



E-53-16

Contract Details

SERVICE: Health Insurance Coverage

R 58

NIFS ID #: CQPE16000001 NIFS Entry Date 01/06/2016 Term: 1/1/16 to 12/31/18

New <input checked="" type="checkbox"/> Renewal	1) Mandated Program:	Yes <input checked="" type="checkbox"/> No
Amendment	2) Comptroller Approval Form Attached:	Yes <input checked="" type="checkbox"/> No
Time Extension	3) CSEA Agreement § 32 Compliance Attached:	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Addl. Funds	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input checked="" type="checkbox"/> No
Blanket Resolution RES#	5) Insurance Required	Yes <input checked="" type="checkbox"/> No

Agency Information

Vendor	
Name Aetna Inc.	Vendor ID# 232229683
151 Farmington Avenue Hartford, CT 06156	Contact Person Philip M. Barbaro
	Phone 860-273-8457

County Department
Department Contact Kerrin Huber
Address 1 West Street, Room 100 Mineola, NY 11501
Phone 516-571-3072

Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & Fw'd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head) Contractor Registered <input type="checkbox"/>	1/8/16	Melissa Tallica	
	OMB	NIFS Approval (Contractor Registered) <input type="checkbox"/>	1/8/16	John A. Ar...	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
1/11/16	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	1/11/16	J. Amato	
	County Attorney	CA Approval as to form <input type="checkbox"/>	01/24/16	823, Se	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>	1/11/16		
	County Attorney	NIFS Approval <input type="checkbox"/>			
	Comptroller	NIFS Approval <input type="checkbox"/>			
	County Executive	Notarization Filed with Clerk of the Leg. <input type="checkbox"/>	2/10/16	Shirley...	

RECEIVED
CLERK OF THE LEGISLATURE
NASSAU COUNTY



Contract Summary

Description Medical Insurance
Purpose: To provide a Health Insurance plan of insurance for Nassau County employees hired after April 1, 2014 who must contribute 15% of the cost of the current Base Plan. The new plan costs 85% of the cost of the base plan
Method of Procurement: Following the RFP process, communications with several potential vendors resulted in five bids submitted.
Procurement History: The County has this vendor for its Flexible Spending Plan (FSA) and they currently provide a health insurance plan option to current employees. They were selected through the RFP process
Description of General Provisions: This contract is to provide a Health insurance plan to Nassau County full-time employees, part-time benefit-eligible employees as well as their dependents at a cost that is 15% lower than the cost of the Base Plan (NYSHIP).
Impact on Funding / Price Analysis: This plan is fully covered by the County for all eligible employees described above as this is a contractual/ordinance benefit to Nassau County employees.
Change in Contract from Prior Procurement: N/A
Recommendation: (approve as submitted)

Advisement Information

BUDGET CODES	
Fund:	Gen
Control:	10
Resp:	1100
Object:	DE
Transaction:	500

RENEWAL	
% Increase	
% Decrease	

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$ 0.01
Federal	\$
State	\$
Capital	\$
Other Grant	\$
TOTAL	\$ 0.01

LINE	INDEX/OBJECT CODE	AMOUNT
1	PEGEN1100/DE500	\$ 0.01
2		\$
3		\$
4		\$
5		\$
6		\$
TOTAL		\$ 0.01

Document Prepared By: Kerrin Huber

Date: 01/06/2016

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was accepted into NIFS.	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name: <i>[Signature]</i>
Name:	Name:	Date: 2/10/16
Date:	Date:	(For Office Use Only)
		E #:

RULES RESOLUTION NO. 58 2016

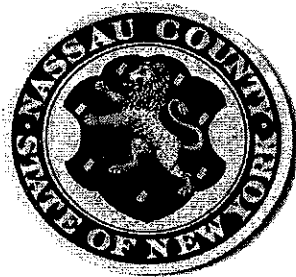
A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE
TO EXECUTE A PERSONAL SERVICES AGREEMENT BETWEEN
THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE COUNTY
OFFICE OF HUMAN RESOURCES, AND AETNA LIFE INSURANCE
COMPANY

Passed by the Rules Committee
Nassau County Legislature
By Voice Vote on 3-7-16
VOTING:
ayes 4 nays 3 abstained 0 recused 0
Legislators present: 7

WHEREAS, the County has negotiated a personal services agreement with Aetna Life Insurance Company to provide health insurance coverage to eligible County employees, a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorizes the County Executive to execute the said agreement with Aetna Life Insurance Company.

