



2024-25 Student Health Insurance Program Proposal

General Information

Aetna Student Health proposes to offer a Student Health Insurance Program to George Mason University ("Policyholder") for the 2024-25 policy year.

State Approval Notice *All insurance coverage is subject to the terms of the relevant Master Policy and applicable state filings. In case the benefits or any terms described in this Proposal conflict with the relevant Master Policy, the benefits and terms of the Master Policy shall govern. Aetna reserves the right to modify our products, services, and/or premium rates in response to legislation, regulation or requests of government authorities which could result in material changes to enrollment/risk composition or the plan of benefits.*

Policy Effective Dates 8/16/2024 - 8/15/2025

Medical plans are insured by Aetna Life Insurance Company. Aetna PPO Dental® and Aetna Vision Preferred plans are insured by Aetna Life Insurance Company. Dental and vision insurance rates are noted below.

Benefit Changes Mental Health Parity Mandated Change:
- Ambulance benefit changes: Move Coins. from 80% to 100% and add \$250 copay
- OP All Other (MH/SA) changes: Move INN Coins. from 80% to 85% and OON from 60% to 65%

Order of Benefit Determination for this policy COB (coordination of benefits)

Medical Plan Rates*

| Population | Annual Rate |
|----------------------|-------------|
| Effective Date | 8/16/2024 |
| Termination Date | 8/15/2025 |
| Student | \$3,475.00 |
| Spouse | \$3,475.00 |
| One Child | \$3,475.00 |
| Two or More Children | \$6,950.00 |

**These rates are solely for the Medical plan and do not include charges for the Travel Assistance Program or other programs purchased, nor any school health clinic or other fee charged by the school.*

| | |
|--|---|
| | Medical Plan rates charged on a per semester basis are included in the attached Medical Plan Rate Addendum. Please see Rate Addendum for all dependant rates. |
| Quote Conditions | <i>Please see the Quote Conditions Addendum that is incorporated into this Proposal.</i> |
| Payment and Enrollment Terms | <i>Please see the Payment and Enrollment Terms Addendum that is incorporated into this Proposal.</i> |
| Rescissions and Retroactive Termination of Coverage | |
| <p>A request to remove an eligibility record as of the plan effective date, together with documentation of a timely student waiver of coverage or cancellation request and no remittance of premium, shall not be considered a rescission, as it is proof of the member's never having enrolled in the plan. During any open enrollment period, Aetna Student Health will rely on deletion requests submitted by the school as proof of a student's waiver of coverage or cancellation request.</p> <p>A request to remove an eligibility record where a student has paid the premium and/or used the plan (that is, claims were filed and paid) will generally be handled prospectively. Termination in such cases will generally be effective at the end of the month in which notice is received and premium will be pro-rated accordingly.</p> | |

| |
|--|
| |
| |
| |

| Ancillary Products and Programs | | | | | | | | | |
|---|---|------------|-------------|----------------|-----------|------------------|-----------|--------------|--------|
| Travel Assistance Program (with Medical plan) | Students enrolled in the Medical plan have access to the Travel Assistance Program, which includes Accidental Death and Dismemberment coverage, Medical Evacuation and Repatriation services, Natural Disaster and Political Evacuation services, and other travel-related support. The program is provided through a relationship between Aetna Student Health and the Travel Assistance Provider, On Call International, LLC. Travel assistance services are provided by On Call and AD&D coverage under the program is provided under a blanket accident policy issued by U.S. Specialty Insurance Company dba Tokio Marine HCC. | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| <table> <tr> <th>Population</th><th>Annual Rate</th></tr> <tr> <td>Effective Date</td><td>8/16/2024</td></tr> <tr> <td>Termination Date</td><td>8/15/2025</td></tr> <tr> <td>Student Only</td><td>\$8.00</td></tr> </table> | | Population | Annual Rate | Effective Date | 8/16/2024 | Termination Date | 8/15/2025 | Student Only | \$8.00 |
| Population | Annual Rate | | | | | | | | |
| Effective Date | 8/16/2024 | | | | | | | | |
| Termination Date | 8/15/2025 | | | | | | | | |
| Student Only | \$8.00 | | | | | | | | |
| <p><i>Aetna and On Call are independent contractors and are not employees or agents of each other. Aetna is not responsible for the services or benefits provided under the Travel Assistance Program. Aetna has the right to replace the Travel Assistance Provider at any time, upon notice</i></p> | | | | | | | | | |

to Customer. Aetna receives a portion of the above fee. If you want more information about amounts retained by Aetna or the specific services, coverages and limits under the Travel Assistance Program in general, please contact your account representative.

