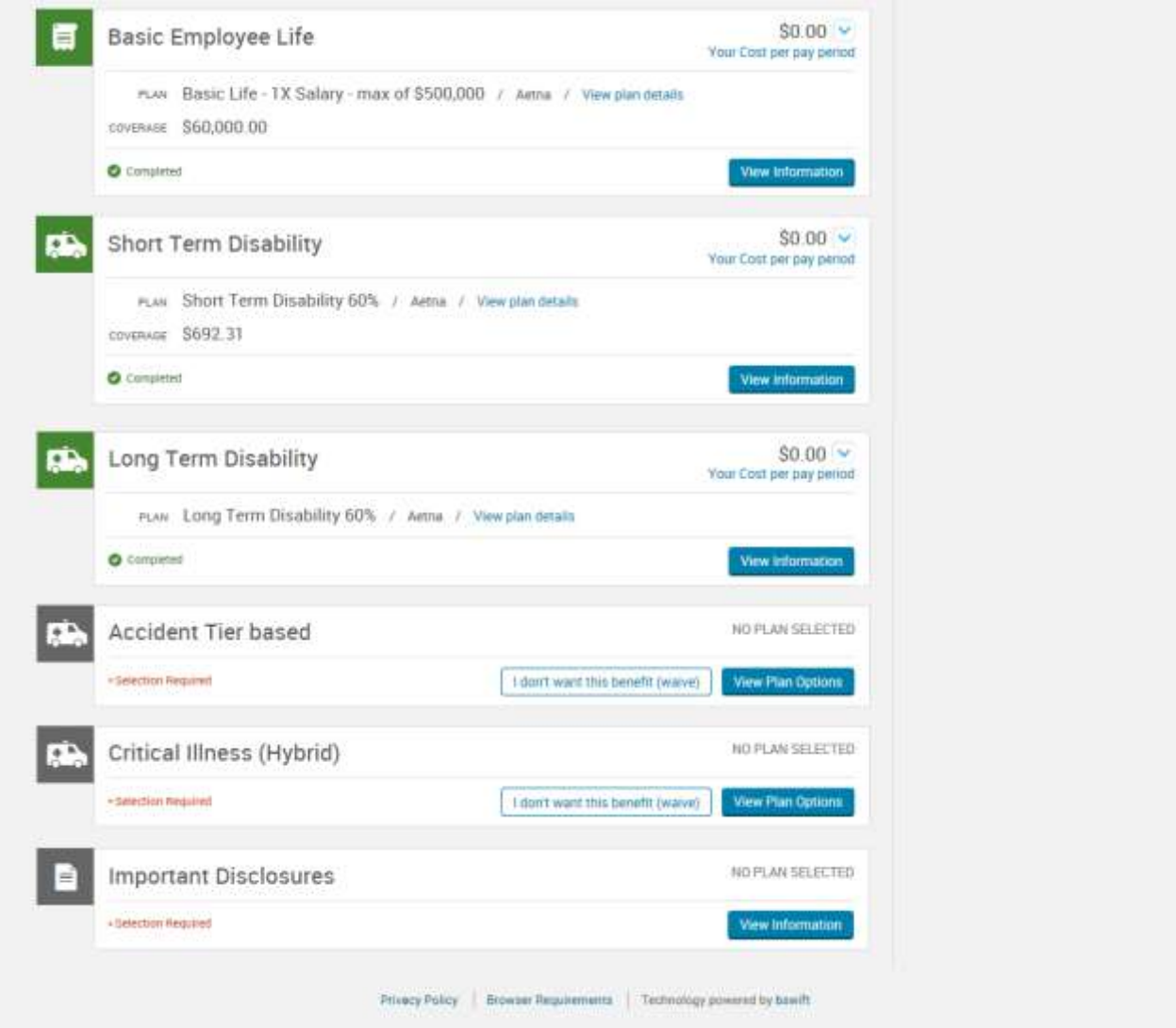
Your Cost per pay period $23.28

Finished selecting benefits? Click the button below to continue.

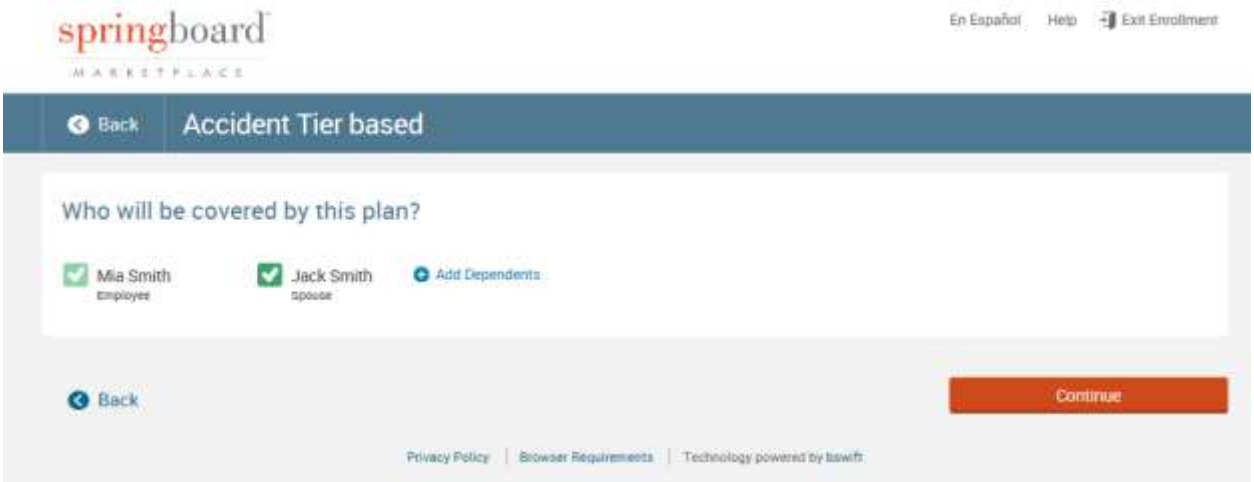
Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