George Maragos
Comptroller



OFFICE OF THE COMPTROLLER
240 Old Country Road
Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

*Attach this form along with all personal, professional or human services contracts, contract renewals, extensions
And amendments.*

CONTRACTOR NAME: AETNA INC.

CONTRACTOR ADDRESS: 151 FARMINGTON AVENUE, HARTFORD, CT.
06156

FEDERAL TAX ID #: 232229683

Instructions: Please check the appropriate box ("☑") after one of the following roman numerals, and provide all the requested information.

I. ☐ The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in _____ [newspaper] on [date]. The sealed bids were publicly opened on _____ [date]. _____ [#] of sealed bids were received and opened.

II. X The contractor was selected pursuant to a Request for Proposals.

The Contract was entered into after a written request for proposals was issued on August 8, 2015. Potential proposers were made aware of the availability of the RFP by advertisement in Newsday, posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on September 18, 2015. Five (5) proposals were received and evaluated. The evaluation committee consisted of: three members of the Comptroller's Office, one representative from each of the Unions representing Nassau County Employees, Labor Relations, County Attorney and Central HR. The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

III. ☐ This is a renewal, extension or amendment of an existing contract.

The contract was originally executed by Nassau County on _____ date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after _____

[describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.

IV. ☐ Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.

DJG ☒ **A.** The contract has been awarded to the proposer offering the lowest cost proposal; **OR:**

- ☐ **B.** The attached memorandum contains a detailed explanation as to the reason(s) why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.

V. ☐ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.

- ☐ **A.** There are only one or two providers of the services sought or less than three providers' submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.
- ☐ **B.** The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).
- ☐ **C.** Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no. _____, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

- ☐ D. Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal agreement.

VI. ☐ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

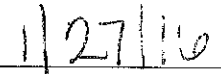
VIII. ☒ Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers.

IX. Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to the contract being submitted to the Comptroller.

X. ☒ Vendor will not require any sub-contractors.

In addition, if this is a contract with an individual or with an entity that has only one or two employees: ☐ a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No. 87-41, 1987-1 C.B. 296*, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.


Department Head Signature


Date

NOTE: Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.




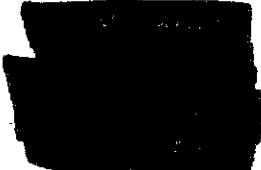
Certificate of Insurance

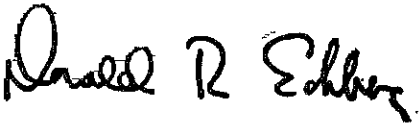
DATE
May 28, 2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGES, TERMS AND CONDITIONS AFFORDED BY THE POLICIES BELOW.

PRODUCER	INSURERS AFFORDING COVERAGE
Marsh USA Inc. 20 Church Street Hartford, CT 06103	Insurer A: ACE AMERICAN INSURANCE COMPANY
	Insurer B: COMMERCE AND INDUSTRY INSURANCE COMPANY
	Insurer C: INDEMNITY INSURANCE COMPANY OF NORTH AMERICA
	Insurer D: AGRI GENERAL INSURANCE COMPANY
	Insurer E: ACE FIRE UNDERWRITERS INSURANCE COMPANY
INSURED	DESCRIPTION
Aetna Inc. and its Affiliated Companies 151 Farmington Avenue Hartford, CT 06156	Evidence of Aetna's General Liability, Automobile Liability, and Workers' Compensation/Employer's Liability insurance coverages.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

