o)	**Provide the standard list of exclusions for the product being proposed.** If insured takes own life within 2 years from the date of issue, the liability of ING is limited to premiums paid, without interest less policy loan or interest.
p)	**Is there an appeals process for underwriting denials; if yes, describe.** The applicant will be informed the reason for the denial and if incorrect can be corrected.
q)	**Describe the waiting period in detail. Indicate how days are counted. Indicate if days must be consecutive.** Coverage is effective on the date the application and payroll authorization are signed. The coverage continues until the policy is issued or declined. If declined, premium payments will be refunded.
r)	**Describe the premium waiver provision.** Available as a rider which the Commonwealth of Pennsylvania would make available, and its employees would select at time of enrollment. The Waiver of Premium rider will waive premiums when the employee becomes totally disabled, as defined by the rider, for 4 consecutive months. Employee must be between the ages of 15 and 55 years old. The rider terminates at age 60. The rider does not cover intentional, self-inflicted injury or any act of war while insured in military service.
s)	**Describe the Coordination of Benefits feature.** N/A
t)	**Supply an Explanation of Benefits and sample EOB Message.** N/A
u)	**Provide a recommendation on which family members will be eligible to participate in the proposed benefit program.** Employee, spouses, children, and grandchildren are all eligible to participate in the Whole Life Insurance Program.

v)	**Describe requirements for participants who, during the open enrollment, want to increase their coverage levels.** Additional underwriting will apply.
w)	**Explain the procedures for processing a claim. Describe the Offeror's turnaround time from receipt of a claim. List the physical location of each office involved in the claims process.**

Flexible Premium Universal Life Insurance to Age 100 (PL110 – Plus)

a)	**Recommended insurance carrier/provider:** Texas Life Insurance Co. (a MetLife Company)
b)	**Insurance product being proposed:** This is a Universal Life policy that guarantees coverage until age 100, as long as the necessary premiums are paid. It features a high death benefit, minimal cash value, long guarantees and a unique refund of premium provision, should the initial premium ever become insufficient to carry the policy to its maturity, age 100.
c)	**Significance of product for employees and their dependents:** Voluntary Permanent Life insurance is an important component of the financial foundation for Commonwealth employees and their eligible dependents because it is designed to provide a permanent death benefit that will be in place when the insured dies. In a 2006 LIMRA study, it was revealed that half the households in the United States have only the group Term an employer provides. Yet 78% of all death benefits paid to beneficiaries are paid by an individually owned life insurance policy. Because of the structure of most group term policies, they seldom are in-force after an employee retires. Thus, for that large percentage of employees who have only the employer-paid group Term, there is no life insurance in force after they terminate employment. Buy this policy for its life insurance protection, not its cash value. This program serves as a good complement to any group Term plans the Commonwealth may provide its employees.

d) **Detailed explanation of benefit program and level of benefits provided to members:**

The policy is issued to employees and their eligible dependents who are between the ages of 17 and 70. It is a Universal Life policy that guarantees coverage until age 100. While the guaranteed period varies by age, it is typically longer than that of most similar policies offered at the worksite, primarily between 15 and 20 years. For example, at age 40, the guaranteed period is 17 years where premium and coverage do not change. After the guaranteed period, the premium may go down, stay the same or go up. If, at any time after the guaranteed period, the premium required to keep the policy in force is higher than the premium the employee paid when he/she purchased the policy, the employee has the contractual right to receive a refund of premiums for five years upon surrender of the policy.

All policies, including those purchased for eligible dependents, include an Accelerated Death Benefit due to Terminal Illness that pays 92% of the death benefit, minus a $150 processing fee, upon diagnosis of a terminal illness expected to result in death within 12 months.

At the employer's discretion, employees may also apply, at an additional cost, for disability waiver of premium and/or accidental death benefit. Waiver of premium is available for ages 17-55, with benefits payable to age 60. It will pay the premium beginning in the seventh month after an insured becomes disabled. It also will refund the prior six months' premiums (conditions and limitations apply). Accidental Death benefit is available for ages 17-59 with benefits payable to age 65. It will pay the insured's named beneficiary double the face amount if an insured dies within 90 days of an accident from injuries sustained in that accident.