Aetna Dental® Active PPO Plan

| Population | Annual Rate |
|----------------------|-------------|
| Effective Date | 8/16/2024 |
| Termination Date | 8/15/2025 |
| Student | \$424.00 |
| Spouse | \$364.00 |
| One Child | \$364.00 |
| Two or More Children | \$728.00 |

Aetna Dental PPO Plan - Dependents

Policyholder will offer Aetna Dental PPO Plan as an option for dependents to purchase on a voluntary basis. Students need to be enrolled in the Dental plan to enroll their dependents.

The availability of the Aetna Dental PPO Plan will be included on the Aetna Student Health/Policyholder web page. This plan can be purchased only during the open enrollment period of the student accident & sickness plan. Student rate includes school assessed admin fee.

Aetna VisionSM Preferred Plan

| Population | Annual 8/16/24 -8/15/25 |
|----------------------|----------------------------|
| Student | \$39.00 |
| Spouse | \$39.00 |
| One Child | \$39.00 |
| Two or More Children | \$78.00 |

Enrollment in the Vision plan is available only to students enrolled in the Medical plan. The cost is include on the Medical plan cost and not a separate charge or enrollment.

Certain claims administration services under the vision plan are provided by First American Administrators, Inc., and certain network administration services are provided through EyeMed Vision Care, LLC.

Total Student Charges

| Population | Annual Rate - |
|------------------|---------------|
| Effective Date | 8/16/2024 |
| Termination Date | 8/15/2025 |

| | | |
|---|-----------------------------|---------|
| | Student | \$3,582 |
| | Spouse | \$3,522 |
| | One Child | \$3,522 |
| | Two or More Children | \$7,044 |
| <p><i>*These amounts reflect the total charges for students who enroll in the Medical Plan, including optional programs purchased by the school such as the Travel Assistance Program and/or mandatory ancillary product i.e., Vision.</i></p> <p><i>Please see Rate Addendum for all dependant rates. Student rate includes school assessed admin fee.</i></p> | | |

SCHOOL ADMINISTRATIVE FEE

If Policyholder charges students an administrative fee in connection with the student health insurance program, which is other than a School Health Clinic Fee, Policyholder represents that:

- The fee is set by the school and is to pay for services performed by the school or its agents for its own benefit.
- The fee is not a condition for Aetna's issuing coverage to students.
- Aetna's role, if any, is limited to facilitating the remittance of the fee to the school for the school's administrative convenience.

- **Domestic Students have a \$60 Admin Fee for each open enrollment, be it annual, fall, spring, summer.**
- **International/Into Students have \$30 Admin Fee for Fall & Spring and \$60 summer.**

IMPORTANT INFORMATION

Except for members of the CVS Health family of companies (which includes CVS Pharmacy, CVS MinuteClinic and CVS Specialty Infusion Services), all other participating providers and vendors are neither agents nor employees of Aetna or its affiliates. We cannot guarantee the availability of any particular corporate family and the providers in our network may change.

By signing below, Aetna agrees to issue, and Policyholder agrees to accept, the Student Health Insurance foregoing Proposal, including the addenda incorporated therein.

Aetna Life Insurance Company

By (signature): *Jason Walter*

Printed Name: Jason Walter

Title of Client Services Representative: Account Executive

Date: April 12, 2024


By (signature): *Urvashi Kabira*

Printed Name: Urvi Kabira

Title of Underwriting Department Representative: Senior Manager, Underwriting Unit Lead

Date: July 11, 2024

George Mason University

By (signature): 
Printed Name: Deb Dickenson
Title: Executive Vice President for Finance and Administration
Date: 7/18/24

George Mason University

By (signature):
Printed Name:
Title:
Date:

George Mason University

By (signature):
Printed Name:
Title:
Date:

Original or Revision? **Original**

Addendum #1



2024-25

**Student Health Insurance
Program Proposal Addendum
Payment and Enrollment Terms**

Payment Administration Information

**Payment and
Administrative Terms**

1. Membership Calculations – Invoices will be generated by Aetna Student Health based on enrolled membership and information provided as of the invoice preparation date.
 - a. Invoices after the initial invoice will reflect any debits or credits applicable to reflect updates to membership data received *since* the date of the *preceding* invoice.
 - b. Any adjustments necessary to reflect updated membership information received *after* an invoice generation date will be reflected on the invoice for the *following* payment period.
 - c. Policyholder agrees to pay the amounts indicated on each invoice in accordance with the terms of section 3, below, and without further adjustment for information received after the date of the relevant

invoice. As indicated above, such information will be reflected in debits or credits applied to the invoice for the following payment period.

