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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA WV
<b>TOI/Sub-TOI:</b>	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
<b>Product Name:</b>	2016 LG bSwift Online Enrollment Forms (AHI)		
<b>Project Name/Number:</b>	AHI/201606		

## Filing at a Glance

Company:	Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA WV
Product Name:	2016 LG bSwift Online Enrollment Forms (AHI)
State:	District of Columbia
TOI:	ML02 Multi-Line - Other
Sub-TOI:	ML02.000 Multi-Line - Other
Filing Type:	Form
Date Submitted:	11/17/2016
SERFF Tr Num:	AETN-130810230
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Cynthia Borys, Jennifer Dout
Reviewer(s):	Colin Johnson (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

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<b>Product Name:</b>	2016 LG bSwift Online Enrollment Forms (AHI)		
<b>Project Name/Number:</b>	AHI/201606		

## General Information

Project Name: AHI	Status of Filing in Domicile: Not Filed
Project Number: 201606	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 11/17/2016	
State Status Changed:	Deemer Date:
Created By: Jennifer Dout	Submitted By: Jennifer Dout
Corresponding Filing Tracking Number:	

### Filing Description:

Large Group Health Maintenance Organization  
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

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- 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 filing. 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 Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA WV	CoCode: 95109	State of Domicile:
980 Jolly Road	Group Code: 1	Pennsylvania
Blue Bell, PA 19422	Group Name:	Company Type:
(999) 999-9999 ext. [Phone]	FEIN Number: 23-2169745	State ID Number:

## Filing Fees

Fee Required?	No
Retaliatory?	No

SERFF Tracking #: AETN-130810230

State Tracking #:

Company Tracking #:

State: District of Columbia

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NC OK TN VA WV

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Fee Explanation:

<b>SERFF Tracking #:</b>	AETN-130810230	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA WV
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## 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			HI DC-LG-DRA-EE-11-16 V001.pdf
2		Employee Enrollment form	ABS-LG-EE-DC (11-16) (WEB)	AEF	Initial			HI DC-LG-EE-11-16 (WEB) V001.pdf

### Form Type Legend:

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



**First time Logging in?**

**Login Instructions:**

**For Employees**  
If you are an employee enrolling in employer-sponsored coverage with Aetna, please log in using the following instructions:

**Username:** First Initial of First Name, First 3 Letters of Last Name, Last 4 of SSN

**Password:** Date of Birth (mmddyyyy)

Example: John Young (SSN: 000-00-1234) (DOB: 01/01/1980)

Username: jyu1234

Password: 01011980

You will be required to change your password after your initial login.

**Need assistance?**  
If you need help logging in, please call us in 844-241-0200. We are available to assist you Monday through Friday, 8:00 AM Eastern – 7:00 PM Eastern.

**Log In**


Username

Password

[First Time User](#) [Forgot Password](#)

[Legal Notice](#) [Browser Requirements](#)

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.



**User Agreement**

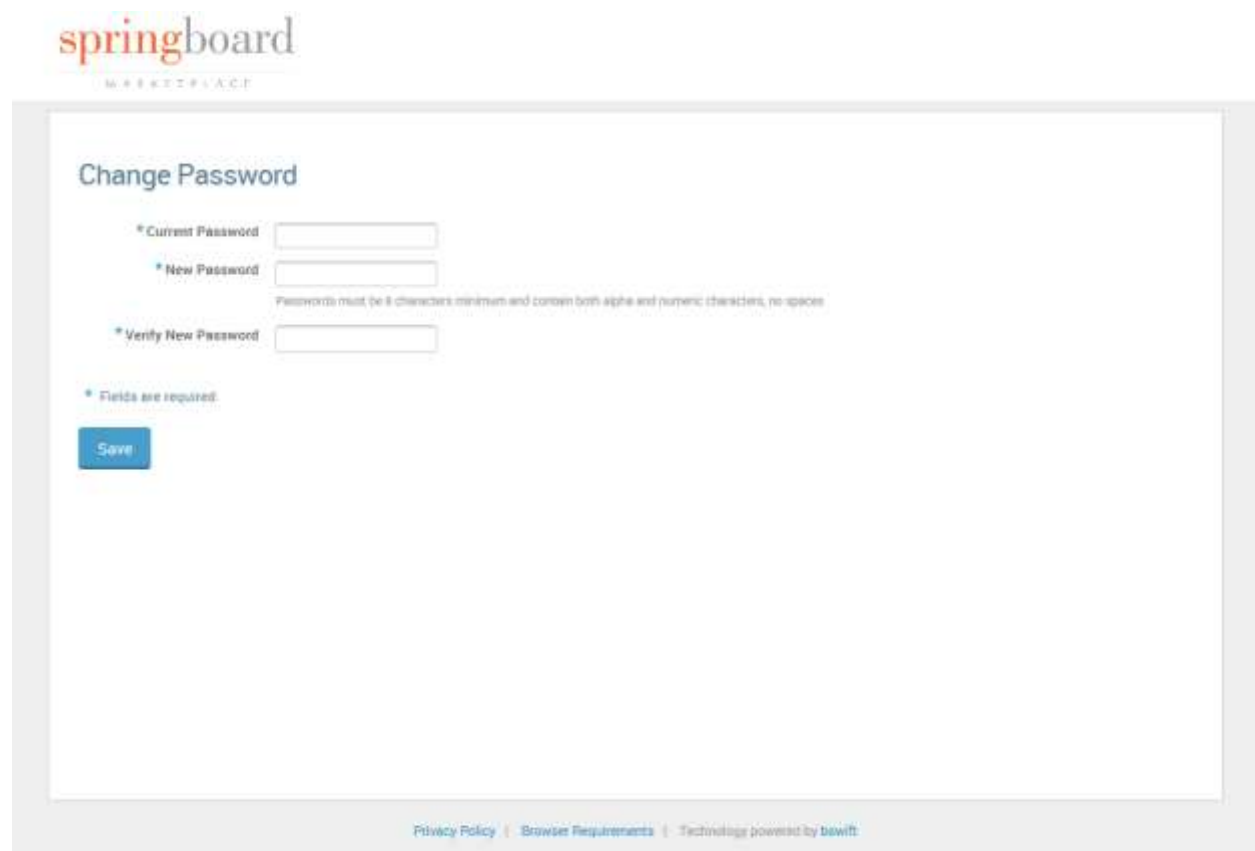
By checking the “I accept the terms of this agreement” box and clicking Continue, I consent to conducting enrollment electronically via this site and am agreeing to all the choices, changes, and submissions made on the following pages where I will enroll in my benefits and possibly make other changes to my file.

If you prefer to enroll via paper enrollment or want to withdraw your consent, please contact your HR administrator.

☒ I accept the terms of this agreement.

[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by bswift

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



The image shows a web form titled "Change Password" from Springboard Workplace. The form is contained within a light gray border. At the top left of the form area is the "springboard" logo in orange and blue, with "WORKPLACE" in small gray letters below it. The title "Change Password" is in a bold, dark blue font. Below the title are three input fields, each preceded by an asterisk and a label: "\* Current Password", "\* New Password", and "\* Verify New Password". The "New Password" field has a small blue asterisk icon to its left. Below the "New Password" field is a line of small gray text: "Passwords must be 8 characters minimum and contain both alpha and numeric characters, no spaces". Below the "Verify New Password" field is a small blue asterisk icon followed by the text "Fields are required:". At the bottom left of the form is a blue rectangular button with the word "Save" in white. At the bottom of the gray border, centered, are three links in small gray text: "Privacy Policy", "Browser Requirements", and "Technology powered by bewifi".

springboard  
WORKPLACE

### Change Password

\* Current Password

\* New Password

Passwords must be 8 characters minimum and contain both alpha and numeric characters, no spaces