Policy minimums and maximums on a contingent guaranteed issue basis are as follows:

Ages	Employee Minimum/Maximum	Spouse Minimum/Maximum	Children/Grandchildren
17-49	$25,000/$100,000	$25,000/$50,000**	$25,000 only*
50-65	$10,000/$50,000	$10,000/$25,000	NA
66-70	$10,000 only	$10,000 only	NA

* Coverage available for children ages 6 months-18 years, grandchildren ages 6 months-16 years.
** $10,000 minimum, ages 45-49

e)	**Typical participation of product being proposed:** The expected participation is at least 10% of eligible employees. No minimum participation is required.
f)	**Describe the portability feature of the product being proposed:** All policies, including spouse, child and grandchild coverage, are fully portable at the same premium when the employee terminates. Premium modes available are monthly bank draft, monthly direct bill, semiannual direct bill and annual direct bill. All direct premium modes also require an additional $2 per mode fee.
g)	**Provide a sample policy and insurance certificates for the insurance product being proposed:** See Appendix
h)	**Provide samples of enrollment and claim forms for the insurance product being proposed:** See Appendix
i)	**Percentage of applications submitted that were approved and denied in the most recent 12-month period:** Texas Life declined 0.4% of voluntary permanent life insurance applications submitted in 2006. Additionally, 1.6% of applications were closed as incomplete. Thus, Texas Life approved 98% of voluntary permanent life insurance applications submitted in 2006.
j)	**Indicate that the carrier guarantees coverage for the employee, spouse, and dependents upon initial enrollment. Describe all requirements and limitations other than during open enrollment. If there are any cost differences, provide cost information on the cost submittal.** Texas Life guarantees that every employee will have the right to apply for voluntary permanent life insurance under this plan. It uses a Contingent Guaranteed Issue (Express Issue) underwriting scenario that requires the employees and spouses to answer three work- and health-related questions. 1. Actually at work, performing usual duties 2. Been absent from work due to illness or medical treatment for more than 5 consecutive days

	3. Been disabled or received tests, treatment or care of any kind in hospital or nursing home or therapies for cancer, dialysis treatment or alcohol or drug abuse Children are required to answer one health-related question. Eligible employees who did not apply for coverage during the initial open enrollment will be required to answer all Simplified Issue questions should they choose to apply during subsequent re-enrollment periods.
k)	**Describe any age limitations on enrollment:** Employee: Ages 17 – 70 years old Spouse: Ages 17 – 70 years old Children: Ages 6 months – 18 years old Grand Children: 6 months – 16 years old
l)	**Explain medical underwriting process used to determine insurability.** All adult applicants will be required to answer three work- and health-related questions for Contingent Guaranteed Issue. If the applicant is unable to answer the three contingent guaranteed issue questions satisfactorily, the applicant will be asked to answer the additional nine simplified issue questions. Answers to these questions might prompt Texas Life to obtain medical records from the applicant's physician(s). These records then would be used to help determine insurability.
m)	**Provide Offeror's HIPAA Compliance Policy for all insurance solutions as proposed.** As a life insurance only carrier, Texas Life is not a "covered entity" under HIPAA. The company is familiar with its terms and uses HIPAA compliant authorization when necessary to obtain information from a covered entity. Texas Life has a comprehensive privacy policy in place covering both the notice and information security provisions of GLB. The applicant must authorize any request for information.
n)	**Indicate whether plan includes any pre-existing conditions limitation; if so describe.** There are no pre-existing conditions limitations.
o)	**Provide the standard list of exclusions for the product being proposed.** Texas Life has no standard list of exclusions. All applications are underwritten based on the answers to the

	three work- and health-related questions described in question (l) above, and, if necessary, the answers the proposed insured provides to the additional Simplified Issue questions.
p)	**Is there an appeals process for underwriting denials; if yes, describe.** There is no formal appeal process for underwriting denials
q)	**Describe the waiting period in detail. Indicate how days are counted. Indicate if days must be consecutive.** Texas Life will match the Commonwealth's waiting period for all core employee benefits.
r)	**Describe the premium waiver provision.** The Waiver of Premium benefit is available, at the employer's discretion, for all applicants, ages 17 to 55. Waiver of Premium benefit is not offered as an optional benefit for each participant. This benefit, payable to age 60, guarantees coverage during the insured's continued total disability; (self-inflicted or war-related disability is excluded). Premium payment begins after the insured's total disability has existed for six months. The Waiver of Premium benefit premiums are 10% of the Base Plan Table Premium.
s)	**Describe the Coordination of Benefits feature.** N/A
t)	**Supply an Explanation of Benefits and sample EOB Message.** N/A
u)	**Provide a recommendation on which family members will be eligible to participate in the proposed benefit program.** Typically, Texas Life offers coverage to an employee's eligible spouse (ages 17-70), children (ages 6 months-18) and grandchildren (ages 6 months-16), regardless of whether or not the employee also applies for coverage.