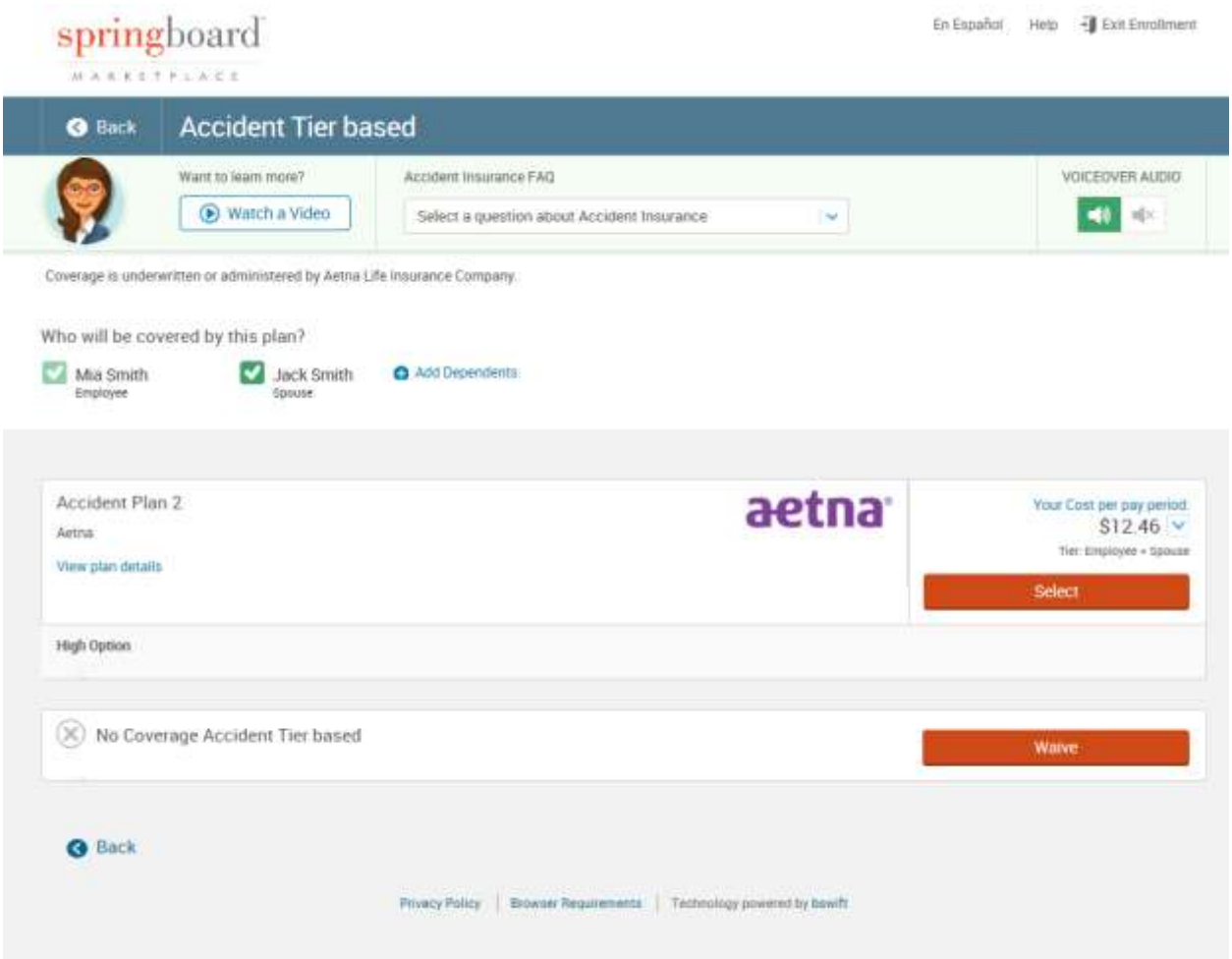
Save and Finish Later


Basic Employee Life
$0.00
Your Cost per pay period
PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details
COVERAGE $60,000.00
Completed
View Information
Short Term Disability
$0.00
Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed
View Information
Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy
Browser Requirements
Technology powered by bswift

Member is asked to select dependents to be covered under the Accident Plan.



The Accident Plan offering is displayed.



Once the Continue button is clicked, the member is brought back to the summary of products screen with the Accident Plan election shown as complete. The member can proceed to view the Critical Illness offering by clicking on the View Information button in the Critical Illness section.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Hospital $4.62 Your Cost per pay period

PLAN Hospital Plan / Aetna / View plan details

COVERAGE

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Dental $6.92 Your Cost per pay period

PLAN Active PPO - 100/80/50 80/60/50 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Vision $2.51 Your Cost per pay period

PLAN Aetna Vision℠ Preferred 0/10/180 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