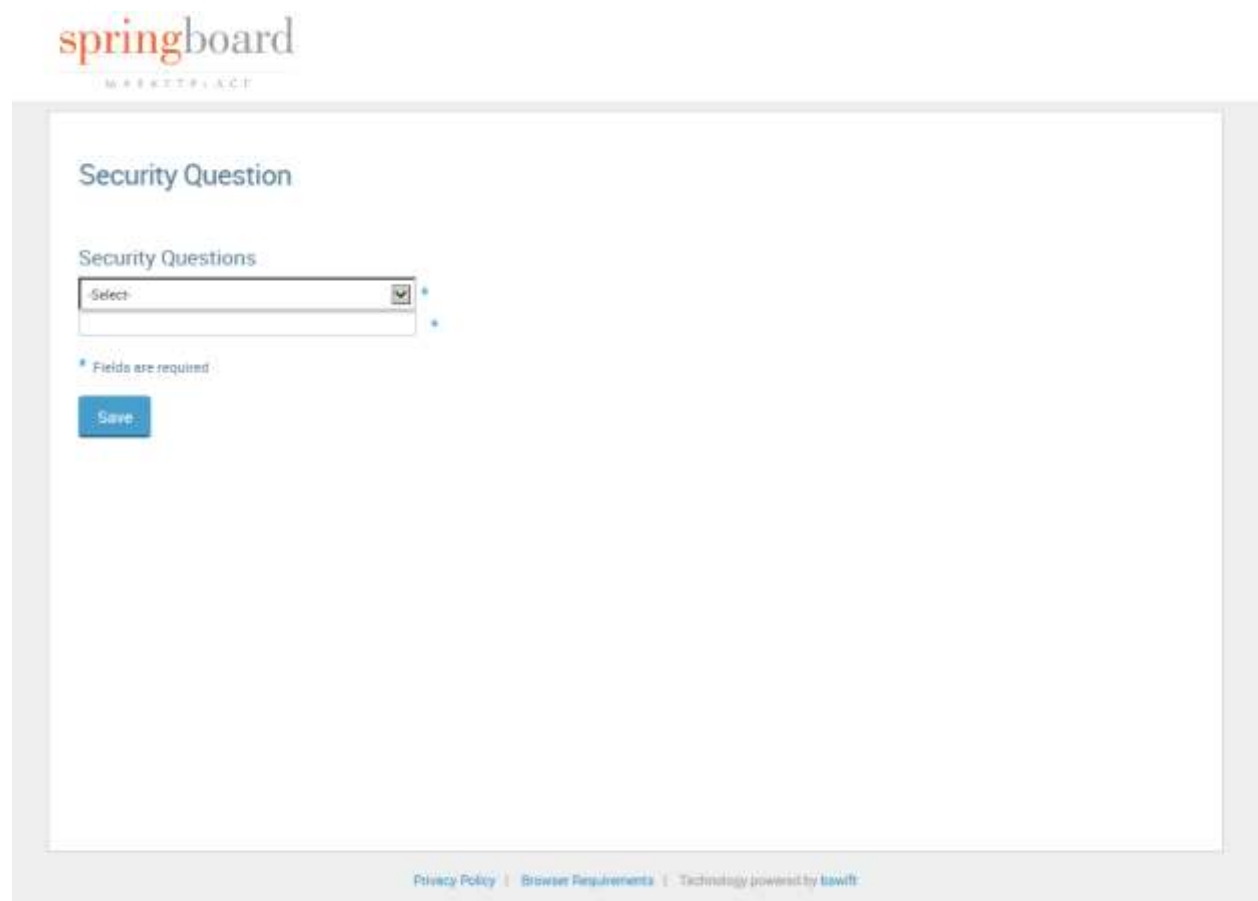
\* Verify New Password

\* Fields are required:

Save

[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by [bewifi](#)

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




The image shows a web form titled "Security Question" for the "springboard MARKETPLACE". The form contains a dropdown menu labeled "Security Questions" with a "Select" option and a dropdown arrow. Below the dropdown is a red asterisk and the text "Fields are required". At the bottom of the form is a blue "Save" button. The footer of the page includes links for "Privacy Policy", "Browser Requirements", and "Technology powered by lawifi".

springboard  
MARKETPLACE

### Security Question

Security Questions

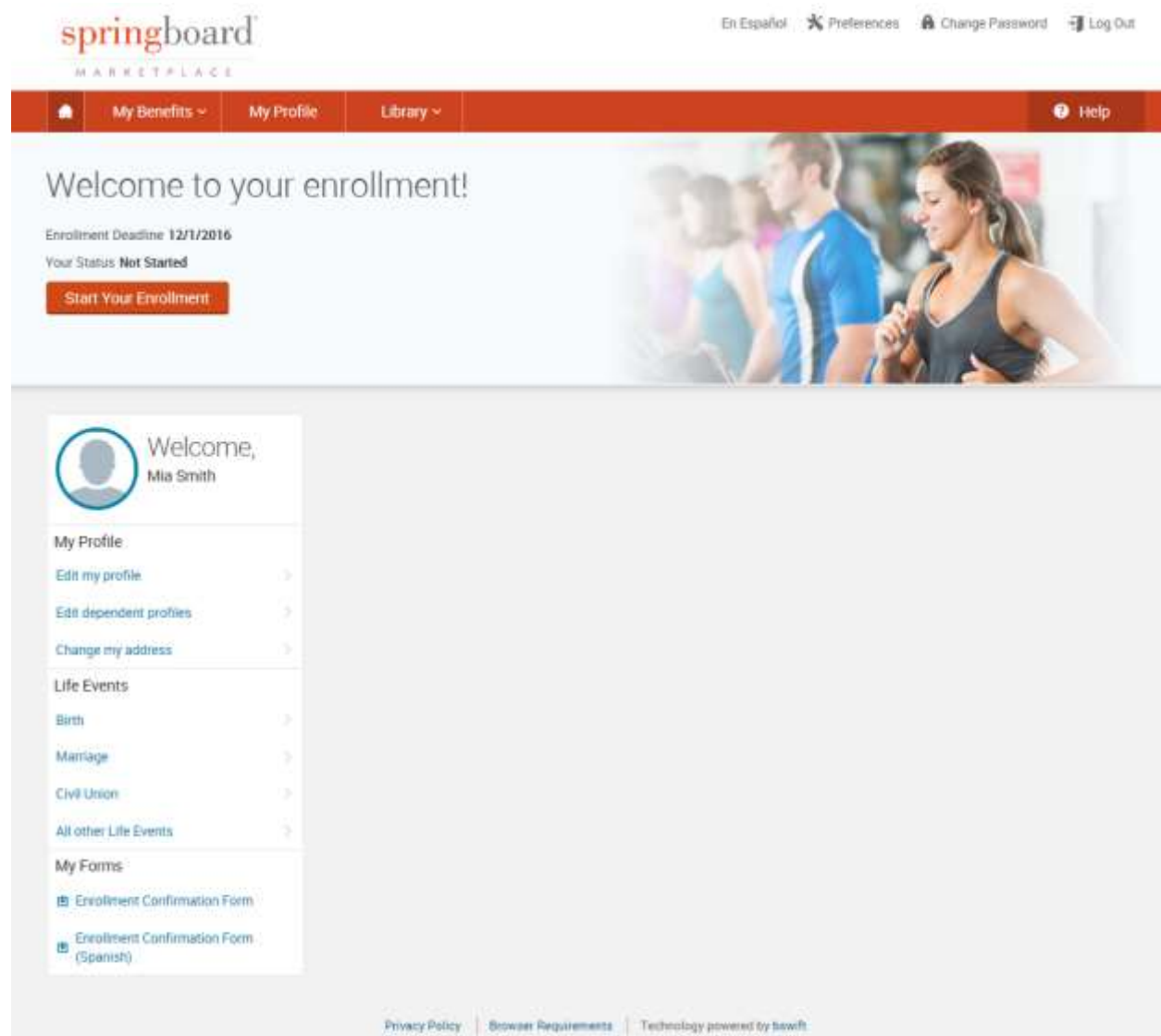
Select 

\* Fields are required


Save




[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by [lawifi](#)

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.