v)	**Describe requirements for participants who, during the open enrollment, want to increase their coverage levels.** Commonwealth employees and their eligible dependents may apply for amounts up to the maximums shown in question (d) above at any time during the open enrollment period by answering the three work- and health-related questions. If the employee or his/her eligible dependents wish to apply for more than the Contingent Guaranteed Issue (Express Issue) maximums, he/she must answer the additional Simplified Issue questions. Texas Life will not take into consideration existing life insurance coverage in force with other companies in determining coverage maximums.
w)	**Explain the procedures for processing a claim. Describe the Offeror's turnaround time from receipt of a claim. List the physical location of each office involved in the claims process.** For in-force policies, death claims are filed directly with Texas Life. Texas Life provides appropriate claim forms to the designated beneficiary(ies) for completion and return to the company with a certified death certificate. When the claim is approved, the benefit payable equals the face amount of the policy less any unpaid premiums and/or policy indebtedness, plus interest from the date of death. Normal claims processing time is three business days once all the information and forms have been received. Deaths that occur in the first two years of the policy are subject to contestable contractual provisions. To verify the representations of the applicant in the original application for life insurance, death claims in the first two years may also require employment and work-status records, medical records, autopsy reports, and accident reports. The submission or collection of these records may require 30 to 90 days. The physical location for processing Texas Life claims is: Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701-1200

Accident Insurance

a) **Recommended insurance carrier/provider:**

ING (Reliastar Life Insurance Company)

b) **Insurance product being proposed:**

Group Accident Insurance

c) **Significance of product for employees and their dependents:**

Accident Insurance provides a base of protection to assist the employee in the event of an accident that is covered by the policy.

Employees, spouses and dependent children are eligible. Employees must be 18 years of age or older and work at least 30 hours per week. Spouses are eligible if ages 18 to 74 as long as the employee is covered. Dependent children up to 24 years old are eligible if employee is covered. Age restrictions are waived for handicapped dependent children.

d) **Detailed explanation of benefit program and level of benefits provided to members:**

The plan provides coverage for 24 hours (on and off job). The benefit is based on a benefit schedule, which pays a specified amount for a specific injury and treatment. The schedule of benefits is as follows:

A. Initial Care:	
Ambulance ground	$ 80
Ambulance – air	400
Emergency Room	120
Initial Doctor Visit	40
B. Accident Hospital Care:	
Surgery – open abdominal, thoracic	$ 800

Surgery – exploratory without repair	80
Blood/plasma/platelets	240
Hospital admission	600
Hospital confinement – up to 365 days	160
ICU confinement – up to 14 days	320
Coma – duration of 14 or more consecutive days	4,000
Transportation – up to 3 per accident	240
Family lodging – up to 30 days	80
C. Follow-up Care:	
Follow-up doctor treatment	$ 40
Medical appliances	40
Physical therapy – up to 6 treatments	20
Prosthetic device – one	400
Prosthetic device – 2 or more	800
D. Common Injuries:	
2nd degree burns – at least 36%	$ 600
3rd degree burns – at least 9, less than 35 sq in	1,200
3 rd degree burns – 35 or more sq in	8,000
Skin grafts	25% of burn benefit
Emergency Dental Work – Crown	120
Emergency Dental Work – Extraction	40
Eye Injury – Surgery	160
Eye Injury – Removal of foreign object	160
Torn Knee Cartilage – surgical repair	400
Torn Knee Cartilage – surgery with no repair or if cartilage is shaved	80
Laceration (total of all lacerations)	
Treated, no sutures	20
Sutures, up to 2"	40
Sutures, 2-6"	160
Sutures, over 6"	320
Ruptured Disk – surgical repair	320
Tendon/Ligament/Rotator Cuff – one, surgical repair	320
Tendon/Ligament/Rotator Cuff – 2 or more, surgical repair	480