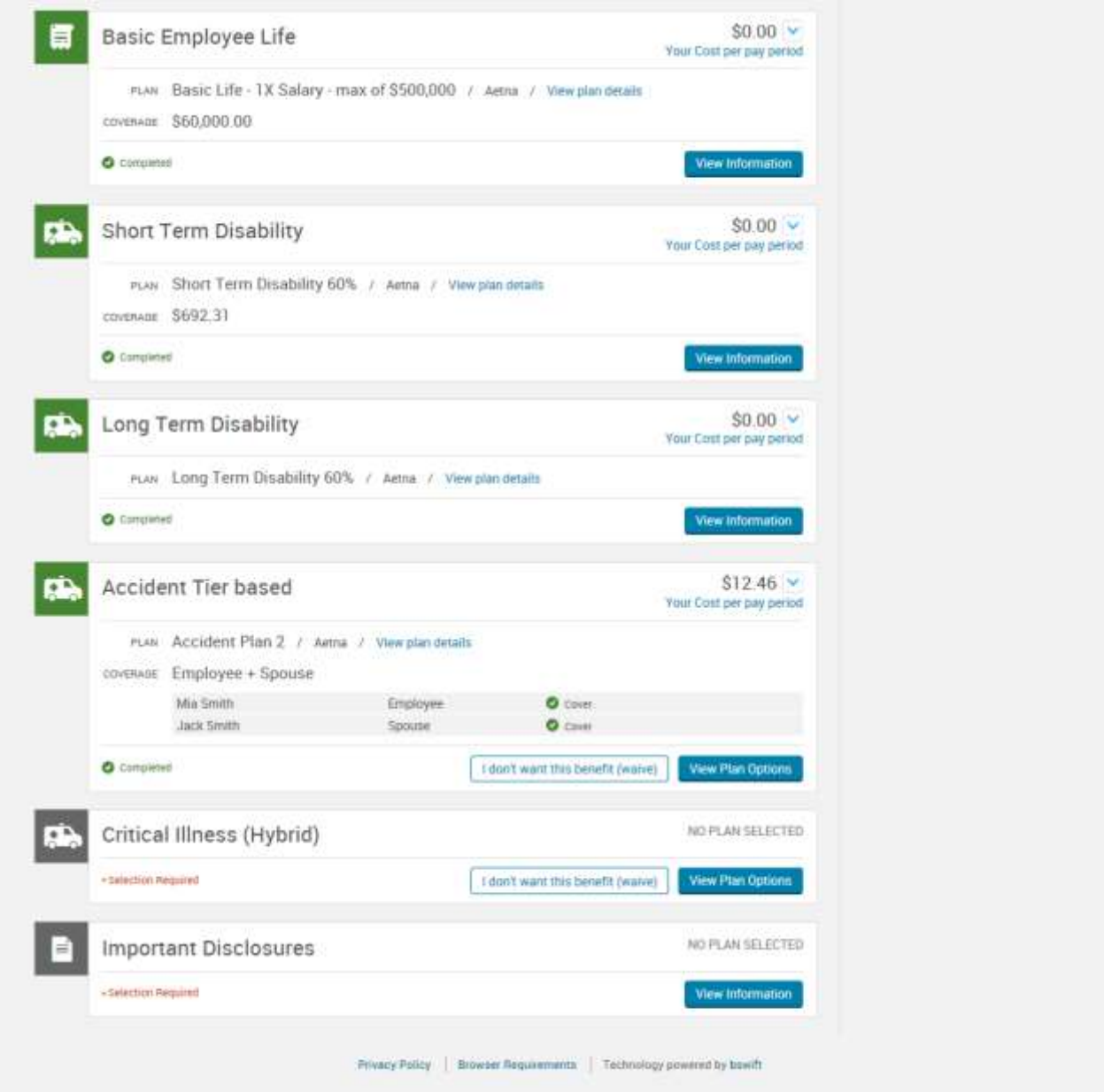
Your Cost per pay period $35.74

Finished selecting benefits? Click the button below to continue.

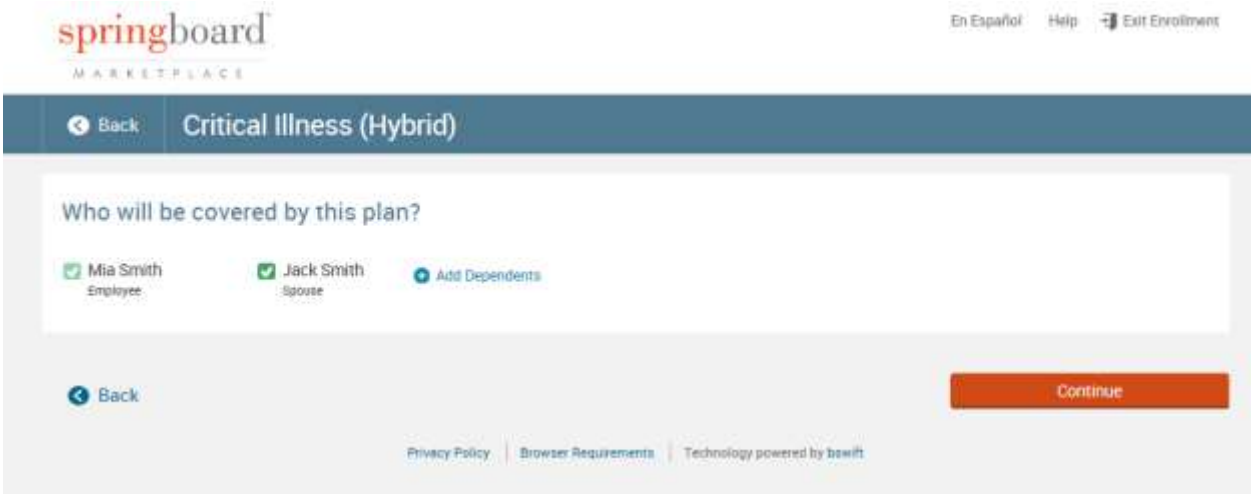
Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