COM LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIABILITY LIMITS	
A	COMMERCIAL GENERAL LIABILITY			04/01/15	04/01/16	GENERAL AGGREGATE	\$2,000,000
	X	COMPREHENSIVE				PRODUCTS-COMP/OP AGG.	\$2,000,000
	X	PREMISES-OPERATIONS				PERSONAL & ADV. INJURY	\$1,000,000
	X	PRODUCTS/COMPLETED OPERATIONS				EACH OCCURRENCE	\$2,000,000
	X	CONTRACTUAL				FIRE DAMAGE (Any one fire)	\$500,000
		OTHER				MED. EXP. (Any one person)	\$10,000
A	AUTOMOBILE LIABILITY			04/01/15	04/01/16	COMBINED SINGLE LIMIT (PER PERSON/ACCIDENT)	\$1,000,000
	X	ANY AUTO				MED PAY	\$10,000
	X	AUTO MEDICAL PAYMENTS					
B	EXCESS LIABILITY (UMBRELLA)			04/01/15	04/01/16	EACH OCCURRENCE	\$10,000,000
	X					AGGREGATE	\$10,000,000
A C D E	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY			04/01/15	04/01/16	Statutory Limits	
		EL EACH ACCIDENT				\$1,000,000	
		EL DISEASE-POLICY LIMIT				\$1,000,000	
		EL DISEASE-EACH EMPLOYEE				\$1,000,000	
	OTHER (Describe)						

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Authorized Representative of Marsh USA Inc. 
	Donald R. Eckberg

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/25/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis of Connecticut, LLC 185 Asylum Street 25th Floor Hartford, CT 06103-3708		CONTACT NAME: PHONE (A/C, No, Ext): 860 278-1320 FAX (A/C, No): 860-278-6776 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE INSURER A : Ironshore Specialty Insurance C	NAIC #
INSURED Aetna Inc. and its Affiliated Companies Insurance and Risk Finance Dept. 151 Farmington Avenue, RE2T Hartford, CT 06156		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> WORK STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Managed Care Professional Liability			03/01/2015	03/01/2016	\$10,000,000 Per Claim \$10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

CONTRACT FOR SERVICES

THIS AGREEMENT (together with the schedules, appendices, attachments and exhibits, if any, this "Agreement"), dated as of the date that this Agreement is executed by Nassau County (the "Effective Date") between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Office of Human Resources, having its principal office at 1 West Street, Mineola, New York 11501 (the "Department"), and (ii) Aetna Life Insurance Company, having its principal office at 151 Farmington Avenue, Hartford, CT 06156 (the "Contractor").

WITNESSETH:

WHEREAS, the County desires to hire the Contractor to perform the services described in this Agreement; and

WHEREAS, this is a personal service contract within the intent and purview of Section 2206 of the County Charter; and

WHEREAS, the Contractor desires to perform the services described in the Agreement.

NOW, THEREFORE, in consideration of the premises and mutual covenants contained in this Agreement, the parties agree as follows:

1. Term. This Agreement shall commence on the Effective Date and terminate on December 31, 2018, unless sooner terminated in accordance with the provisions of this Agreement; provided, however, the County shall have the option to renew this Agreement for two (2) additional one (1) year periods under the same terms and conditions contained herein. Notwithstanding the preceding sentence, six (6) months prior to the end of the Agreement, Contractor shall indicate their willingness to renew for an additional term and shall provide rate changes, if any, in writing with full justification therefore and in accordance with Section 3(a)(ii) of this Agreement. The County, in its sole discretion, may elect to renew for an additional term as herein provided.

2. Services. The Contractor shall provide health insurance coverage to eligible County employees hired after April 1, 2014 (the "Services"). The health insurance coverage provided by the Contractor under this Agreement shall be in accordance with the plan design and benefits attached hereto as Appendix A. Such plan design and benefits shall be maintained in a manner that is the same or substantially similar to the benefits contained in The Empire Plan with Core Plus ("The Empire Plan"), as made available by the New York State Health Insurance Program.