Tendon/Ligament/Rotator Cuff - Exploratory arthroscopic surgery with no repair	80
Concussion (diagnosed with x-ray, CAT scan and or MRI)	80
Paralysis – quadriplegia	8,000
Paralysis – Paraplegia	4,000
Dislocations (close & open reduction):	
Hip joint	$1,600 - $3,200
Knee	$800 - $1,600
Ankle or foot bone(s) other than toes	$640 - $1,280
Shoulder	$240 - $480
Elbow	$240 - $480
Wrist	$240 - $480
Finger/Toe	$80 - $160
Hand bone(s) other than fingers	$240 - $480
Lower jaw	$240 - $480
Collarbone	$240 - $480
Fracture (close & open reduction):	
Hip	$1,200 - $2,400
Leg	$640 - $1,280
Ankle	$240 - $480
Kneecap	$240 - $480
Foot (excluding toes, heel)	$240 - $480
Upper Arm	$280 - $560
Forearm, hand, wrist (except fingers)	$240 - $480
Finger, toe	$40 - $80
Vertebral body	$640 - $1,280
Vertebral processes	$240 - $480
Pelvis (except Coccyx)	$640 - $1,280
Coccyx	$160 - $320
Bones of face, excluding nose	$280 - $560
Nose	$80 - $160
Upper jaw	$280 - $560
Lower jaw	$240 - $480
Collar Bone	$240 - $480

Rib or ribs	$200 - $400
Skull – simple (except bones of face)	$800 - $1,600
Skull – depressed (except bones of face)	$2,000 - $4,000
Sternum	$240 - $480
Shoulder blade	$240 - $480
Chip fractures	25% of Closed Reduction Amount
E. Accidental Death & Dismemberment:	
Insured	$ 20,000
Spouse	8,000
Children	5,000
Common Carrier	
Insured	$ 40,000
Spouse	16,000
Children	8,000
Dismemberment	
Loss of both hands, both feet or the sight of both eyes	$ 12,000
Loss of one hand or one foot and sight of one eye	12,000
Loss of one hand and one foot	12,000
Loss of one hand or one foot	6,000
Loss of two or more fingers or toes	1,200
Loss of one finger or toe	600
Catastrophic Accident	
Insured	$ 80,000
Spouse	40,000
Children	40,000

Coverage is the same for the employee, spouse and children. The employee may select employee-only coverage, employee and spouse coverage, family coverage, or employee and children coverage.

There are 3 Riders that can be added to the Accident Coverage:

- Off job Accident Disability Income Rider for employees only. A monthly disability benefit for off job covered accidents. Benefit offered is $400 to $1,500, in $100 increments for up to 12 months. Partial disability benefit is paid up to 3 months.

	- Sickness Hospital Confinement Rider is available to the employee, spouse and dependent children. It pays a daily benefit of $100 for employee and spouse and $75 for dependent children for a maximum period of 30 days. This benefit is subject to underwriting (4 health questions). - Wellness Benefit Rider is available to employee, spouse and dependent children. It pays daily benefit of $50 for covered health screening tests (after a 30 day waiting period from the effective date of coverage). The Accident plan described is the plan that we believe offers the best value to employees. However, other plan options are available, which could be offered at the direction of the Commonwealth. For example, instead of "on and off job" coverage the Commonwealth might decide to offer an "off job only benefit." Also the benefit schedule proposed could be enhanced to provide higher benefit amounts.
e)	**Typical participation of product being proposed:** Participation of 30% or more is typical when communicating the program with face-to-face meetings with employees. Without these meetings, a participation rate of 10-15% is expected. The minimum participation requirement is 25 approved applications.
f)	**Describe the portability feature of the product being proposed:** The employee may continue the coverage by paying the premium directly. The premium does not change, although there could be a small billing fee depending on the billing option selected.
g)	**Provide a sample policy and insurance certificates for the insurance product being proposed:** See Appendix
h)	**Provide samples of enrollment and claim forms for the insurance product being proposed:** See Appendix
i)	**Percentage of applications submitted that were approved and denied in the most recent 12-month period:** All applications from eligible employees for coverage are accepted.