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

msmith@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

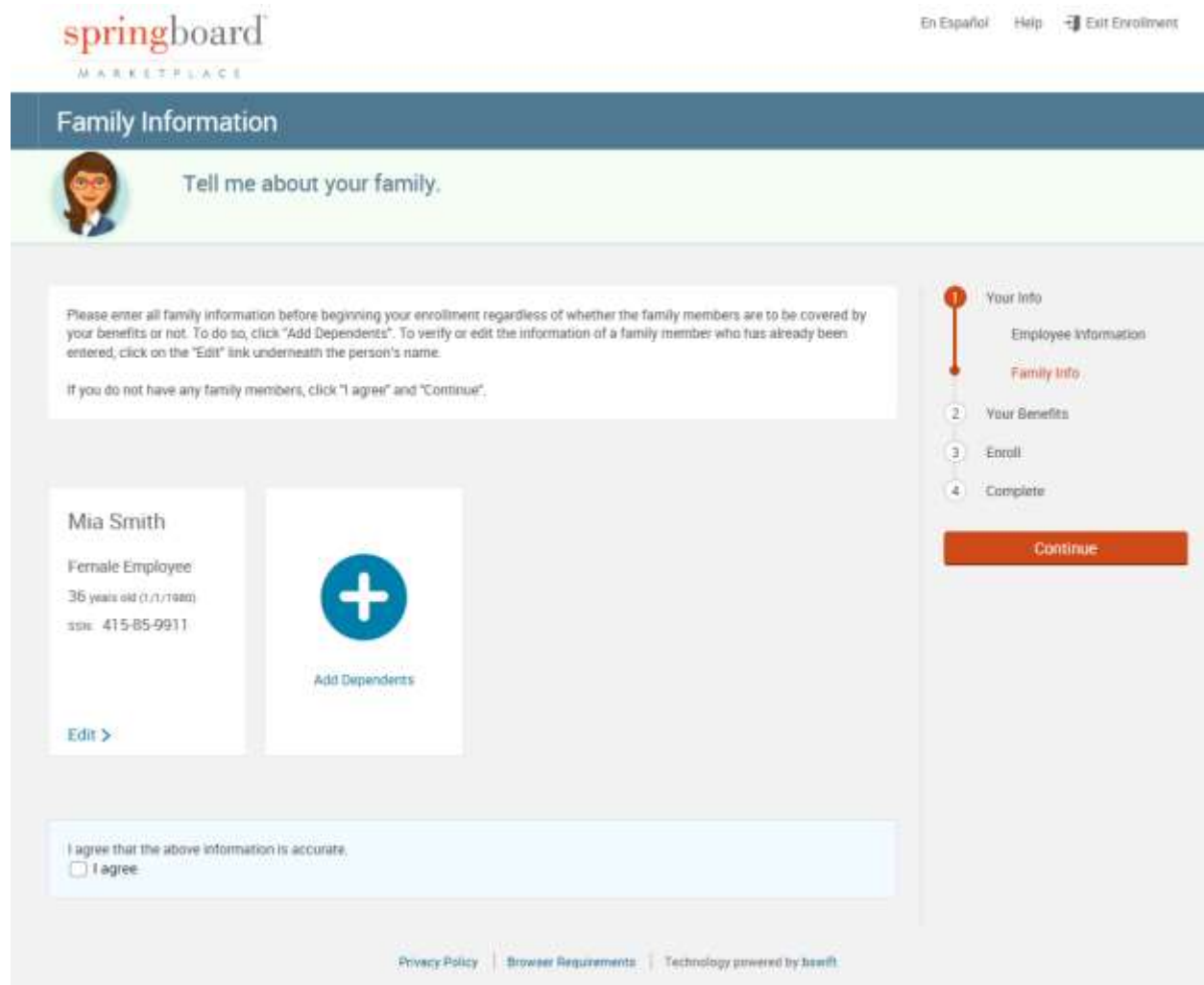
\* Fields are required

I verify that my personal information is correct.

☒ I agree

Privacy Policy | Browser Requirements | Technology powered by beaift

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



The image shows a web page titled "Family Information" from Springboard Marketplace. At the top, there is a navigation bar with the Springboard logo, "MARKETPLACE", and links for "En Español", "Help", and "Exit Enrollment". Below the navigation bar is a header section with a blue background and the text "Family Information". Underneath the header is a green banner with a cartoon woman icon and the text "Tell me about your family.".


The main content area is divided into two columns. The left column contains a white box with instructions: "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'." Below this is a card for "Mia Smith", a "Female Employee", "36 years old (1/1/1980)", with SSN "415-85-9911". There is an "Edit >" link below the card. To the right of the card is a large blue circle with a white plus sign and the text "Add Dependents" below it.

The right column contains a vertical progress bar with four steps: "1 Your Info", "2 Your Benefits", "3 Enroll", and "4 Complete". The first step, "Your Info", is highlighted in red. Below the progress bar is a red "Continue" button.

At the bottom of the page, there is a light blue box with the text "I agree that the above information is accurate." and a checkbox labeled "I agree". Below this box are links for "Privacy Policy", "Browser Requirements", and "Technology powered by Isawi".




Member can enter or update dependent information.



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 bowit

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

springboard  
MARKETPLACE

En EspañolHelpExit 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

1

Your Info

Employee Information

Family Info

2

Your Benefits

3

Enroll

4

Complete

Continue

I agree that the above information is accurate

☒ I agree

Privacy Policy

Browser Requirements

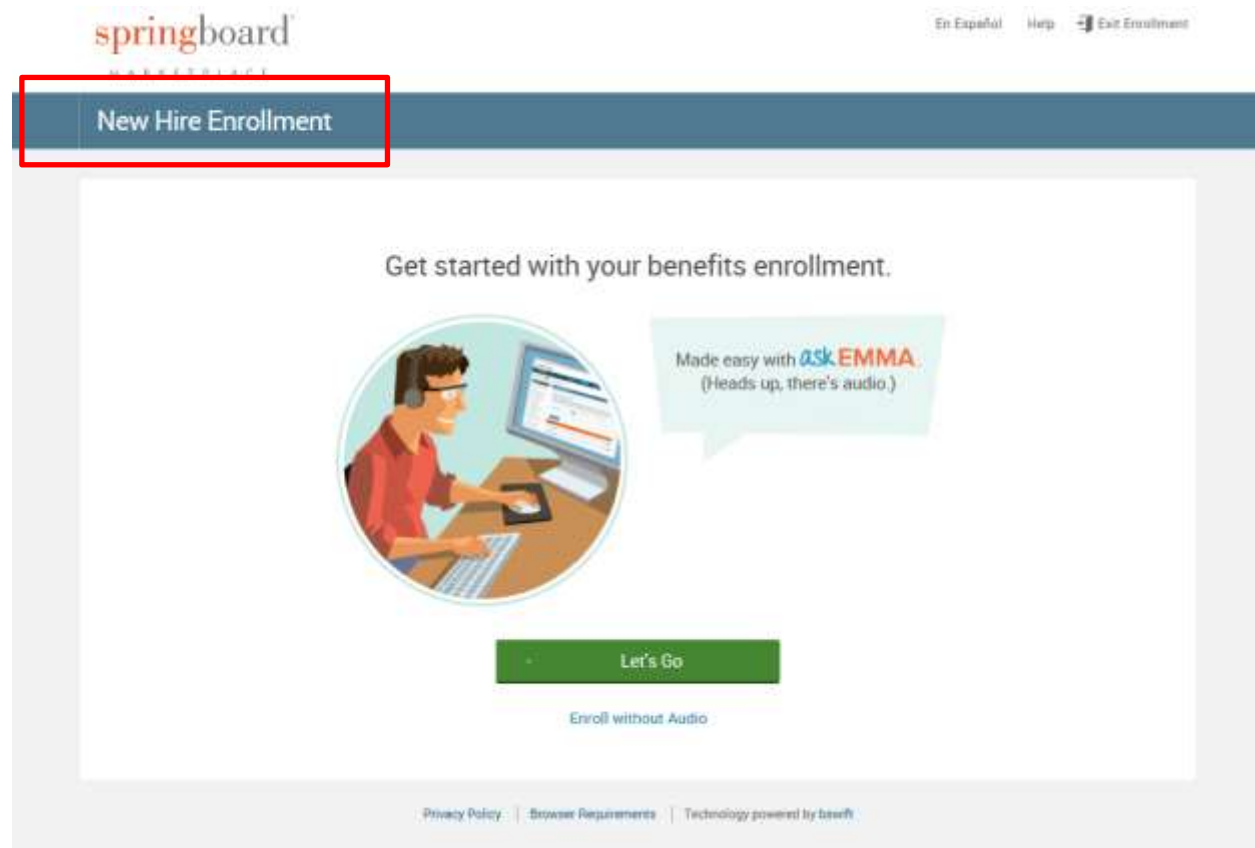
Technology powered by bsuift

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

10

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 benefit!