3. Payment. (a) Amount of Consideration. (i) The amount to be paid to the Contractor as full consideration for the Contractor's Services under this Agreement shall

be six hundred sixty six dollars and three cents (\$666.03) for individual coverage per month for each enrolled employee and one thousand four hundred ninety six dollars and fifty cents (\$1,496.50) for family coverage per month for each enrolled employee, which is more fully described in the attached Appendix A. Such rates shall be in effect during the 2016 Agreement year.

(ii) The Contractor may propose rate changes in subsequent Agreement years, provided, however: (1) the County, through the Department, consents to the rate change; (2) such rate changes are substantiated to the satisfaction of the County; (3) the rate change is based on actual claim experience for the prior Agreement year(s); (4) throughout the term of this Agreement, the Contractor shall provide such benefits at a cost that is equal to or less than Eighty-five Percent (85%) of the current premium cost (individual or family, as appropriate) under The Empire Plan; and (5) the 2017 Agreement year rate increase, if any, will be capped at a 15% increase over the 2016 Agreement Year rates.

(iii) The County shall report to the Contractor the number of enrolled participants approximately one (1) week prior to the end of each month.

(b) Vouchers; Voucher Review, Approval and Audit. Payments shall be made to the Contractor in arrears and shall be contingent upon (i) the Contractor submitting a claim voucher (the "Voucher") in a form satisfactory to the County, that (a) states with reasonable specificity the services provided and the payment requested as consideration for such services, (b) certifies that the services rendered and the payment requested are in accordance with this Agreement, and (c) is accompanied by documentation satisfactory to the County supporting the amount claimed, and (ii) review, approval and audit of the Voucher by the Department and/or the County Comptroller or his or her duly designated representative (the "Comptroller").

(c) Timing of Payment Claims. The Contractor shall submit claims no later than three (3) months following the County's receipt of the services that are the subject of the claim and no more frequently than once a month.

(d) No Duplication of Payments. Payments under this Agreement shall not duplicate payments for any work performed or to be performed under other agreements between the Contractor and any funding source including the County.

(e) Payments in Connection with Termination or Notice of Termination. Unless a provision of this Agreement expressly states otherwise, payments to the Contractor following the termination of this Agreement shall not exceed payments made as consideration for services that were (i) performed prior to termination, (ii) authorized by this Agreement to be performed, and (iii) not performed after the Contractor received notice that the County did not desire to receive such services.

4. Independent Contractor. The Contractor is an independent contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant,

agent or independent contractor of the Contractor (a "Contractor Agent"), be (i) deemed a County employee, (ii) commit the County to any obligation, or (iii) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "Person" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).

5. No Arrears or Default. The Contractor is not in arrears to the County upon any debt or contract and it is not in default as surety, contractor, or otherwise upon any obligation to the County, including any obligation to pay taxes to, or perform services for or on behalf of, the County.

6. Compliance With Law. (a) Generally, The Contractor shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), confidentiality and privacy requirements, conflicts of interest, discrimination, and disclosure of information, in connection with its performance under this Agreement. In furtherance of the foregoing, the Contractor is bound by and shall comply with the terms of Appendix EE attached hereto. As used in this Agreement the word "Law" includes any and all statutes, local laws, ordinances, rules, regulations, applicable orders, and/or decrees, as the same may be amended from time to time, enacted, or adopted.

(b) Nassau County Living Wage Law. Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, the Contractor agrees as follows:

- (i) Contractor shall comply with the applicable requirements of the Living Wage Law, as amended;
- (ii) Failure to comply with the Living Wage Law, as amended, may constitute a material breach of this Agreement, the occurrence of which shall be determined solely by the County. Contractor has the right to cure such breach within thirty days of receipt of notice of breach from the County. In the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.
- (iii) It shall be a continuing obligation of the Contractor to inform the County of any material changes in the content of its certification of compliance, attached to this Agreement as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.

(c) Records Access. The parties acknowledge and agree that all records, information, and data ("Information") acquired in connection with performance or administration of this Agreement shall be used and disclosed solely for the purpose of performance and administration of the contract or as required by law. The Contractor acknowledges that Contractor Information in the County's possession may be subject to disclosure under Section 87 of the New York State Public Officer's Law. In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify the Contractor of such request prior to disclosure of the Information so that the Contractor may take such action as it deems appropriate.

