



Blue Ocean Strategy Center

Insurance Plan

Aetna Life Insurance Company

Program Information

Life, AD&D and Short Term Disability

An Employer's Guide for the Manufacturer & Business Association Group Life, AD&D and Short Term Disability Programs

- Premium Rates – May 1, 2010 through April 30, 2011
- Underwriting Regulations
- Life and AD&D Administrative Procedures
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I PREMIUM RATES – May 1, 2010 through April 30, 2011

A. Life / Accidental Death and Dismemberment

Since rates are based on specific insurance amounts at each employee's insurance age, it is necessary to submit a listing of employees to MBA, including requested amounts of insurance and date of birth. MBA will supply a cost quotation to you. Rate changes based on changes of insurance age for existing members as of January 1st will be made as of May 1, 2010

PLEASE NOTE: Dependent Life will continue to be provided to employees of member companies that participate in one of the Association-sponsored Life Insurance Plans. For this purpose, a dependent means the lawful spouse of an eligible employee and/or each child of such employee who is at least 14 days old and has not reached his/her 19th birthday. The amount of dependent life insurance will be \$4,000 for spouse and \$2,000 for each child.

B. Short Term Disability (Weekly Indemnity)

Rates for new members will be furnished upon request by contacting Manufacturer & Business Association at 1-800/815-2660.

Benefit Duration - For all plans, benefits begin on the first day of an accident, the eighth day of a sickness and are payable for a maximum of thirteen (13) or twenty six (26) weeks for a disability.

Short term disability plans provide benefits up to a maximum of 70% of the employee's salary.

All Short Term Disability plans must be written in conjunction with one of the available life plans

C. Life Count for Premium Rate Purposes

Rates for group life coverage will be based upon the number of lives of a member firm enrolled for coverage as of the date coverage first becomes effective or as of the date of change in premium rates (May 1, 2010) and will remain in effect until the following contract anniversary.

II UNDERWRITING REGULATIONS

A. Initial Enrollment Procedures

1. New Members – New members may enroll for the Aetna Life, AD&D, and Short Term Disability programs on the first day of the month following membership approval by the Board of Governors.
2. Employee salary updates are processed effective May 1st for groups with Life plans 3, 4, 10 and 11.

B. Enrollment / Late Enrollment Procedures

1. Aetna does not have an open enrollment period for coverage other than when the employee is first eligible.
2. The standard eligibility waiting period is the first of the month following 30 days of employment. In order to accommodate employers with eligibility waiting periods that are longer than the standard, Aetna has extended the eligibility waiting period to the first of the month following 90 days of employment. Employees who enrolled beyond the extended time frame will be considered late enrollees and subject to late enrollment requirements.
3. If an employee would like to request insurance coverage, complete an enrollment form, sign the form, and return with the monthly premium to:

**Manufacturer & Business Association Insurance Plan
PO Box 535194
Pittsburgh, PA 15253-5194**

Late Enrollment Requirements – After reviewing the request, if it is determined that the employee or their dependent did not enroll when they were first eligible, the employee will be subject to evidence of insurability guidelines for Life, AD&D, and Short Term Disability coverage.

C. Eligibility

Association member firm with two or more full time employees.

D. Change of Option Procedures

Existing members currently enrolled should direct their inquiries to Manufacturer & Business Association if a change in benefits is desired, members may contact their agent or broker as well.

E. Contributions

1. Plans may be contributory; however, the employee contribution may not exceed 50% of actual cost to a maximum of \$0.60 per month for each \$1,000 of Group Life Insurance, as required by law.
2. If employees are required to contribute toward the premium, only those who enroll for coverage are to be insured. Insurance on employees is subject to (a) 85% or more of those eligible being insured if the number of eligible employees is less than 10; or (b) 75% or more of those eligible being insured if the number of eligible employees is 10 or more.

III THE MANUFACTURER & BUSINESS ASSOCIATION INSURANCE PROGRAM BILLING, ADMINISTRATIVE FEES AND PROCEDURES

Billing and administrative services for Manufacturer & Business Association Insurance Plan are provided through Highmark Benefit Administration. The schedule of fees applied to the monthly premium billings are as follows:

A. Service Charge

1. A basic charge per group of \$6.00
2. \$0.45 per participating employee for one to three benefits including, health insurance options, and other types of coverage offered through the Association, such as Life, AD&D, Short Term Disability and Dental.
3. \$0.03 per participating employee for each coverage column in excess of three.

The maximum monthly total per employee charge (items 2&3 above) will be \$60.

B. Premium Delinquency Charge

Premium Payments are due and payable by the **15th day of the month of billing**. A charge of 2% of premium with a \$10.00 minimum is made when it is necessary to initiate premium delinquency procedures.

C. Reinstatement Charge

Should reinstatement be approved **under extenuating circumstances** following cancellation of coverage due to non-payment of premium or persistent premium delinquency, a charge of \$25.00 will be applied along with the 2% premium delinquency charge specified above (section B). Reinstatements must be requested within the first six (6) working days of the coverage month.