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.

**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

**1 Your Info**  
**2 Your Benefits**  
3 Enroll  
4 Complete


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

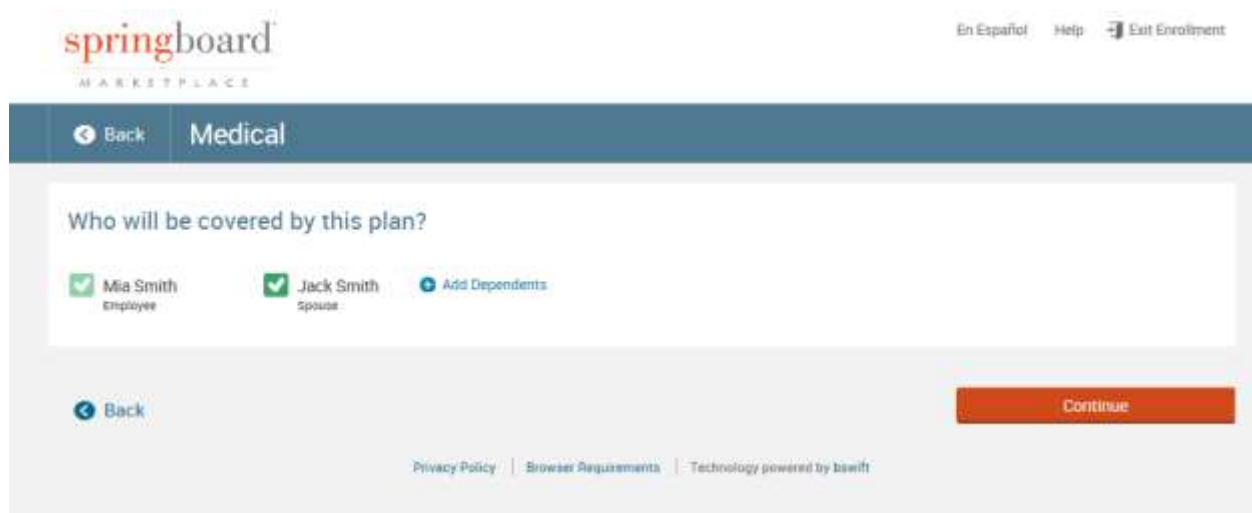
View Information

Privacy Policy

Browser Requirements

Technology powered by bowift

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 screenshot shows the Springboard Marketplace interface for selecting medical plan dependents. At the top, the Springboard Marketplace logo is on the left, and links for 'En Español', 'Help', and 'Exit Enrollment' are on the right. Below the logo is a dark blue header bar with a 'Back' button and the word 'Medical'. The main content area has a light gray background and contains a white box with the heading 'Who will be covered by this plan?'. Inside this box, there are two green checkmark icons next to the names 'Mia Smith' (Employee) and 'Jack Smith' (Spouse). To the right of these is a blue plus icon and the text 'Add Dependents'. Below the white box, there is a 'Back' button on the left and a red 'Continue' button on the right. At the very bottom, there are links for 'Privacy Policy', 'Browser Requirements', and 'Technology powered by swift'.

springboard  
MARKETPLACE

En Español Help Exit Enrollment

Back Medical

Who will be covered by this plan?

✓ Mia Smith  
Employee

✓ Jack Smith  
Spouse

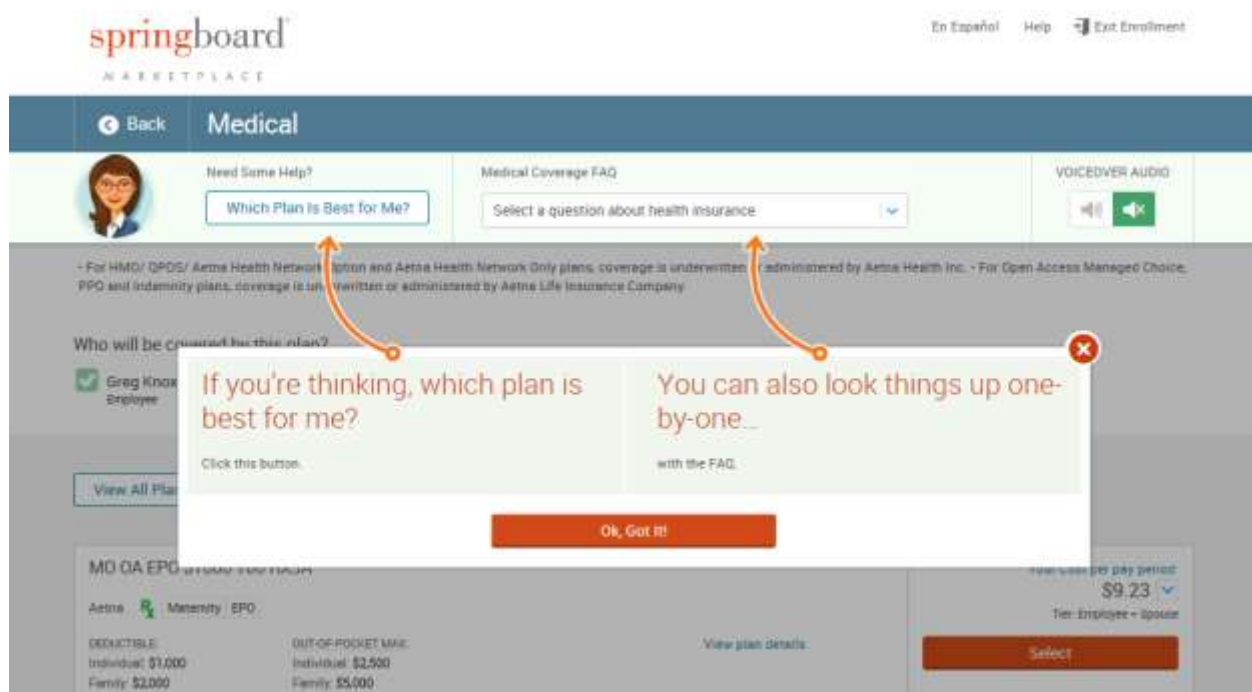
+ Add Dependents

Back Continue

Privacy Policy | Browser Requirements | Technology powered by swift

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

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  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

**\$239.98**  
(Premium x 26 Pay Periods)


YOUR ESTIMATED  
TOTAL COST

[Is This My Best Choice?](#)

IN-NETWORK MAXIMUM  
TOTAL COST

**\$5,239.98**  
(Annual Premium + Out-of-Pocket Max)

DC OA EPO \$1000 100 RX3A BHH

Aetna Baptist HS & HTMG  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

**\$540.02**  
(Premium x 26 Pay Periods)

YOUR ESTIMATED  
TOTAL COST

[Is This My Best Choice?](#)

IN-NETWORK MAXIMUM  
TOTAL COST


**\$5,540.02**  
(Annual Premium + Out-of-Pocket Max)

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

16



DC OAMC \$3500 80/50 RX3A Plan

Aetna  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

\$179.92

(Premium x 25 Pay Periods)


YOUR ESTIMATED TOTAL COST

Is This My Best Choice?