j)	**Indicate that the carrier guarantees coverage for the employee, spouse, and dependents upon initial enrollment. Describe all requirements and limitations other than during open enrollment. If there are any cost differences, provide cost information on the cost submittal.** The Accident program is "guaranteed issue" for all employees, their spouses and dependent children. The Sickness Hospital Confinement Rider requires that 4 health questions be answered.
k)	**Describe any age limitations on enrollment:** Employee: 18 years old Spouse: Ages 18 – 74 years old Children: Ages birth – 24 years old (waived by handicapped)
l)	**Explain medical underwriting process used to determine insurability.** No health questions for Accident policy. Off job Accident Disability Rider or Wellness Benefit Rider. The Sickness Hospital Confinement Rider requires 4 health questions be answered: 1) Is an insured pregnant? 2) Have you or spouse tested positive for HIV or AIDS? 3) Within last 12 months, have you or spouse received medical advice or sought treatment for insulin-dependent diabetes, disease of the heart, stroke or liver disease or been treated with 3 or more medications at same time? 4) Within last 12 months, have you or spouse received medical advice or sought treatment for cancer of any type?
m)	**Provide Offeror's HIPAA Compliance Policy for all insurance solutions as proposed.** N/A
n)	**Indicate whether plan includes any pre-existing conditions limitation; if so describe.** There are no pre-existing conditions limitations, except for the Sickness Hospital Confinement Rider, which is 12 months prior to effective date for a condition that manifests itself during first 12 months of coverage.

o)	**Provide the standard list of exclusions for the product being proposed.** Standard exclusions for the Accident policy include: - War or Act of War - Riding or driving any motor vehicle in a race - Operating as crew member of or jumping from aircraft - Hang-gliding or similar activity - Participating in illegal activity - Committing suicide or attempt - Any sickness - Practicing for competitive athletic contest for which compensation is received - An accident when insured operates motorized vehicle while intoxicated Additional exclusions apply to the Riders. Please see sample policy in Appendix.
p)	**Is there an appeals process for underwriting denials; if yes, describe.** The applicant will be informed the reason for denial of the Sickness Hospital Confinement Rider.
q)	**Describe the waiting period in detail. Indicate how days are counted. Indicate if days must be consecutive.** Coverage is effective on the date of the application and payroll authorizations are signed. A waiting period of 30 days applies only to the Wellness Benefit Rider
r)	**Describe the premium waiver provision.** The entire policy premium is waived while the employee is receiving disability benefits under the Off Job Accident Disability Income Rider.
s)	**Describe the Coordination of Benefits feature.** N/A

t)	**Supply an Explanation of Benefits and sample EOB Message.** N/A
u)	**Provide a recommendation on which family members will be eligible to participate in the proposed benefit program.** Spouses and children are eligible to participate, except for the Disability Rider.
v)	**Describe requirements for participants who, during the open enrollment, want to increase their coverage levels.** Coverage levels are pre-determined and cannot be changed.
w)	**Explain the procedures for processing a claim. Describe the Offeror's turnaround time from receipt of a claim. List the physical location of each office involved in the claims process.** The insured would call the administrator's customer service center to receive a claim form.

Group Cancer Insurance

a)	**Recommended insurance carrier/provider:** Allstate (American Heritage Life Insurance Company)
b)	**Insurance product being proposed:** Specified Disease Insurance including Cancer
c)	**Significance of product for employees and their dependents:** Cancer and specified disease insurance can help your employees: manage the high expenses of treatment; preserve savings; protect your family from financial hardship; concentrate on getting well. - Pays benefits that can be used for non-medical cancer-related expenses that health insurance might not cover

- Policy is guaranteed renewable for life, subject to change in premiums by class
- Benefits paid directly to employee unless assigned
- Benefits paid in addition to any other coverage
- Individual or family coverage

d) **Detailed explanation of benefit program and level of benefits provided to members:**

The Cancer Insurance program covers the following specified diseases:

▪ Cancer	▪ Muscular Dyshophy	▪ Poliomyelitis	▪ Multiple Sclerosis
▪ Encephalitis	▪ Rabies	▪ Tetanus	▪ Typhoid Fever
▪ Bubonic Plague	▪ Tuberculosis	▪ Orteomyelitis	▪ Diphtheria
▪ Scarlet Fever	▪ Epidemic Cerebrospinal Meningitis	▪ Undulant Fever	▪ Sickle Cell Anemia
▪ Rocky Mountain Spotted Fever	▪ Smallpox	▪ Addison's Disease	▪ Hansen's Disease
▪ Tularemia			

Benefits are paid directly to the insured and are paid in addition to any other coverage. The employee may purchase the coverage as an individual or for the entire family.