(d) Protected Information. The Contractors acknowledges and agrees that the employee information that the Contractor acquires in connection with performance under this Agreement is strictly confidential, shall be held in the strictest confidence and in accordance with all federal, state and local laws, and shall be used solely for the purpose of performing services for or on behalf of the County. Such confidential information shall not be disclosed to third parties except (i) as permitted under this Agreement, or (ii) in accordance with Law or (iii) upon legal compulsion. The provisions of this section shall survive the termination of this Agreement and any breach of these provisions during the term of this Agreement shall be cause for immediate termination of this Agreement. Nothing contained in the foregoing sentence shall be constructed in any way to limit the County's rights and remedies under the law.

(e) Patient Protection and Affordable Care Act Compliance. The Contractor represents that the health insurance plan provided under this Agreement is in compliance with the Patient Protection and Affordable Care Act and meets the Minimum Essential Coverage standards thereunder.

7. Minimum Service Standards. Regardless of whether required by Law: (a) The Contractor shall, and shall cause Contractor Agents to, conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.

(b) The Contractor shall deliver Services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all approvals, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.

8. Indemnification; Defense; Cooperation. (a) The Contractor shall be solely responsible for and shall indemnify and hold harmless the County, the Department and its officers, employees, and agents (the "Indemnified Parties") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("Losses"), arising out of or in connection with any acts or omissions of the Contractor or a Contractor Agent, regardless of whether due to

negligence, fault, or default, including Losses in connection with any threatened investigation, litigation or other proceeding or preparing a defense to or prosecuting the same; provided, however, that the Contractor shall not be responsible for that portion, if any, of a Loss that is caused by the negligence of the County.

(b) The Contractor shall, upon the County's demand and at the County's direction, promptly and diligently defend, at the Contractor's own risk and expense, any and all suits, actions, or proceedings which may be brought or instituted against one or more Indemnified Parties for which the Contractor is responsible under this Section, and, further to the Contractor's indemnification obligations, the Contractor shall pay and satisfy any judgment, decree, loss or settlement in connection therewith.

(c) The Contractor shall, and shall cause Contractor Agents to, cooperate with the County and the Department in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement, including the acts or omissions of the Contractor and/or a Contractor Agent in connection with this Agreement.

(d) The provisions of this Section shall survive the termination of this Agreement.

9. Insurance. (a) Types and Amounts. The Contractor shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" as an additional insured and have a minimum single combined limit of liability of not less than One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) aggregate coverage, (ii) if contracting in whole or part to provide professional services, one or more policies for professional liability insurance, which policy(ies) shall have a minimum single limit liability of not less One Million Dollars (\$1,000,000.00) per claim (iii) compensation insurance for the benefit of the Contractor's employees ("Workers' Compensation Insurance"), which insurance is in compliance with the New York State Workers' Compensation Law, and (iv) such additional insurance as the County may from time to time specify.

(b) Acceptability; Deductibles; Subcontractors. All insurance obtained and maintained by the Contractor pursuant to this Agreement shall be (i) written by one or more commercial insurance carriers licensed to do business in New York State and acceptable to the County, and which is (ii) in form and substance acceptable to the County. The Contractor shall be solely responsible for the payment of all deductibles to which such policies are subject. The Contractor shall require any subcontractor hired in connection with this Agreement to carry insurance with the same limits and provisions required to be carried by the Contractor under this Agreement.

(c) Delivery; Coverage Change; No Inconsistent Action. Prior to the execution of this Agreement, copies of current certificates of insurance evidencing the insurance coverage required by this Agreement shall be delivered to the Department. Not less than

thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened reduction or cancellation of coverage under, any insurance required hereunder, the Contractor shall provide written notice to the Department of the same and deliver to the Department renewal or replacement certificates of insurance. The Contractor shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take or omit to take any action that would suspend or invalidate any of the required coverages. The failure of the Contractor to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of the Contractor to maintain the other required coverages shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.