IN-NETWORK MAXIMUM TOTAL COST

\$13,379.92

(Annual Premium + Out-of-Pocket Max)

 No Coverage Medical

Waive

 Back

Privacy Policy

Browser Requirements

Technology powered by swift

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

17

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 benefit!

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.

**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	<input checked="" type="checkbox"/> Cover
Jack Smith	Spouse	<input checked="" type="checkbox"/> 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](#)

**Progress:**

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete


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.



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 basift



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

[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by basift

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

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.



En EspañolHelpExit Enrollment

New Hire Enrollment



Let's get you signed up for your benefit!

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.

Medical

\$9.23

Your Cost per pay period

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

COVERAGE Employee + Spouse

Mia SmithEmployeeCover

Jack SmithSpouseCover

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 SmithEmployeeCover

Jack SmithSpouseCover

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

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

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

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

22



### 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

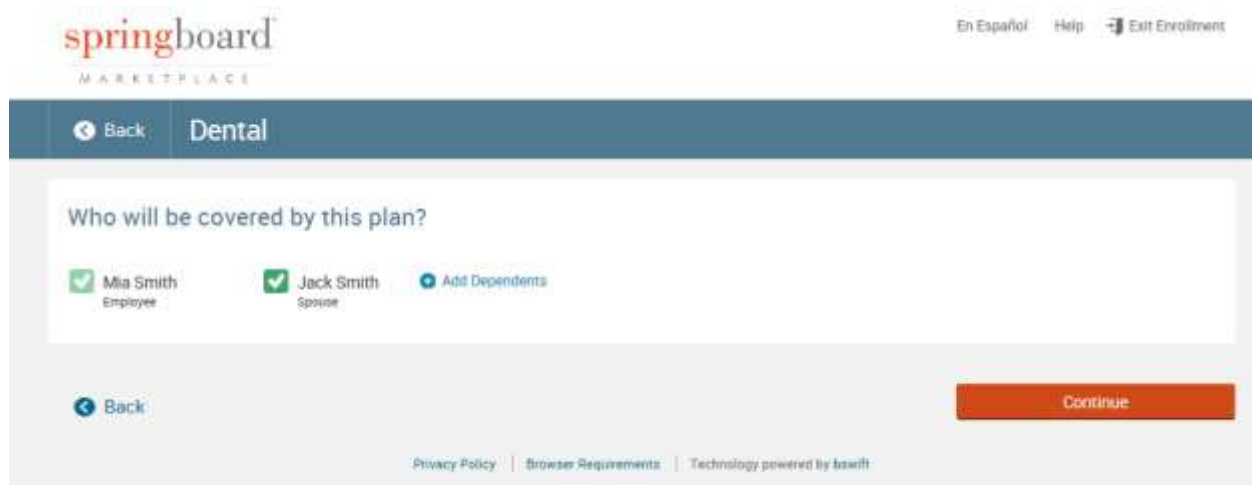
|

Browser Requirements

|

Technology powered by bsafit

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



The screenshot shows the Springboard Marketplace interface for selecting dependents for a dental plan. At the top, the Springboard Marketplace logo is on the left, and links for "En Español", "Help", and "Exit Enrollment" are on the right. Below the logo is a dark blue header bar with a "Back" button and the word "Dental". The main content area has a heading "Who will be covered by this plan?". Below this heading, there are two checked checkboxes: "Mia Smith Employee" and "Jack Smith Spouse". To the right of these is a link "Add Dependents". At the bottom of the main content area, there is a "Back" button on the left and a large orange "Continue" button on the right. The footer contains links for "Privacy Policy", "Browser Requirements", and "Technology powered by bsafit".

springboard  
MARKETPLACE

En Español Help Exit Enrollment

Back Dental

Who will be covered by this plan?

☒ Mia Smith  
Employee

☒ Jack Smith  
Spouse

[Add Dependents](#)

Back Continue

[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by bsafit




Dental plans available for enrollment are displayed.

springboard  
MARKETPLACE


En EspañolHelpExit Enrollment

BackDental



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

View All Plans Side-by-Side

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



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

Aetna PPO

DEDUCTIBLE:  
Individual: \$50  
Family: \$150

ANNUAL MAXIMUM:  
Individual: \$1,500

CO-INSURANCE: 100/80/50%


[View plan details](#)

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 if network'.

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



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

Aetna PPO

DEDUCTIBLE:  
Individual: \$25  
Family: \$75

ANNUAL MAXIMUM:  
Individual: \$2,000

CO-INSURANCE: 100/90/50%

[View plan details](#)

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 if network'.

☒ No Coverage Dental

Waive

Back

Privacy Policy | Browser Requirements | Technology powered by bewifi

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

25

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.

**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

**Progress:**

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

**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  [View Plan Options](#)

### Critical Illness (Hybrid)

NO PLAN SELECTED

Selection Required  [View Plan Options](#)

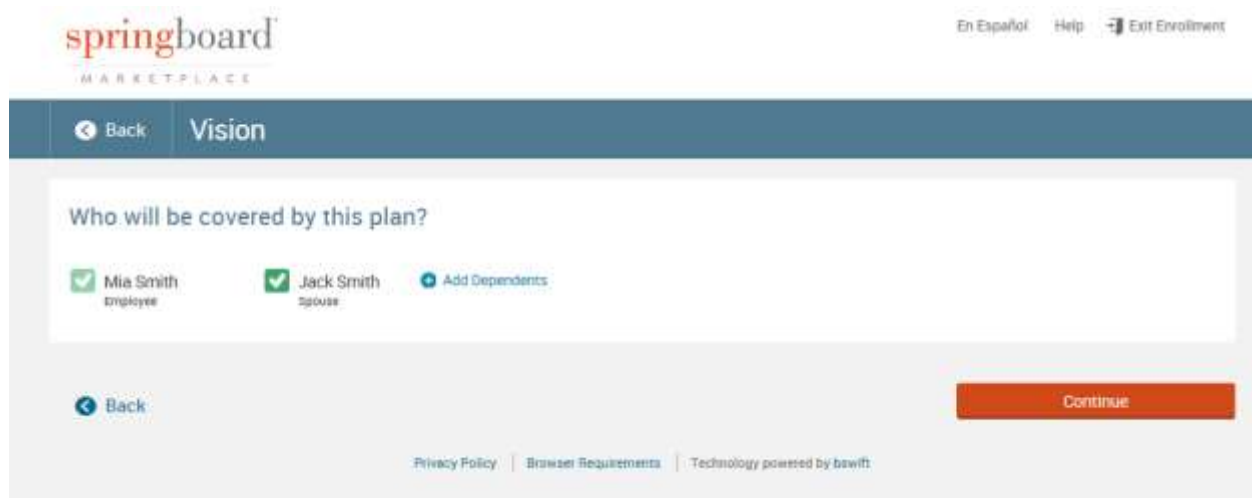
### Important Disclosures

NO PLAN SELECTED

Selection Required [View Information](#)

[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by bsifit

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



The screenshot shows the 'Vision' enrollment screen on the Springboard Marketplace website. At the top, the 'springboard MARKETPLACE' logo is on the left, and 'En Español', 'Help', and 'Exit Enrollment' links are on the right. A dark blue header bar contains a 'Back' button with a left arrow and the title 'Vision'. The main content area is titled 'Who will be covered by this plan?'. Below this title, there are two checked items: 'Mia Smith' (Employee) and 'Jack Smith' (Spouse), each with a green checkmark icon. To the right of these is a link '+ Add Dependents'. At the bottom of the main area, there is another 'Back' button on the left and a large orange 'Continue' button on the right. The footer contains links for 'Privacy Policy', 'Browser Requirements', and 'Technology powered by bawift'.

Vision plans available for enrollment are displayed.