- d. No updates to enrollment data will be accepted more than 30 days after the end of the plan year.

2. Invoice Timing –

- a. Aetna Student Health will generate the initial invoice within 90 days of the plan effective date.
- b. Subsequent invoices will be generated at regular intervals (not less than quarterly).
- c. The final invoice will be generated 30 days after the end of the plan year.

3. Payment Terms –

- a. Invoices prior to final invoice – Payment of not less than 80% of the invoice amount within 30 calendar days of the invoice date shall be required in order keep your account current.
- b. The amount indicated on the final invoice is required to be paid in full within 30 calendar days of the invoice date.
- c. Late fees may be charged, as set forth in the Master Policy.

4. Voluntary Members – No voluntary members will be enrolled in the Plan until Aetna Student Health has received the full applicable premium amount for such student.

Enrollment Information and Requirements

Enrollment and Student Address Information

Policyholder specifically understands and acknowledges that the timely receipt of accurate enrollment information, including, but not limited to, a current U.S. address for each student, is necessary for the proper and timely payment of claims and the distribution of explanations of benefits, appeals and other important plan information. Policyholder agrees that current enrollment and address information for each covered student/dependent will be provided to Aetna Student Health by the student's effective date, but not more than 60 days after the student's effective date. School specifically agrees to be responsible for, and to hold Aetna Student Health and its affiliates harmless from, any and all claims and causes of action arising out of Policyholder's failure to provide this information in a timely manner.

NOTE: A general school address (such as the address of the student health center) is NOT an acceptable substitute for a current student address.

Student Enrollment

Student Enrollment Group (Undergraduate, Graduate, International)

All Domestic undergraduate and graduate students enrolled in 3 or

Enrollment Method (Waiver, Voluntary Direct Pay, or Voluntary Bursar Billed)

Voluntary

| | | |
|------------------------------|--|---|
| | more credit hours and PhD or Doctoral Program students enrolled in a doctoral program taking 1 credit hour are eligible to enroll in this insurance plan on a voluntary basis | |
| | Visiting faculty, OPT students and scholars on an F-1 or J-1 visa are eligible to enroll in this insurance plan on a voluntary basis. | Voluntary |
| | All INTO students and International students with a F1 or J1 visa status are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. | International Waiver |
| Dependent Enrollment: | Student Enrollment Group (Undergraduate, Graduate, International) | Enrollment Method (Waiver, Voluntary Direct Pay, or Voluntary Bursar Billed) |
| | Domestic Undergraduate and Graduate students taking less than the required credit hours but are completing course work to graduate and obtain their degree for the current academic year are also eligible to enroll. If you withdraw from George Mason University within the first 31 calendar days of the semester you are not eligible for the student health insurance plan. If you are auditing classes (earning 0 credits), you are not eligible for the Plan. | Voluntary |

Addendum #2



2024-25
Student Health Insurance

Program Proposal Addendum

Quote Assumptions & Conditions

Waiver Program Information

The rates for the 2024/2025 policy year are explicitly conditioned on the application of the following waiver criteria: All Domestic undergraduate and graduate students enrolled in 3 or more credit hours and PhD or Doctoral Program students enrolled in a doctoral program taking 1 credit hour are eligible to enroll in this insurance plan on a voluntary basis. Visiting faculty, OPT students and scholars on an F-1 or J-1 visa are eligible to enroll in this insurance plan on a voluntary basis.

All INTO students and International students with a F1 or J1 visa status are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. Students taking online courses are eligible to enroll in this insurance plan.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility. George Mason University agrees that any request submitted by George Mason University to delete a student shall be considered a representation by George Mason University, upon which Aetna Student Health is authorized to rely, that George Mason University has valid proof of such student's waiver of coverage

Key Assumptions

Our quoted rates are proposed for the first 12 months of the policy period and are valid as of the policy effective date. The quoted rates apply only to the benefit levels and conditions specified in the proposal and any variations in benefit level or quotation conditions may require a rate change.