D. Premium Payments are mailed to:

**Manufacturer & Business Association Insurance Plan
PO Box 535194
Pittsburgh, Pa. 15253-5194**

Checks are made payable to:

Manufacturer & Business Association Insurance Plan

A \$15.00 charge for returned checks will be applied.

E. An ACH Payment Option is also available

Note: Withdrawals are made on the 8th business day of the month for the next month's coverage. A signed Authorization form along with a voided check identifying the account number is required.

F. Administrative Changes

Member Firms must submit, in writing, all requests for administrative changes regarding company name, address, telephone number, ownership and billing correspondence to:

**The Manufacturer & Business Association
2171 West 38th Street
Erie, Pa. 16508**

G. Premium Invoices

Invoices will be mailed to member companies **only**.

Any problems or questions related to billing should be directed to Employee Benefit Data Services at (800) 207-9307.

H. Enrollment / Change Procedures

1. To add a new employee, complete an enrollment form (supplies can be obtained by contacting the Manufacturer & Business Association at 814/ 833-3200. Have the employee sign the form and return it to the billing office.
2. To delete an employee, cross the name from the billing invoice and provide a termination date.
3. To change a beneficiary (Life), name, address, correction of filed date, follow the same procedure as above (#1).
4. To change dependent status, complete a revised enrollment form and return it with your next billing.
5. **EBDSWEB** online enrollment is also available to employer groups. For more details log on to:
<https://www.ebdsbenefits.com/gbomaint/Login.asp>

IV. PLAN OPTIONS

Basic Life Plan Options

Plan I	Flat \$10,000 for all employees
Plan II	Flat \$20,000 for all employees
Plan III	1X basic annual earnings, \$50,000 maximum
Plan IV	2X basic annual earnings, \$100,000 maximum
Plan V	1X basic annual earnings, \$100,000 maximum
Plan VI	2X basic annual earnings, \$200,000 maximum

It has become necessary to add an age reduction factor to the group life and AD&D benefit. Age reduction in the group life benefit will begin at age 70 when the original benefit will be reduced by 25 percent. For example, an original benefit amount of \$100,000 will become \$75,000 at age 70. **In the above example, the benefit will be reduced again at age 75 to 50 percent of the original benefit** (original benefit of \$100,000 reduced to \$75,000 at age 70 and \$50,000 at age 75.)

It is important to note that life plans are available to active employees only. If retirees are enrolled they must be removed.

Short Term Disability Plan Options

Plan I	1-8-26 plan*, \$100 flat per week for all employees
Plan II	1-8-26 plan*, 66 2/3% salary for officers, partners and owners, \$150 maximum per week 1-8-26 plan*, 66 2/3% salary for all other employees, \$100 maximum per week
Plan III	1-8-26 plan*, 66 2/3% salary for all employees, \$400 maximum per week
Plan VII	1-8-26 plan*, 66 2/3% salary for all employees, \$800 maximum per week
Plan IX	1-8-26 plan*, 66 2/3% salary for all employees, \$1,200 maximum per week
Plan XI	1-8-26 plan*, \$300 flat per week for all employees
Plan XIII	1-8-26 plan*, \$600 flat per week for all employees

** 13 week maximum duration options may also be available on some plans*

V. LIFE AND AD&D

- Supplies can be obtained by contacting Manufacturer & Business Association at 814/ 833-3200 or 800/ 815-2660.
- To file a death or AD&D claim, complete a claim form, have the death certificate, original enrollment card and Beneficiary designation (if any) attached and send to:

Aetna Life Claims
P.O. Box 14549
Lexington, KY 40512-4549

- Inquiries concerning benefits and claims on Life and AD&D plans must be directed to Aetna Group Life Claims office at 800/523-5065.

VI SHORT TERM DISABILITY (WEEKLY INDEMNITY)

- Supplies can be obtained by contacting Manufacturer and Business Association at 814/ 833-3200 or 800/ 815-2660.
- To file a Short Term Disability claim, complete a claim form and send to:

Aetna Disability Claims
P.O. Box 14553
Lexington, KY 40512-4553

Inquiries concerning benefits and claims for disability plans must be directed to Aetna Disability Claims office at 800/ 488-2386.

REFERENCE PAGE

Company Name/Address Changes

Manufacturer & Business Association
2171 West 38th Street
Erie, Pa. 16508

Premium Payment Address

Manufacturer & Business Assoc. Insurance Plan
PO Box 535194
Pittsburgh, Pa. 15253-5194

New Group Submission Address

Manufacturer & Business Association
2171 West 38th Street
Erie, Pa. 16508

Life Claim Address

Aetna Group Life Claim
P.O. Box 14549
Lexington, NY 40512-4549
Fax: 800/238 6239

STD Claim Address

Aetna Disability Claims
P.O. Box 14553
Lexington, KY 40512-4553

Phone Numbers

Forms	1-800/815-2660
Rate Information.....	1-800/815-2660
Billing Questions	1-800/207-9307
Life Claim Questions	1-800/523-5065
Disability Claim Questions.....	1-800/488-2386
Membership Issues	1-800/815-2660