Back

## Vision



Benefits FAQ

Select a question

VOICEOVER AUDIO



For the Aetna Vision<sup>SM</sup> 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<sup>SM</sup> Preferred 0/10/160

Aetna Vision Network

[View plan details](#)

aetna<sup>®</sup>

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<sup>SM</sup> Preferred




No Coverage Vision


Waive

Back

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.


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.



### 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	<input checked="" type="checkbox"/> Cover
Jack Smith	Spouse	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Cover
Jack Smith	Spouse	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Cover
Jack Smith	Spouse	<input checked="" type="checkbox"/> Cover

☒ Completed [I don't want this benefit \(waive\)](#) [View Plan Options](#)

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

**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 iswith

Basic Employee Life offering is displayed.





En EspañolHelpExit Enrollment

BackBasic 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](#)

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 basillt



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.

The screenshot displays the 'New Hire Enrollment' page on the Springboard Marketplace. The page is divided into a header, a main content area, and a right-hand sidebar. The header includes the Springboard Marketplace logo, a 'New Hire Enrollment' title, a 'Benefits FAQ' section with a search bar, and a 'VOICEOVER AUDIO' button. The main content area features a progress indicator on the right with four steps: 1. Your Info, 2. Your Benefits (highlighted), 3. Enroll, and 4. Complete. Below the progress indicator, the total cost per pay period is shown as \$23.28. The main content area is divided into four sections: Medical, Hospital, Dental, and Vision. Each section displays the plan name, coverage type (Employee + Spouse), and a table of dependents (Mia Smith and Jack Smith) with their respective roles (Employee and Spouse) and coverage status (Covered). Each section also includes a 'Completed' status, a 'I don't want this benefit (waive)' button, and a 'View Plan Options' button. The right-hand sidebar contains a 'Continue' button and a 'Save and Finish Later' button. The bottom of the page shows the total cost per pay period as \$23.28.

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.

**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<sup>SM</sup> 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

1 Your Info  
2 Your Benefits  
3 Enroll  
4 Complete

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](#)

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Short Term Disability offering is displayed.




En Español | Help |  Exit Enrollment



 Back

Short Term Disability



Benefits FAQ


Select a question 

VOICEOVER AUDIO  
 

Coverage is underwritten or administered by Aetna Life Insurance Company.

CURRENT PLAN

Short Term Disability 60%  
Aetna  
[View plan details](#)



Basic Short-Term Disability pays benefits to help replace your income if you can't work due to an illness or injury unrelated to your job. It also pays benefits for pregnancy and pregnancy-related conditions (treated same as illness).


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

Coverage Amount:  
**\$692.31**

Cost Summary (per pay period)

Employer Contribution	\$25.00
Your Cost	\$0.00

Continue

 Back

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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.

The screenshot displays the 'New Hire Enrollment' page on the Springboard Marketplace. The page is divided into a header, a main content area, and a right-hand sidebar. The header includes the Springboard Marketplace logo, a language selector (En Español), a Help link, and an Exit Enrollment button. The main content area features a 'New Hire Enrollment' title, a 'Let's get you signed up for your benefits!' message with a user icon, a 'Benefits FAQ' section with a search bar, and a 'VOICEOVER AUDIO' button. Below this, a message states: '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.' The main content area is organized into four sections: Medical, Hospital, Dental, and Vision. Each section displays the plan name, cost, and coverage details for the employee and spouse. The Medical section shows a cost of \$9.23 per pay period. The Hospital section shows a cost of \$4.62 per pay period. The Dental section shows a cost of \$6.92 per pay period. The Vision section shows a cost of \$2.51 per pay period. Each section includes a 'Completed' status, a 'I don't want this benefit (waive)' button, and a 'View Plan Options' button. The right-hand sidebar contains a progress indicator with four steps: 1. Your Info, 2. Your Benefits (highlighted), 3. Enroll, and 4. Complete. Below the progress indicator, it shows the total cost per pay period as \$23.28 and a 'Continue' button. A message states: 'Finished selecting benefits? Click the button below to continue.' Below this, there is a 'Save and Finish Later' 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.

### Medical

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

Cost: \$9.23 Your Cost per pay period

### Hospital

PLAN Hospital Plan / Aetna / View plan details

COVERAGE Mia Smith Employee Covered Jack Smith Spouse Covered

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

Cost: \$4.62 Your Cost per pay period

### Dental

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

Cost: \$6.92 Your Cost per pay period

### Vision

PLAN Aetna Vision<sup>SM</sup> 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

Cost: \$2.51 Your Cost per pay period

1 Your Info  
2 Your Benefits  
3 Enroll  
4 Complete

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 basift](#)

Long Term Disability offering is displayed.

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](#)



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 [Bewit](#)

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.

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.

### Medical

**\$9.23** ▼  
Your Cost per pay period

PLAN: DC OA EPD \$1000 100 RX3A / Aetna / [View plan details](#)

COVERAGE: Employee + Spouse

Mia Smith	Employee	<input checked="" type="checkbox"/> Cover
Jack Smith	Spouse	<input checked="" type="checkbox"/> 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: Employee + Spouse

Mia Smith	Employee	<input checked="" type="checkbox"/> Cover
Jack Smith	Spouse	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Cover
Jack Smith	Spouse	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Cover
Jack Smith	Spouse	<input checked="" type="checkbox"/> Cover

☒ Completed [I don't want this benefit \(waive\)](#) [View Plan Options](#)

- 1 Your Info
- 2 **Your Benefits**
- 3 Enroll
- 4 Complete

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](#)

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

springboard  
MARKETPLACE

En Español Help Exit Enrollment

Back Accident Tier based

Who will be covered by this plan?

☒ Mia Smith Employee ☒ Jack Smith Spouse [+ Add Dependents](#)

Back Continue

Privacy Policy Browser Requirements Technology powered by lawifi

The Accident Plan offering is displayed.

springboard  
MARKETPLACE

En Español Help Exit Enrollment

Back Accident Tier based

Want to learn more? [Watch a Video](#)

Accident Insurance FAQ

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](#)

Accident Plan 2  
Aetna  
[View plan details](#)

aetna®

Your Cost per pay period: \$12.46  
Tier: Employee + Spouse

Select

High Option

No Coverage Accident Tier based

Waive

Back

Privacy Policy Browser Requirements Technology powered by lawifi

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.

The screenshot displays the 'New Hire Enrollment' page on the Springboard Marketplace. The page is divided into a header, a main content area, and a right-hand sidebar. The header includes the Springboard logo, a 'New Hire Enrollment' title, and links for 'En Español', 'Help', and 'Exit Enrollment'. The main content area features a 'Benefits FAQ' section with a search bar and a 'VOICEOVER AUDIO' button. Below this, a message states: '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.' The main content area is organized into four sections: Medical, Hospital, Dental, and Vision. Each section displays the plan name, coverage type, and a table of dependents with their respective coverage status. The Medical section shows a cost of \$9.23 per pay period. The Hospital section shows a cost of \$4.62 per pay period. The Dental section shows a cost of \$6.92 per pay period. The Vision section shows a cost of \$2.51 per pay period. The right-hand sidebar contains a progress indicator with four steps: 1. Your Info, 2. Your Benefits (highlighted), 3. Enroll, and 4. Complete. Below the progress indicator, it shows the total 'Your Cost per pay period' as \$35.74. A 'Continue' button is prominently displayed, along with a 'Save and Finish Later' button. A message at the bottom of the sidebar reads: 'Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.'

springboard  
MARKETPLACE

En Español Help Exit Enrollment

## New Hire Enrollment

Let's get you signed up for your benefit!

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.