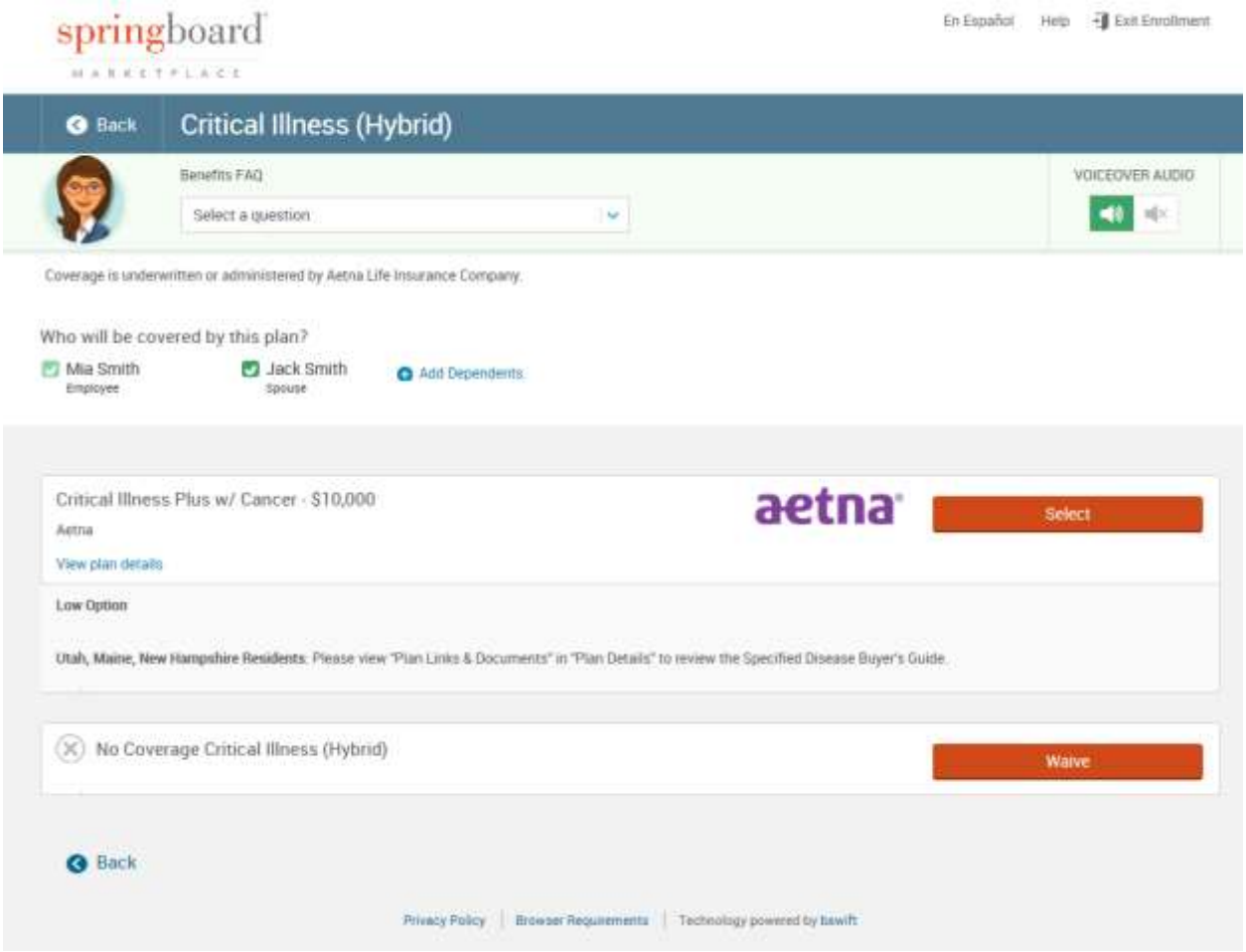
Save and Finish Later


Basic Employee Life
$0.00
Your Cost per pay period
PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details
COVERAGE $60,000.00
Completed
View Information
Short Term Disability
$0.00
Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed
View Information
Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
$12.46
Your Cost per pay period
PLAN Accident Plan 2 / Aetna / View plan details
COVERAGE Employee + Spouse
Mia Smith Employee Cover
Jack Smith Spouse Cover
Completed
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
NO PLAN SELECTED
* Selection Required
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy | Browser Requirements | Technology powered by bswift

Member is asked to select dependents to be covered under the Critical Illness plan.



Critical Illness offerings are displayed.



springboard MARKETPLACE

En Español | Help | Exit Enrollment

Back | Critical Illness (Hybrid)

Benefits FAQ

Select a question

VOICEOVER AUDIO

Coverage is underwritten or administered by Aetna Life Insurance Company.

Who will be covered by this plan?

Mia Smith (Employee) | Jack Smith (Spouse) | Add Dependents

Critical Illness Plus w/ Cancer - $10,000

Aetna

View plan details

aetna

Selected

Low Option

Utah, Maine, New Hampshire Residents: Please view "Plan Links & Documents" in "Plan Details" to review the Specified Disease Buyer's Guide.

Coverage Amount:

$10,000.00

Cost Summary (per pay period)

Employer Contribution	$0.00
Your Cost	$6.96

Continue

No Coverage Critical Illness (Hybrid)

Waive

Back

Privacy Policy | Browser Requirements | Technology powered by bswift

Once a selection is made, the member is brought back to the summary of products screen with the Critical Illness election shown as complete. The member can proceed to review the Important Disclosures language by clicking on the View Information button in the Important Disclosures section.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Hospital $4.62 Your Cost per pay period

PLAN Hospital Plan / Aetna / View plan details

COVERAGE

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Dental $6.92 Your Cost per pay period

PLAN Active PPO - 100/80/50 80/60/50 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Vision $2.51 Your Cost per pay period

PLAN Aetna Vision℠ Preferred 0/10/180 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