10. Assignment; Amendment; Waiver; Subcontracting. This Agreement and the rights and obligations hereunder may not be in whole or part (i) assigned, transferred or disposed of, (ii) amended, (iii) waived, or (iv) subcontracted, without the prior written consent of the County Executive or his or her duly designated deputy (the "County Executive"), and any purported assignment, other disposal or modification without such prior written consent shall be null and void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.

11. Termination. (a) Generally. This Agreement may be terminated (i) for any reason by the County upon thirty (30) days' written notice to the Contractor, (ii) for "Cause" by the County immediately upon the receipt by the Contractor of written notice of termination, (iii) upon mutual written Agreement of the County and the Contractor, and (iv) in accordance with any other provisions of this Agreement expressly addressing termination.

As used in this Agreement the word "Cause" includes: (i) a breach of this Agreement; (ii) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (iii) the termination or impending termination of federal or state funding for the services to be provided under this Agreement.

(b) By the Contractor. This Agreement may be terminated by the Contractor if performance becomes impracticable through no fault of the Contractor, where the impracticability relates to the Contractor's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by the Contractor delivering to the commissioner or other head of the Department (the "Commissioner"), at least sixty (60) days prior to the termination date (or a shorter period if sixty days' notice is impossible), a notice stating (i) that the Contractor is terminating this Agreement in accordance with this subsection, (ii) the date as of which this Agreement will terminate, and (iii) the facts giving rise to the Contractor's right to terminate under this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who

oversees the administration of the Department (the "Applicable DCE") on the same day that notice is given to the Commissioner.

(c) Contractor Assistance upon Termination. In connection with the termination or impending termination of this Agreement the Contractor shall, regardless of the reason for termination, take all actions reasonably requested by the County (including those set forth in other provisions of this Agreement) to assist the County in transitioning the Contractor's responsibilities under this Agreement. The provisions of this subsection shall survive the termination of this Agreement.

12. Accounting Procedures; Records. The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("Records"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the federal Office of Management & Budget Circular A-122, "Cost Principles for Non-Profit Organizations." Such Records shall at all times be available for audit and inspection by the Comptroller, the Department, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.

13. Limitations on Actions and Special Proceedings against the County. No action or special proceeding shall lie or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreement unless:

(a) Notice. At least thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Applicable DCE for adjustment and the County shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. The Contractor shall send or deliver copies of the documents presented to the Applicable DCE under this Section to each of (i) the Department and the (ii) the County Attorney (at the address specified above for the County) on the same day that documents are sent or delivered to the Applicable DCE. The complaint or necessary moving papers of the Contractor shall allege that the above-described actions and inactions preceded the Contractor's action or special proceeding against the County.

(b) Time Limitation. Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, and (ii) the time specified in any other provision of this Agreement.

14. Work Performance Liability. The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.

15. Consent to Jurisdiction and Venue; Governing Law. Unless otherwise specified in this Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.

16. Notices. Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be (a) in writing, (b) delivered or sent (i) by hand delivery, evidenced by a signed, dated receipt, (ii) postage prepaid via certified mail, return receipt requested, or (iii) overnight delivery via a nationally recognized courier service, (c) deemed given or made on the date the delivery receipt was signed by a County employee, three (3) business days after it is mailed or one (1) business day after it is released to a courier service, as applicable, and (d)(i) if to the Department, to the attention of the Commissioner at the address specified above for the Department, (ii) if to an Applicable DCE, to the attention of the Applicable DCE (whose name the Contractor shall obtain from the Department) at the address specified above for the County, (iii) if to the Comptroller, to the attention of the Comptroller at 240 Old Country Road, Mineola, NY 11501, and (iv) if to the Contractor, to the attention of the person who executed this Agreement on behalf of the Contractor at the address specified above for the Contractor, or in each case to such other persons or addresses as shall be designated by written notice.