### Medical

\$9.23  
Your Cost per pay period

PLAN DC OA EPO S1000 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<sup>SM</sup> 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

1 Your Info  
2 Your Benefits  
3 Enroll  
4 Complete

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](#)

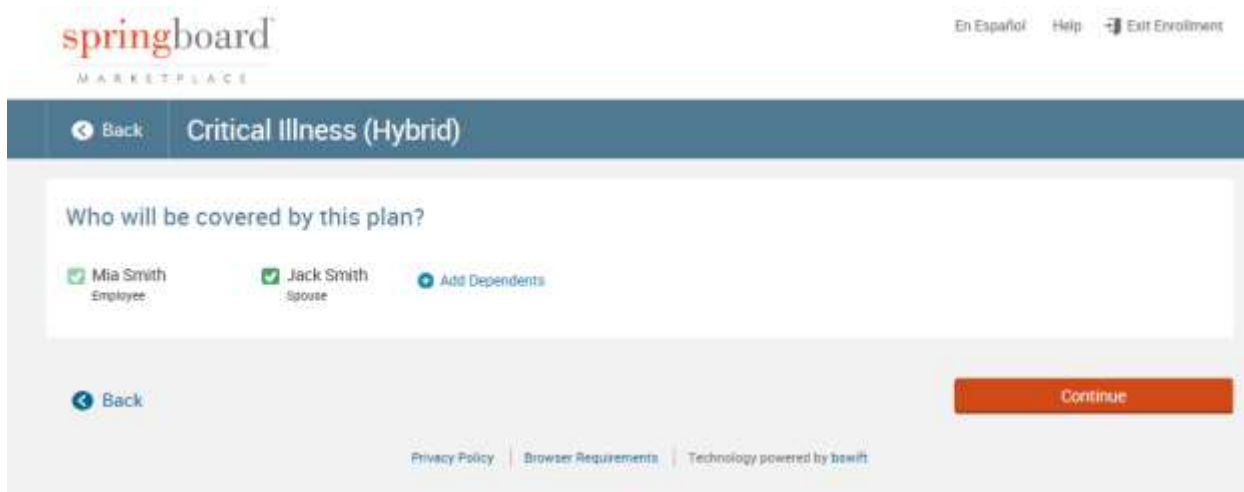
### Important Disclosures

NO PLAN SELECTED

Selection Required [View Information](#)

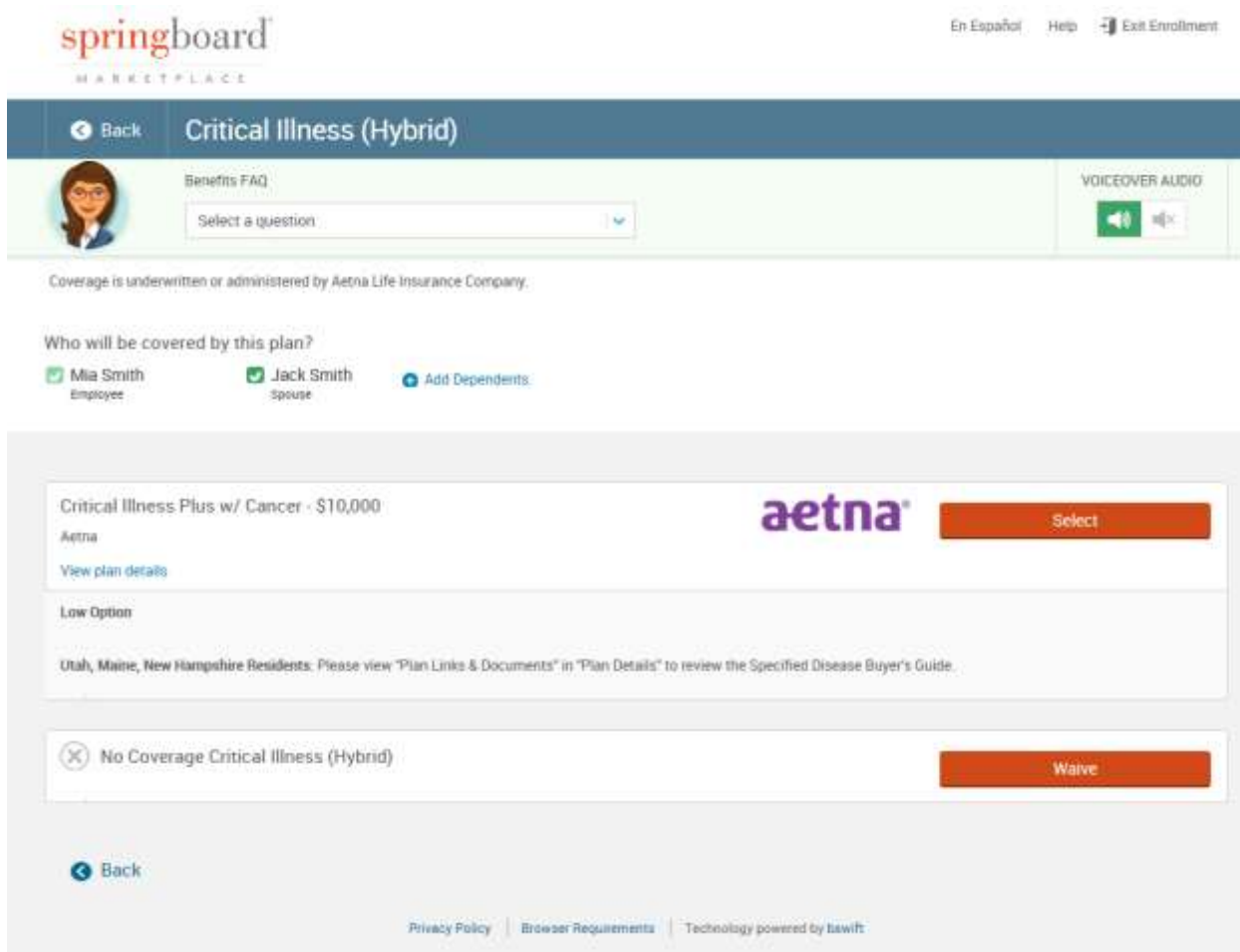
[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by bsifit

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



The screenshot shows the 'Critical Illness (Hybrid)' plan selection screen on the Springboard Marketplace. At the top, there is a header with the Springboard Marketplace logo and links for 'En Español', 'Help', and 'Exit Enrollment'. Below the header, a blue bar contains a 'Back' button and the title 'Critical Illness (Hybrid)'. The main content area is titled 'Who will be covered by this plan?' and lists two dependents: 'Mia Smith Employee' and 'Jack Smith Spouse', both with green checkmarks. There is a blue '+ Add Dependents' button. At the bottom, there is a 'Back' button, a 'Continue' button, and links for 'Privacy Policy', 'Browser Requirements', and 'Technology powered by twilio'.

Critical Illness offerings are displayed.



The screenshot shows the 'Critical Illness (Hybrid)' plan selection screen on the Springboard Marketplace, displaying plan offerings. At the top, there is a header with the Springboard Marketplace logo and links for 'En Español', 'Help', and 'Exit Enrollment'. Below the header, a blue bar contains a 'Back' button and the title 'Critical Illness (Hybrid)'. The main content area is titled 'Who will be covered by this plan?' and lists two dependents: 'Mia Smith Employee' and 'Jack Smith Spouse', both with green checkmarks. There is a blue '+ Add Dependents' button. Below this, there is a section for 'Critical Illness Plus w/ Cancer - \$10,000' by Aetna, with a 'Select' button. Below this, there is a section for 'Low Option' with a 'Waive' button. At the bottom, there is a 'Back' button, a 'Continue' button, and links for 'Privacy Policy', 'Browser Requirements', and 'Technology powered by twilio'.

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

aetna®

☒ Selected

[View plan details](#)

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

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.

**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<sup>SM</sup> Preferred 0/10/T80 / 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

**Progress Bar:**

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

**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 basify

Member clicks on the Continue button to proceed.

springboard<sup>™</sup>  
MARKETPLACE

En Español Help Exit Enrollment

Back Important Disclosures

Benefits FAQ

Select a question

VOICEOVER AUDIO

Important Disclosures

Aetna

aetna

Continue

Back

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

Please answer question(s) below:

Mia Smith  
IMPORTANT DISCLOSURES

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.