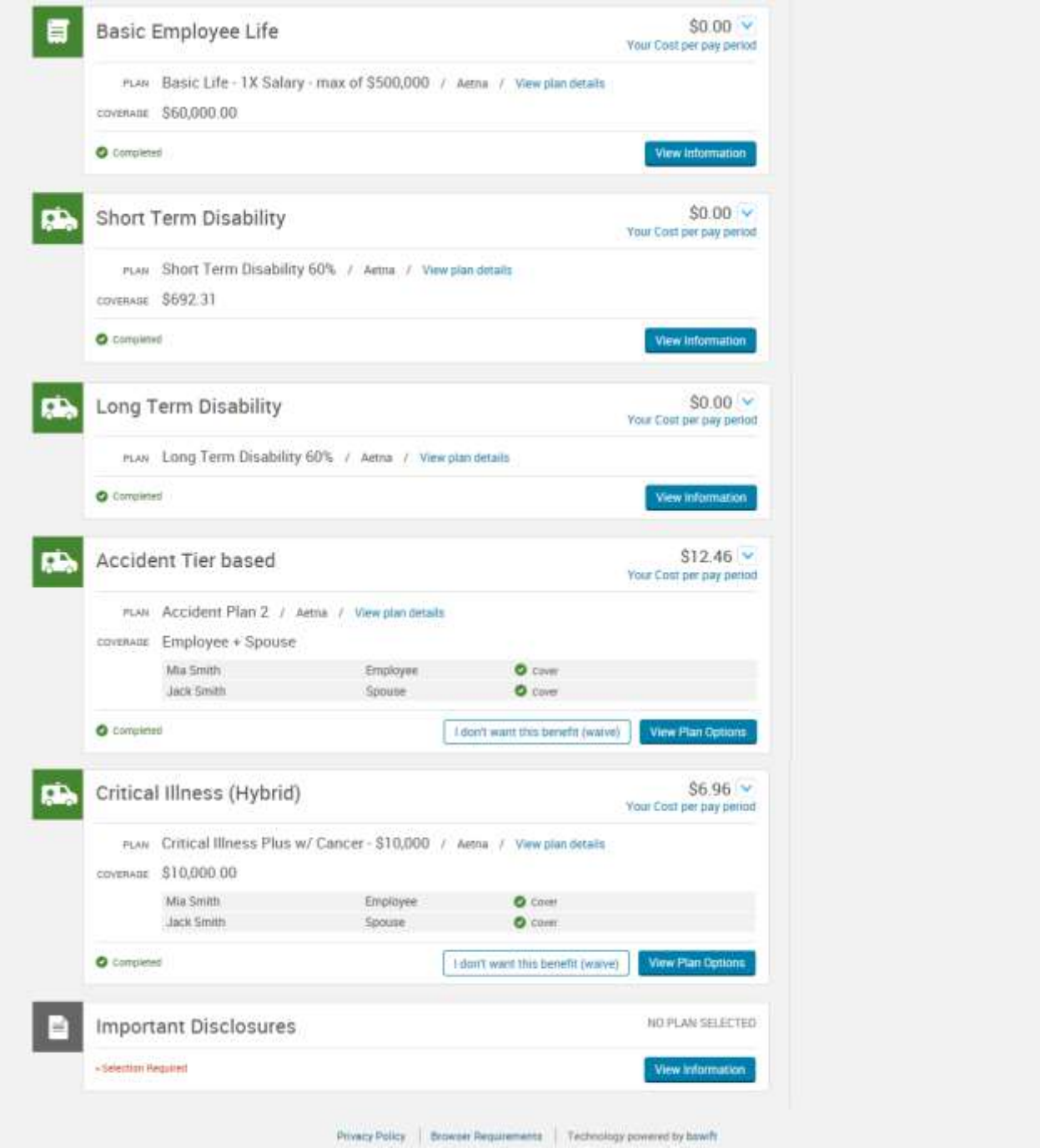
Your Cost per pay period $42.70

Finished selecting benefits? Click the button below to continue.

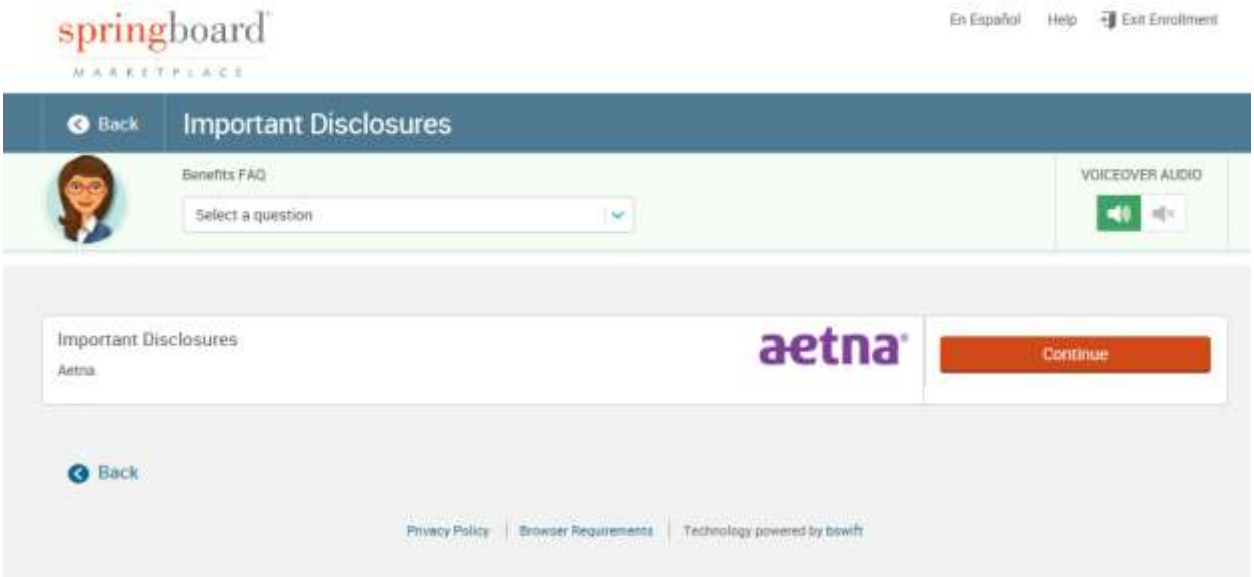
Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