The benefits are as follows:

- Hospital Confinement: $200 per day (if government or charity hospital that does not charge for the services it provides the benefit is $100 per day)
- Private Duty Nursing Services: $100 per day up to 70 days while hospital confined
- Ambulance: $200 per transportation to hospital
- Physician's Attendance: $30 per day up to 70 days
- Inpatient Drugs and Medicine: $10 per day, up to 70 days

- Family Member Lodging: Up to $100 per day for lodging for up to 60 days
- Family Member Transportation: Cost of round trip coach fare on common carrier or $.40 per mile, up to 700 miles, for use of personal vehicle
- Outpatient Lodging: Up to $100 per day per lodging when an insured is receiving treatment on an outpatient basis, more than 100 miles from home, subject to $4,000 maximum benefit for each 12 month period
- Hospice Care: Up to $100 per day (or $100 per visit) if insured is diagnosed as terminally ill and must be confined to a hospice within 14 days after hospital confinement (or hospice care team visits insured at home)
- Extended Care Facility: $100 per day in an Extended Care facility when confinement begins within 14 days after hospital confinement (limited to number of days of the previous continuous hospital confinement)
- At Home Nursing: $100 per day for private duty nursing care at home. Insured must have been in hospital and benefit is limited to number of days of the previous continuous hospital confinement
- Radiation Therapy: Up to $10,000 for each 12 month period
- Blood, Plasma and Platelets: Up to $10,000 for each 12 month period
- Experimental Treatment: Up to $10,000 for each 12 month period including stem cell transplant
- Surgery: Up to $3,500 for surgeon's fee
- Second Surgical Opinion: $200 per 2nd opinion (before surgery)
- Anesthesia: 25% of amount paid for surgery ($100 for skin cancer)
- Ambulatory Surgical Center: $250 per day when surgery performed at an Ambulatory Surgical Center
- Physical or Speech Therapy: $25 per day restore normal body function
- Prosthesis: Up to $2,000 per each prosthetic device as a result of surgery
- Skin Cancer: Up to $120 for removal of skin cancer, additional cancers removed at same time is reimbursed up to $60 each
- Mammography: Pays charges for mammogram for insured age 40 or over (1 per year), and for person under age 40 if recommended by physician
- Lump-sum Cancer Benefit: $5,000 paid at initial diagnosis (excludes skin cancer)
- Wellness Benefit: $75 per year for cancer screening tests

e)	**Typical participation of product being proposed:** We expect participation of at least 15% of eligible employees. The minimum participation requirement is 3 approved applications.
f)	**Describe the portability feature of the product being proposed:** Policy is portable
g)	**Provide a sample policy and insurance certificates for the insurance product being proposed:** See Appendix
h)	**Provide samples of enrollment and claim forms for the insurance product being proposed:** See Appendix
i)	**Percentage of applications submitted that were approved and denied in the most recent 12-month period:** Overall 1.2% declined in 2006
j)	**Indicate that the carrier guarantees coverage for the employee, spouse, and dependents upon initial enrollment. Describe all requirements and limitations other than during open enrollment. If there are any cost differences, provide cost information on the cost submittal.** Coverage is not guaranteed. The employee must answer 6 health questions. Spouse and children can be covered if employee is declined. The health questions are: 1. Is any person to be insured now being treated, or ever been treated or diagnosed, by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has ever tested positive for antigens or antibodies to an AIDS virus? 2. Has any person to be insured in the last 2 years had, been treated for, or been told by a member of the medical profession that he/she has: diabetes; emphysema; asthma; epilepsy; hepatitis; mental or nervous

illness; any disorder of the central nervous system; Parkinson's Disease; lupus; any disorder of the kidneys, liver, lungs, pancreas or back (including neck); or paralysis?