17. All Legal Provisions Deemed Included; Severability; Supremacy. (a) Every provision required by Law to be inserted into or referenced by this Agreement is intended to be a part of this Agreement. If any such provision is not inserted or referenced or is not inserted or referenced in correct form then (i) such provision shall be deemed inserted into or referenced by this Agreement for purposes of interpretation and (ii) upon the application of either party this Agreement shall be formally amended to comply strictly with the Law, without prejudice to the rights of either party.

(b) In the event that any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

(c) Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and conditions set forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms

and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.

(d) Each party has cooperated in the negotiation and preparation of this Agreement. Therefore, in the event that construction of this Agreement occurs, it shall not be construed against either party as drafter.

18. Section and Other Headings. The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

19. Administrative Service Charge. The Contractor agrees to pay the County an administrative service charge of Five Hundred Thirty-three Dollars (\$533.00) for the processing of this Agreement pursuant to Ordinance Number 74-1979, as amended by Ordinance Number 128-2006. The administrative service charge shall be due and payable to the County by the Contractor upon signing this Agreement.

20. Executory Clause. Notwithstanding any other provision of this Agreement:

(a) Approval and Execution. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all County approvals, third party approvals and other governmental approvals have been obtained, including, if required, approval by the County Legislature, and (ii) this Agreement has been executed by the County Executive (as defined in this Agreement).

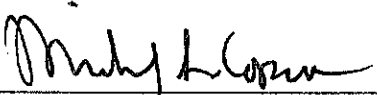
(b) Availability of Funds. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement, and, if any portion of the funds for this Agreement are from the state and/or federal governments, then beyond funds available to the County from the state and/or federal governments.

21. Entire Agreement. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supersedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.

[Remainder of Page Intentionally Left Blank.]

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

AETNA LIFE INSURANCE COMPANY

By: 
Name: Michael S. Copeck
Title: Assistant Vice President & Actuary
Date: 11/30/2015

NASSAU COUNTY

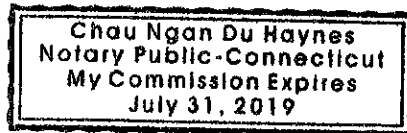
By: _____
Name: _____
Title: County Executive
☐ Deputy County Executive
Date: _____

PLEASE EXECUTE IN **BLUE** INK

STATE OF Connecticut)
) ss,:
COUNTY OF Hartford)

On the 30th day of November in the year 20 15 before me personally came Michael S. Copeck to me personally known, who, being by me duly sworn, is the Assistant Secretary of Aetna Life Insurance Company the corporation described herein and which executed the above instrument, and that he or she signed his or her name thereto by authority of the board of directors of said corporation,

Chau Ngan Du Haynes
NOTARY PUBLIC



STATE OF NEW YORK)
) ss,:
COUNTY OF NASSAU)

On the ____ day of _____ in the year 20__ before me personally came _____ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of _____; that he or she is the Chief Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument, and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

APPENDIX A

See attached Plan Design



PLAN DESIGN

Customer Name: County of Nassau

Proposed Effective Date: 01-01-2016

Plan: Open Access® Managed Choice® POS - New York

Specialty Networks Included: None Quoted

Organization Name: Aetna



County of Nassau

Proposed Effective Date: 01-01-2016

Open Access® Managed Choice® POS - New York

PLAN DESIGN & BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Deductible (per calendar year)	None	\$1,000 Individual
	None	\$2,000 Family
Only out-of-network covered expenses accumulate toward the non-preferred Deductible. Unless otherwise indicated, the deductible must be met prior to benefits being payable. Member cost sharing for certain services, as indicated in the plan, are excluded from charges to meet the Deductible. Pharmacy expenses do not apply towards the Deductible. The family Deductible is a cumulative Deductible for all family members. The family Deductible can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount.		
Member Coinsurance	Covered 100%	20%
Applies to all expenses unless otherwise stated.		
Payment Limit (per calendar year)	\$3,000 Individual	\$6,600 Individual
	\$6,000 Family	\$13,200 Family
All covered expenses accumulate simultaneously toward the preferred or non-preferred Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit. Pharmacy expenses apply towards the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, copays, and deductibles (except any penalty amounts) may be used to satisfy the Payment Limit. The family Payment Limit is a cumulative Payment Limit for all family members. The family Payment Limit can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Payment Limit amount.		
Lifetime Maximum		
Unlimited except where otherwise indicated.		
Payment for Non-Preferred	Not Applicable	Professional: 110% of Medicare Facility: 140% of Medicare