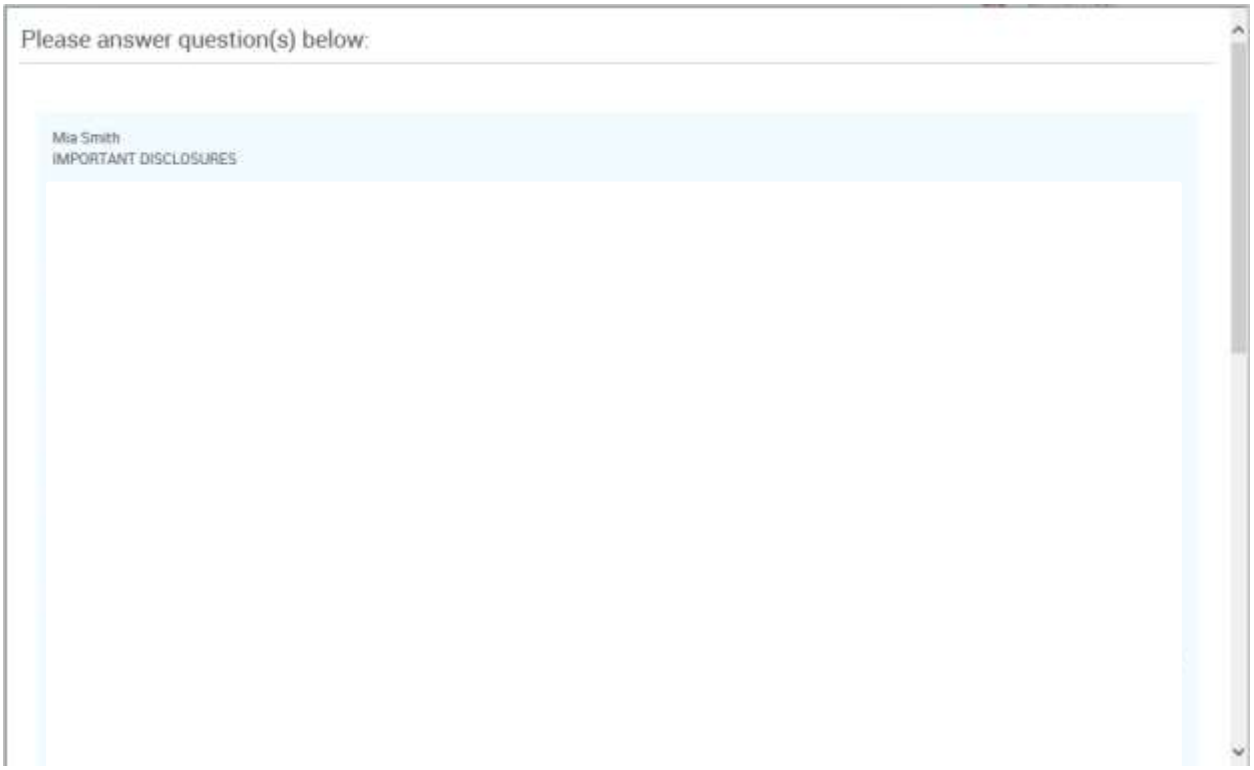
Save and Finish Later


Basic Employee Life
$0.00
Your Cost per pay period
PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details
COVERAGE $60,000.00
Completed
View Information
Short Term Disability
$0.00
Your Cost per pay period
PLAN Short Term Disability 60% / Aetna / View plan details
COVERAGE $692.31
Completed
View Information
Long Term Disability
$0.00
Your Cost per pay period
PLAN Long Term Disability 60% / Aetna / View plan details
Completed
View Information
Accident Tier based
$12.46
Your Cost per pay period
PLAN Accident Plan 2 / Aetna / View plan details
COVERAGE Employee + Spouse
Mia Smith Employee Cover
Jack Smith Spouse Cover
Completed
I don't want this benefit (waive)
View Plan Options
Critical Illness (Hybrid)
$6.96
Your Cost per pay period
PLAN Critical Illness Plus w/ Cancer - $10,000 / Aetna / View plan details
COVERAGE $10,000.00
Mia Smith Employee Cover
Jack Smith Spouse Cover
Completed
I don't want this benefit (waive)
View Plan Options
Important Disclosures
NO PLAN SELECTED
* Selection Required
View Information
Privacy Policy | Browser Requirements | Technology powered by bswift

Member clicks on the Continue button to proceed.



The Important Disclosures language, presented in Form AELG-DRA-DC (11-16), is displayed in the blank area below for the user to review.



I have read and understand the language above.

Save Answers

Once the member has reviewed the information, he/she is brought back to the summary of products screen with the Important Disclosures section shown as complete. The member clicks on the Continue button and proceeds to the next page to complete beneficiary information.

springboard MARKETPLACE

En Español Help Exit Enrollment

New Hire Enrollment

Let's get you signed up for your benefits!

Benefits FAQ

Select a question

VOICEOVER AUDIO

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Medical $9.23 Your Cost per pay period

PLAN DC OA EPO $1000 100 RX3A / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Hospital $4.62 Your Cost per pay period

PLAN Hospital Plan / Aetna / View plan details

COVERAGE

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Dental $6.92 Your Cost per pay period

PLAN Active PPO - 100/80/50 80/60/50 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Vision $2.51 Your Cost per pay period

PLAN Aetna Vision℠ Preferred 0/10/180 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed I don't want this benefit (waive) View Plan Options

Your Cost per pay period $42.70

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later

Basic Employee Life

$0.00
Your Cost per pay period

PLAN Basic Life - 1X Salary - max of $500,000 / Aetna / View plan details

COVERAGE $60,000.00

Completed

View Information

Short Term Disability

$0.00
Your Cost per pay period

PLAN Short Term Disability 60% / Aetna / View plan details

COVERAGE $692.31

Completed

View Information

Long Term Disability

$0.00
Your Cost per pay period

PLAN Long Term Disability 60% / Aetna / View plan details

Completed

View Information

Accident Tier based

$12.46
Your Cost per pay period

PLAN Accident Plan 2 / Aetna / View plan details

COVERAGE Employee + Spouse

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed

I don't want this benefit (waive)

View Plan Options

Critical Illness (Hybrid)

$6.96
Your Cost per pay period

PLAN Critical Illness Plus w/ Cancer - $10,000 / Aetna / View plan details

COVERAGE $10,000.00

Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Completed

I don't want this benefit (waive)