- Is any person to be insured now being treated for, or ever been treated for: a stroke or transient ischemic attack (TIA); a heart attack; a heart condition; heart trouble; any abnormality or the heart; or any artery disease?
- Has any person to be insured been diagnosed with hypertension or high blood pressure?
- If the answer to 3c is yes, in the last year has he/she had either: (1) a systolic blood pressure reading higher than 150 more than once; or (2) a diastolic blood pressure reading higher than 100 more than once?
- Has any person to be insured in the last 2 years been treated for or counseled for alcohol or drug abuse?
- Has any person to be insured had any medical or surgical procedures (including organ transplant) advised or recommended by a doctor but not done at this time?
- Has any person to be insured received any advice, treatment or consultation for Alzheimer's disease, dementia, senility or organic brain syndrome?

3. Is any person to be insured currently undergoing any diagnostic test for, now being treated for, or ever been treated for, cancer (except basal cell skin cancer) or any malignancy which includes: carcinoma; Hodgkin's disease; leukemia; lymphoma; or any malignant tumor?
4. Has any person insured or any 2 of their natural parent or natural siblings been diagnosed with the same disease before age 60, based on this list: heart disease, stroke, diabetes, cancer, kidney disease, or multiple sclerosis?
5. Are any persons to be insured currently taking any prescribed medication?

In the past 5 years has any person to be insured received medical advice, sought treatment or had surgery or any abnormal diagnostic test for any disease or physical disorder (other than lacerations or broken bones not related to a health condition) not listed on this Evidence of Insurability form.

k)	**Describe any age limitations on enrollment:** Employee: 18 to 64 and actively at work Spouse: 18 to 64 Children: Up to age 25
l)	**Explain medical underwriting process used to determine insurability.** 6 Health questions must be answered. A "yes" answer would result in a declination.
m)	**Provide Offeror's HIPAA Compliance Policy for all insurance solutions as proposed.** See Appendix
n)	**Indicate whether plan includes any pre-existing conditions limitation; if so describe.** The pre-existing conditions limitation is 12 months after effective date of coverage for condition within 12 months prior to effective date.
o)	**Provide the standard list of exclusions for the product being proposed.** The carrier does not pay for any loss except for losses due directly from cancer or a covered specified disease. Diagnosis must be submitted to support each claim.
p)	**Is there an appeals process for underwriting denials; if yes, describe.** A letter is sent to any applicant when coverage is denied. The carrier will provide the reason for denial upon request. If the appeal is to correct misinformation, the carrier will reconsider the denial.
q)	**Describe the waiting period in detail. Indicate how days are counted. Indicate if days must be consecutive.** There is no waiting period to effect coverage. Coverage must be in effect for 30 days from the effective date of the policy before any benefits are paid.

r)	**Describe the premium waiver provision.** Pays premium that becomes due after insured is disabled due to cancer, first diagnosed after the waiting period of 30 days. The payment begins after the insured is disabled for at least 90 days.
s)	**Describe the Coordination of Benefits feature.** N/A
t)	**Supply an Explanation of Benefits and sample EOB Message.** N/A
u)	**Provide a recommendation on which family members will be eligible to participate in the proposed benefit program.** Employee, spouse and dependent children are eligible to apply for coverage.
v)	**Describe requirements for participants who, during the open enrollment, want to increase their coverage levels.** If the insured is interested in increasing their coverage level during open enrollment, the carrier can accommodate the change with a new application to be completed.
w)	**Explain the procedures for processing a claim. Describe the Offeror's turnaround time from receipt of a claim. List the physical location of each office involved in the claims process.** Claims are reported to the insurance carrier. The carrier will send the insured a claim form for submission. The claim form includes a toll free telephone number to the carrier's Customer Care Center. There is a customer service help line. Policyholders' questions and concerns will be responded to by courteous, knowledgeable Customer Service Representatives. The Customer Service help line is also able to let the caller know that their claim has been received and approximately when it will be processed. The carrier maintains a paperless system. All claims are scanned and processed in the order in which they

are received. All claims are paid, pended, or denied within ten working days. If additional information is required, the examiner attempts to obtain the information by telephone. If unable to do so, the claim is pended and a letter sent to the insured and/or provider. A follow-up system is in place prompting a second request in 30 days. If the information has not been received, a second request is mailed. The claim in then pended for an additional 30 days. At the end of the 60 days, the insured is sent a letter closing the file until the requested information is received.

Notification of a claim denial is completed in writing. All notifications advise of the right to appeal the determination. An appeal may be initiated by the insured and his/her representative.