We have the right to change our rates if certain key assumptions used in the rating process materially change even after final rates are released. While this is not a comprehensive list of financial conditions that could result in a change in or proposal, the following are the key factors that could require Aetna to adjust or terminate this proposal:

- A change in eligible students of 10% or more.
- Enrollment Process Assumptions
- A change in enrolled students of 10% or more. We have assumed 4,692 students to be enrolled for the 2024-25 policy period.
- Failure to enforce hard waiver requirements.
- A change in the enrolled member to student ratio of 3% as of this renewal the ratio is 1.0445.
- An actual or expected change in the demographic or other mix of students (domestic, international, graduate, undergraduate, full-time, dependent enrollment, etc.) from that assumed at the time rates are established that could materially impact per capita claim costs by 3% or more.

| | |
|--|---|
| | <ul style="list-style-type: none"> Any change in the school's eligibility requirement for minimum number of credit hours from the previous policy year. Also, any change in the requirement that eligible students must be matriculated at the school or university. A change in the graduate assistant contribution strategy that could materially impact participation or adverse selection. A change in the policy situs state. The school's financial condition is unsound and, in our judgement, puts the school at risk of default on its obligations under the policy. |
| Enrollment Period | Our rates assume one Fall open enrollment for a twelve-month coverage period, that students planning a December graduation may enroll for the Fall semester only and new students starting in the Spring semester may enroll for the Spring/Summer period. Students will also have a Summer period to enroll. Otherwise, students may enroll outside of open enrollment only if they experience a qualifying life event. |
| Medicare Eligibility | Federal law prohibits us from enrolling students who are entitled to benefits under Part A (having qualified for Part A with no additional premiums necessary) or enrolled in Part B or Premium Part A upon the policy effective date. These individuals are not eligible to enroll in the Student Health plan. This Student Health Plan is not a Medicare replacement plan nor a Medicare supplement plan. Students who have Medicare at the policy effective date are not allowed to enroll in this plan. |
| Plan Offering | Our quote assumes that that Aetna will be the sole vendor for all types of student medical coverage offered during the twelve-month school year. |
| Student Health Center Services | The enclosed premium rates assume the scope, cost, and utilization of health center services will not change materially for the current school year from that of the previous school year (the experience year primarily used to develop the enclosed premiums) unless mutually agreed upon in specific, documented terms by Policyholder and Aetna. The enclosed premium rates assume the Student Health Center Provider Fee Schedule and Billing Terms will not increase by more than a 5% annual average compared to the previous school year. |
| Summaries of benefits and coverage (SBC) | Federal law requires the SBC to include statements about whether the plan or coverage provides minimum essential coverage and the plan's actuarial value. The quoted Medical plan has a Minimum Value that is greater than 60%. |
| Massachusetts Minimum Creditable Coverage | Under the Massachusetts Health Care Reform Act, most Massachusetts residents 18 years or older must carry health insurance that meets specific standards called Minimum Creditable Coverage (MCC). MCC establishes the lowest health plan benefit threshold an individual must have in order to meet the requirement for Massachusetts residents to have health insurance. Regulations defining minimum creditable coverage have been established by the Commonwealth Health Insurance Connector Authority Board effective January 1, 2009. Specific additions were added to the MCC standards |

| | |
|-------------------------------|--|
| | for 2014. Members will get a MA 1099-HC form from Aetna stating if the plan meets these standards. If the plan does not meet the standards, the members will have to pay a penalty tax. |
| Contraceptive Coverage | Certain schools may be eligible for an exemption from the federal requirement to cover contraceptive services, without cost sharing, as an essential health benefit (Some state mandated benefit laws, however, might not permit an exemption.) If you qualify and want to be treated as exempt, please work with your Account Executive to provide the required documentation to us. We have the right to treat fully insured plans as subject to the ACA contraceptive services coverage requirements without an executed exemption certification document. |
| Quote Conditions | <p>This quote is intended to comply with applicable state and federal law. If, however, there is a conflict, then state and federal laws and regulations take precedence over the quote conditions. Aetna reserves the right to modify products, services, rates, and fees in response to legislation, regulation or requests of government authorities resulting in changes to plan benefits, claim payment requirements, or any other changes affecting the manner or cost of paying benefits, even if no benefit or plan changes are mandated. We reserve the right to recoup any material fees, costs, assessments, or taxes due to changes in the law or regulatory action.</p> <p>If any of the above conditions are not met and maintained, we may, in accordance with applicable federal and state law, decline not to renew coverage after this proposal year.</p> <p>By accepting and signing the final Proposal, you (the school) stipulate that you have read, understand, and agree with each and every condition associated with this quote.</p> |
| Performance Guarantees | Please reference the 2020-21 RFP Contract GMU- 1600-20 Attachment H. |