View Plan Options

Important Disclosures

PLAN Important Disclosures / Aetna

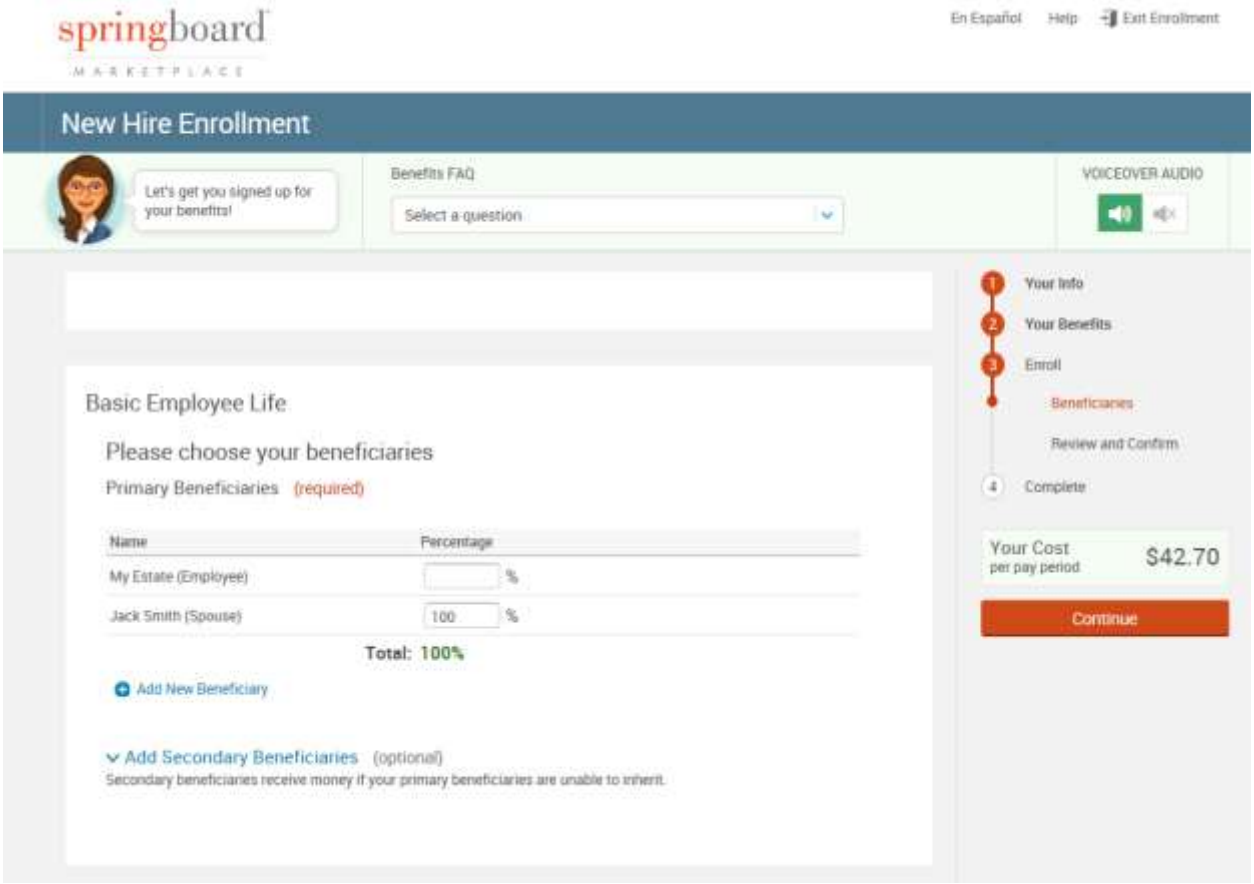
View your answer(s) to question(s) >

Completed

View Information

Privacy Policy | Browser Requirements | Technology powered by bswift

The user clicks on the “Continue” button on the right-hand side of the screen. A Basic Employee Life, Accident Plan, and Critical Illness beneficiaries assignment screen is displayed, and the user must enter the percentage allotted to each beneficiary.



Accident Tier based

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	%
Jack Smith (Spouse)	100 %

Total: 100%

Add New Beneficiary

Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

Critical Illness (Hybrid)

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	%
Jack Smith (Spouse)	100 %

Total: 100%

Add New Beneficiary

Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

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A summary page of all plan selections is displayed to allow the member to review and make any necessary edits. The Representations and Authorizations language, presented in Form AELG-DRA-DC (11-16), is displayed in the blank area below. Member must acknowledge the Representations and Authorizations language at the bottom of the screen before saving enrollment information.

springboard MARKETPLACE

En Español Help Exit Enrollment

Review and Confirm

Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

*Indicates changed benefits

Your Total Cost $42.70 Per Pay Period

1 Your Info
2 Your Benefits
3 Enroll
Beneficiaries
Review and Confirm
4 Complete

Complete Enrollment

Medical* Your cost per pay period $9.23

DC OA EPO $1000 100 RX3A Aetna
Coverage: Employee + Spouse

Who will be covered on this plan:

Name	Relationship	Coverage
Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Edit Selection

COST DETAILS PER PAY PERIOD

Employer Contribution	$16.15
Your Cost	$9.23

Hospital* Your cost per pay period $4.62

Hospital Plan Aetna

Who will be covered on this plan:

Name	Relationship	Coverage
Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Edit Selection

COST DETAILS PER PAY PERIOD

Employer Contribution	$0.00
Your Cost	$4.62

Dental* Your cost per pay period $6.92

Active PPO - 100/80/50 80/60/50 Aetna
Coverage: Employee + Spouse

Who will be covered on this plan:

Name	Relationship	Coverage
Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Edit Selection

COST DETAILS PER PAY PERIOD

Employer Contribution	$5.31
Your Cost	$6.92

Vision*

Your cost per pay period **$2.51**

Aetna Vision℠ Preferred 0/10/180 Aetna

Coverage: **Employee + Spouse**

Who will be covered on this plan:

Name	Relationship	Coverage
Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Edit Selection

COST DETAILS PER PAY PERIOD

Employer Contribution	$4.72
Your Cost	$2.51

Basic Employee Life

Your cost per pay period **$0.00**

Basic Life - 1X Salary - max of $500,000 Aetna

Coverage: **$60,000.00**

Edit Selection

COST DETAILS PER PAY PERIOD

Employer Contribution	$2.77
Your Cost	$0.00

Short Term Disability*

Your cost per pay period **$0.00**

Short Term Disability 60% Aetna

Coverage: **$692.31**

Edit Selection

COST DETAILS PER PAY PERIOD

Employer Contribution	$29.08
Your Cost	$0.00

Long Term Disability

Your cost per pay period **$0.00**

Long Term Disability 60% Aetna

Edit Selection

COST DETAILS PER PAY PERIOD

Employer Contribution	$21.00
Your Cost	$0.00

Accident Tier based*

Your cost per pay period **$12.46**

Accident Plan 2 Aetna
Coverage: **Employee + Spouse**

Who will be covered on this plan:

Name	Relationship	Coverage
Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Edit Selection

COST DETAILS PER PAY PERIOD

Employer Contribution	$0.00
Your Cost	$12.46

Critical Illness (Hybrid)*

Your cost per pay period **$6.96**

Critical Illness Plus w/ Cancer - $10,000 Aetna
Coverage: **$10,000.00**

Who will be covered on this plan:

Name	Relationship	Coverage
Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Edit Selection

COST DETAILS PER PAY PERIOD

Employer Contribution	$0.00
Your Cost	$6.96

Important Disclosures*

Important Disclosures Aetna

Edit Selection

Once You've Reviewed All Your Selections:

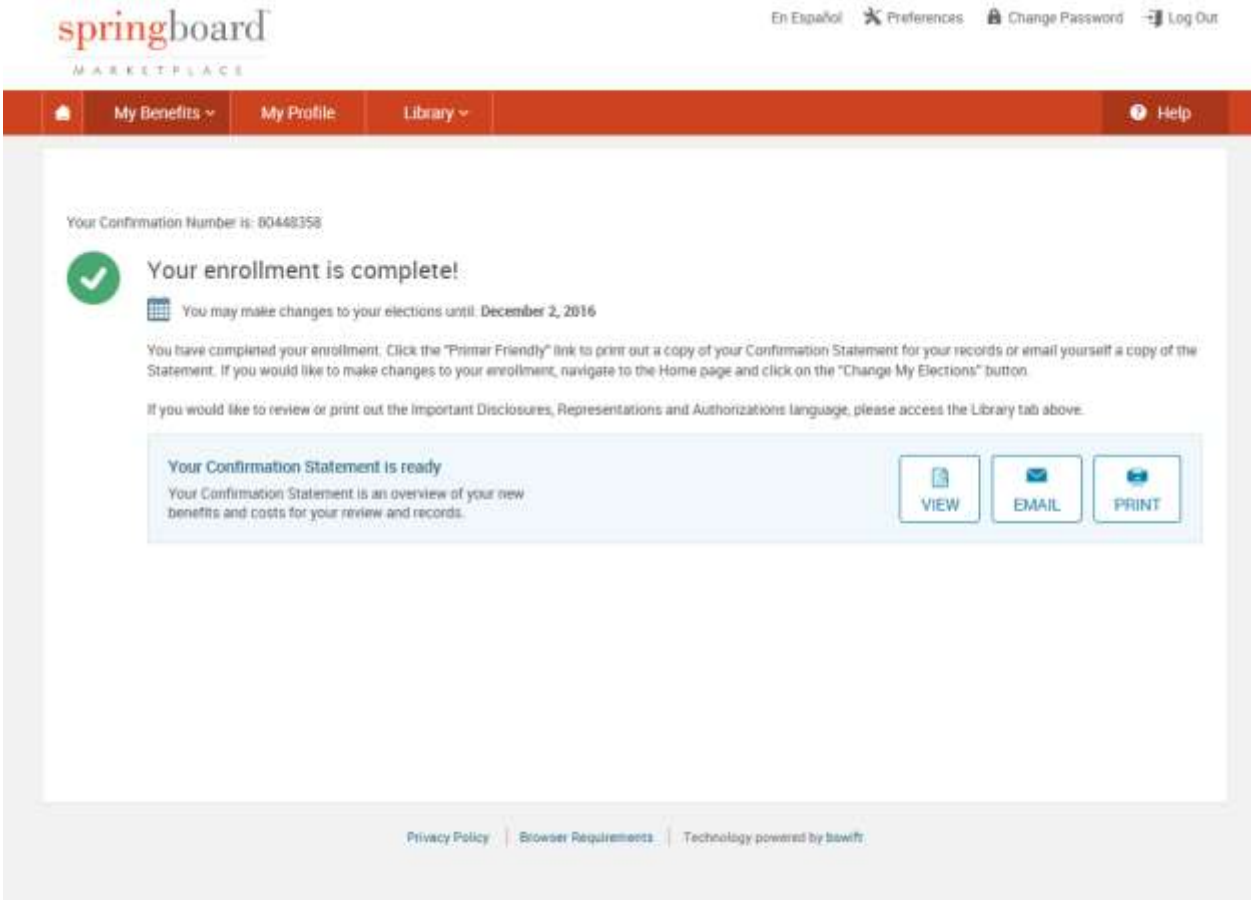
Participation

Representations and Authorizations

I agree, and I'm finished with my enrollment

Privacy Policy | Browser Requirements | Technology powered by Bswift

An enrollment confirmation page is displayed and member is able to view, email or print a copy of their Confirmation Statement.



State: *District of Columbia* **Filing Company:** *Aetna Life Insurance Company*
TOI/Sub-TOI: *ML02 Multi-Line - Other/ML02.000 Multi-Line - Other*
Product Name: *2016 LG bSwift Online Enrollment Forms (ALIC)*
Project Name/Number: *ALIC/201606*

Supporting Document Schedules

Satisfied - Item:	Explanation of Variability
Comments:	
Attachment(s):	AL DC EOV.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certification
Comments:	
Attachment(s):	AL Readability Cert.pdf
Item Status:	
Status Date:	

Explanation of Variability
Online Employee Enrollment Form

Form ABS-LG-EE-DC (11-16) (WEB)
Form AELG-DRA-DC (11-16)

Applicable to Form AELG-DRA-DC (11-16)

The form AELG-DRA-DC (11-16) contains limited variability, as indicated by bracketed material in the form. The form may be modified by moving or removing sections to reflect the customer's product offerings. For example, bracketed information related to dental coverage would be removed if dental products were not being offered.

Applicable to Form ABS-LG-EE-DC (11-16) (WEB)

The drafting notes at the top of each screen will not be displayed to the member. They have been included for instructional information for the reviewer only.

Page 5 (Homepage)

- **Pictures:** the picture presented on the screen may be updated from time to time.
- **"Start Your Enrollment" button:** once the member has completed his/her enrollment, the button will change to say "Change My Elections".
- **My Benefits (center panel):** once the member's enrollment period is complete, the center panel beneath "My Benefits" will display a summary of their benefit selections.

Page 11

The header within the blue ribbon of the page will indicate the actual type of enrollment for which the member is participating. Types of enrollment include:

- New Hire Enrollment
- Company Wide (Open) Enrollment
- Life Event Enrollment
- Rehire Enrollment

Product Summary and Plan Selection pages

The products and plans displayed are illustrative. The types and variety of product and plans displayed will be based on each individual employers benefit offerings.

Pages 53 and 54 (Beneficiary Selection page)

This screen would not display if the employer does not offer a Life, Accident Plan or Critical Illness products or if the enrollee waives Life, Accident Plan or Critical Illness coverage.

Page 59

The Confirmation Number displayed will be unique for each user upon enrollment completion.

DISTRICT OF
COLUMBIA
Certification

AETNA LIFE INSURANCE
COMPANY

Subject: **Aetna Life Insurance Company NAIC No. 001-60054**
2016 LG bSwift Online Enrollment Forms

Forms: AELG-DRA-DC (11-16)
ABS-LG-EE-DC (11-16) (WEB)

This certifies that the forms listed above are in full compliance with District of Columbia Insurance Codes §31-4725 and §31-4726. The forms exceed the minimum reading ease score on the Flesch Test in accordance with any applicable law or regulation.

Stephen W Halloran

Digitally signed by Stephen W Halloran
DN: cn=Stephen W Halloran, o, ou, email=HalloranS@aetna.com, c=US
Date: 2016.11.17 09:01:00 -05'00'

Signature

Stephen W. Halloran Assistant Vice President

Name and Title

November 17, 2016

Date