Claims are processed with 10 calendar days of receipt.

Claims are handled in the carrier's home office, located in Jacksonville, Florida

Section 4. Prior Experience

In order to be considered, the Offeror must provide documentation that it has experience with clients whose structure, size, and geographical nature is comparable to the Commonwealth of Pennsylvania. In particular, the Offeror must discuss experience in administering employee-pay-all accounts that are similar in size to this group, including the experience of any insurance carrier, if the Offeror is not an insurance carrier. Such experience should be demonstrated both at the firm level and at the team level, i.e., as it relates to the firms as a whole and collectively to those individuals to be assigned to the Commonwealth program.

Experience should demonstrate each firm's capability to provide the requested services. Where subcontractors, joint ventures, etc., are being proposed, provide the related work experience for the other firms and for all individuals of the other firms assigned to this project. Related work experience must be adequately described and should note the name of the client for which the services were provided, the period during which such services were rendered, and a brief description of those services as they relate to the services requested in this RFP.

Offerors must provide the Office of Administration with a list of clients that are similar in size, geographic distribution, and number of benefits offered, with references. At a minimum, references for three (3) clients must be provided for each insurance program. References should be those client personnel who can provide an opinion as to the quality, timeliness and acceptability of service performed. The reference information must include the name of the client and

the name, title, address and telephone number of the responsible official of the client who may be contacted for reference purposes. If possible, reference should include governmental and private employers.

Aon Consulting offers voluntary benefits to approximately 400 clients and over 5 million eligible employees/members, including the County of Cook (Illinois) and the League of IBM Credit Unions. Many of our clients are private employers ranging in size from 500 to 20,000 employees.

The Farmington Company (founded in 1980) is a national leader providing Voluntary Benefits Programs and related services. The business was built on the administrative services necessary to ensure a successful program before, during, and after the enrollment and is handled through a wholly owned TPA, Farmington Administrative Services, Inc. (FASI). They support a single deduction system which allows additional products to be added seamlessly. Their National Client Service Center also facilitates the take over and/or expansion of programs since all service-related issues for all products are handled here. Their unique capabilities allow voluntary programs to be implemented and administered with minimal impact on your staff. This is accomplished by utilizing custom-tailored software programs designed in-house by their IT staff. They currently service hundreds of products for almost 100 insurance carriers. Farmington remains a privately-held company with no ownership or obligation to any particular insurance carrier, brokerage organization or other company. This gives them the ability to be objective and provide "Best in Class" products to the clients we serve. To demonstrate their creativity and flexibility in effectively communicating Voluntary Benefits in difficult work situations, consider that they service over 500 Hospital/Healthcare facilities. Hospitals present an extremely diverse

workforce, 24/7/365 hours of operation, unions and multiple languages. Communicating Voluntary Benefits must be done with no impact on patient care. Being successful under these working conditions has given them the ability to also be successful in other industries and a variety of employer groups. Farmington has worked in Pennsylvania for over 25 years and has more than 50 Hospital clients throughout the State. They are also proud to offer Voluntary Life insurance to a portion of the State of Connecticut's employees.

Each of the carriers/vendors being proposed to offer products to employees has the capability to interface with the Commonwealth to collect premiums through payroll deductions. Except for Traverlers and Purchasing Power, the remaining carriers also have the ability to interface with Farmington to provide a single, consolidated billing system. If this platform was preferred by the Commonwealth, it could be accommodated. There would be a small bi-weekly fee to each participating employee for this service that would be included in the payroll deduction.

Offerors must provide the Office Administration with a list of clients that are similar in size, geographic distribution, and number of benefits offered, with references. At a minimum, references for three (3) clients must be provided for each insurance program. References should be those client personnel who can provide an opinion as to the quality, timeliness and acceptability of service performed. The reference information must include the name of the client and the name, title, address and telephone number of the responsible official of the client who may be contacted for reference purposes. If possible, references should include governmental and private employers.

The references for Aon are as follows:

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The references for Farmington are as follows:

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The carriers for the insurance products being proposed, Allstate, ING, Texas Life and Travelers, have hundreds of clients, both governmental and private sector. Purchasing Power offers its program to employees in the states of Arizona, Indiana and Tennessee. If any of the products are selected by the Commonwealth, the carriers/vendors would be pleased to provide references for its clients.