The screenshot displays the 'New Hire Enrollment' page on the Springboard Marketplace. The page is divided into a header, a main content area, and a right-hand sidebar. The header includes the Springboard logo, a 'New Hire Enrollment' title, and links for 'En Español', 'Help', and 'Exit Enrollment'. Below the header, there's a 'Benefits FAQ' section with a search bar and a 'VOICEOVER AUDIO' button. The main content area lists four benefit categories: Medical, Hospital, Dental, and Vision. Each category shows a selected plan, coverage for 'Employee + Spouse', and a 'Your Cost per pay period'. The Medical plan costs \$9.23, Hospital costs \$4.62, Dental costs \$6.92, and Vision costs \$2.51. Each category also has a 'Completed' status, a 'I don't want this benefit (waive)' button, and a 'View Plan Options' button. The right-hand sidebar shows a progress indicator with four steps: 1. Your Info, 2. Your Benefits (current step), 3. Enroll, and 4. Complete. Below the progress indicator, it shows the total 'Your Cost per pay period' as \$42.70. At the bottom of the sidebar, there are two buttons: 'Continue' and 'Save and Finish Later'.

**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.

**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<sup>SM</sup> Preferred 0/10/T80 / 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

1 Your Info  
2 Your Benefits  
3 Enroll  
4 Complete

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](#) | [Browse Requirements](#) | Technology powered by bowifi

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.

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

1 Your Info  
2 Your Benefits  
3 Enroll  
4 Complete

Beneficiaries  
Review and Confirm

Your Cost per pay period **\$42.70**

Continue

### Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
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.

### Accident Tier based

Please choose your beneficiaries

Primary Beneficiaries **(required)**

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Jack Smith (Spouse)	<input type="text" value="100"/> %

**Total: 100%**

[+ Add New Beneficiary](#)

[v 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)	<input type="text"/> %
Jack Smith (Spouse)	<input type="text" value="100"/> %


**Total: 100%**

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries](#) (optional)


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

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.



En EspañolHelpExit 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

**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

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Review and Confirm

4 Complete

Complete Enrollment

**Vision\***

Your cost per pay period **\$2.51**

Aetna Vision<sup>SM</sup> Preferred 0/10/180 Aetna  
Coverage: **Employee + Spouse**

COST DETAILS PER PAY PERIOD

Who will be covered on this plan:

Name	Relationship	Coverage
Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

Edit Selection

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

COST DETAILS PER PAY PERIOD

Edit Selection

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

COST DETAILS PER PAY PERIOD

Edit Selection

Employer Contribution \$29.06  
Your Cost \$0.00

**Long Term Disability**

Your cost per pay period **\$0.00**

Long Term Disability 60% Aetna

COST DETAILS PER PAY PERIOD

Edit Selection

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**

COST DETAILS PER PAY PERIOD

Employer Contribution	\$0.00
Your Cost	\$12.46

Who will be covered on this plan:

Name	Relationship	Coverage <small>1</small>
Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

[Edit Selection](#)

### Critical Illness (Hybrid)\*

Your cost per pay period **\$6.96**

#### Critical Illness Plus w/ Cancer - \$10,000 Aetna

Coverage: **\$10,000.00**

COST DETAILS PER PAY PERIOD

Employer Contribution	\$0.00
Your Cost	\$6.96

Who will be covered on this plan:

Name	Relationship	Coverage <small>1</small>
Mia Smith	Employee	Cover
Jack Smith	Spouse	Cover

[Edit Selection](#)

### Important Disclosures\*

#### Important Disclosures Aetna

[Edit Selection](#)

Once You've Reviewed All Your Selections:

Participation

Representations and Authorizations

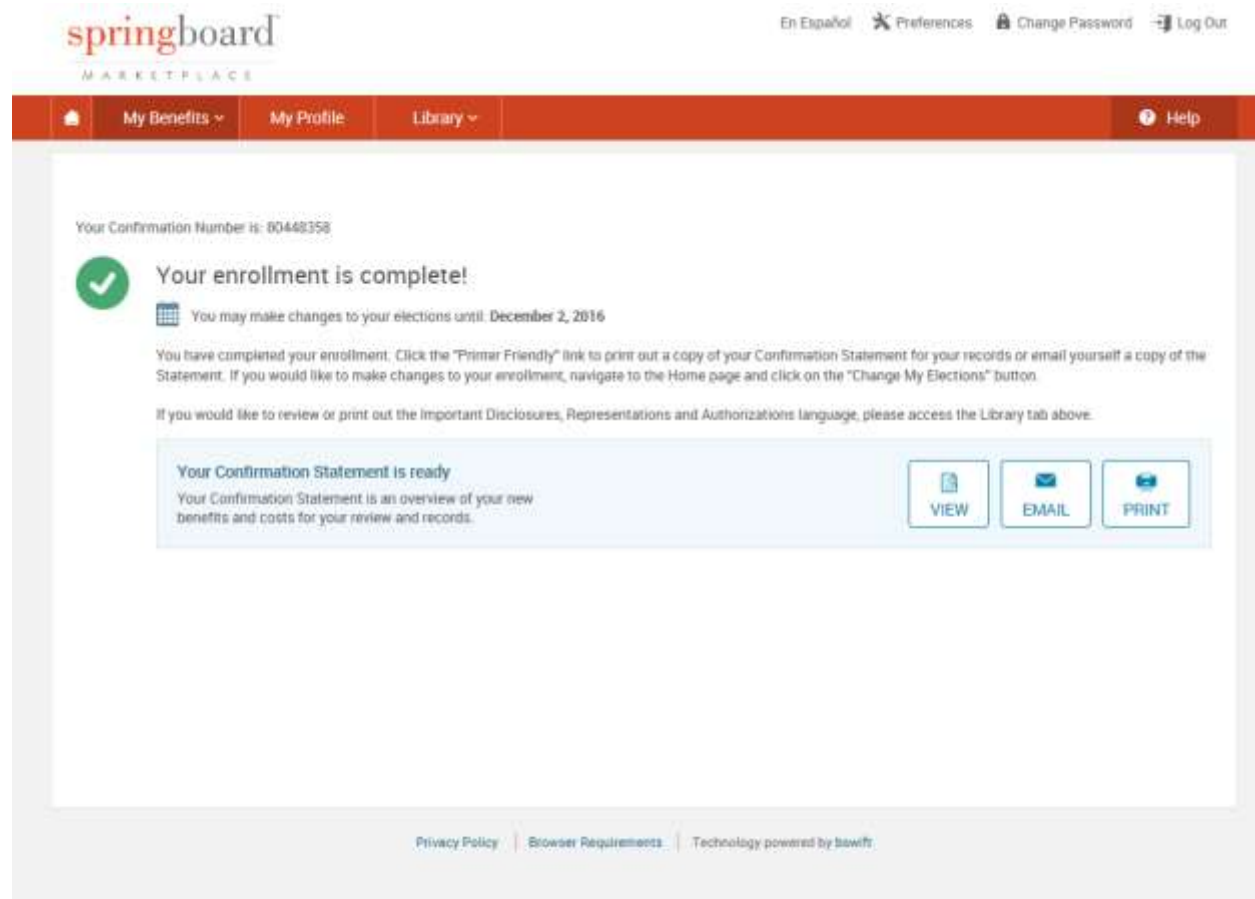
☒ I agree, and I'm finished with my enrollment

Privacy Policy

Browser Requirements

Technology powered by Bowift

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



<b>SERFF Tracking #:</b>	AETN-130810230	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA WV
<b>TOI/Sub-TOI:</b>	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other		
<b>Product Name:</b>	2016 LG bSwift Online Enrollment Forms (AHI)		
<b>Project Name/Number:</b>	AHI/201606		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanation of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	HI DC EOv.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	HI Readability Cert.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**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 HEALTH INC.

Subject: **Aetna Health Inc. NAIC No. 001-95109**  
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 08:58:04 -05'00'

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Signature

Stephen W. Halloran Product and Regulatory Approvals Senior Manager

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Name and Title

November 17, 2016

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Date