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much we will pay for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care. As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital. When you choose out-of-network care, we will limit the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, we "recognize" an amount based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much we "recognize" depends on the plan you or your employer picks. Your out-of-network doctor sets the rate to charge you. It may be higher -- sometimes much higher -- than what your plan "recognizes" or "allows." Your doctor may bill you for the dollar amount that we don't recognize. You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward your deductible or maximum out-of-pocket. To learn more about how we pay out-of-network benefits visit our website. You can avoid these extra costs by getting your care from our broad network of health care providers. This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your plan's copayments, coinsurance and deductibles for your in-network level of benefits. Contact us if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.



County of Nassau

Proposed Effective Date: 01-01-2016

Open Access® Managed Choice® POS - New York

PLAN DESIGN & BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

Primary Care Physician Selection	Optional	Not Applicable
Certification Requirements - Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$400 per occurrence.		
Referral Requirement	None	None
PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
Routine Adult Physical Exams/Immunizations 1 exam per calendar year up to age 65, 1 exam per calendar year age 65 and older	Covered 100%	20%; after deductible
Routine Well Child Exams/Immunizations 7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per calendar year thereafter to age 22.	Covered 100%	Covered 100%; deductible waived
Routine Gynecological Care Exams 2 exams per calendar year. Includes routine tests and related lab fees.	Covered 100%	20%; after deductible
Routine Mammograms	Covered 100%	20%; after deductible
Women's Health Includes: Screening for gestational diabetes, HPV (Human Papillomavirus) DNA testing, counseling for sexually transmitted infections, counseling and screening for human immunodeficiency virus, screening and counseling for interpersonal and domestic violence, breastfeeding support, supplies and counseling. Contraceptive methods, sterilization procedures, patient education and counseling. Limitations may apply.	Covered 100%	20%; after deductible
Routine Digital Rectal Exam	Covered 100%	20%; after deductible
Prostate-specific Antigen Test	Covered 100%	20%; after deductible
Colorectal Cancer Screening Recommended: For all members age 50 and over.	Covered 100%	Covered under Routine Adult Exams
Routine Eye Exams 1 routine exam per 24 months.	Covered 100%	20%; after deductible
Routine Hearing Screening	Covered 100%	20%; after deductible



**PLAN DESIGN & BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY**

PHYSICIAN SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits to PCP Includes services of an internist, general physician, family practitioner or pediatrician.	\$20 copay	20%; after deductible
Specialist Office Visits	\$20 copay	20%; after deductible
Audiometric Hearing Exam	\$20 copay	20%; after deductible
Pre-Natal Maternity	Covered 100%	Covered according to standard claim practice.
Walk-in Clinics Walk-in Clinics are network, free-standing health care facilities. They are an alternative to a physician's office visit for treatment of unscheduled, non-emergency illnesses and injuries and the administration of certain immunizations. It is not an alternative for emergency room services or the ongoing care provided by a physician. Neither an emergency room, nor the outpatient department of a hospital, shall be considered a Walk-in Clinic.	\$20 copay	20%; after deductible
Allergy Testing	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Allergy Injections	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
DIAGNOSTIC PROCEDURES	IN-NETWORK	OUT-OF-NETWORK
Diagnostic X-ray If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%	10%; after deductible
Diagnostic Laboratory If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing.	Covered 100%	10%; after deductible
Diagnostic Outpatient Complex Imaging	Covered 100%	10%; after deductible
EMERGENCY MEDICAL CARE	IN-NETWORK	OUT-OF-NETWORK
Urgent Care Provider	\$20 copay	10%; after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room Copay waived if admitted	\$70 copay	Same as in-network care
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered
Emergency Use of Ambulance	Covered 100%	Same as in-network care
Non-Emergency Use of Ambulance	Not Covered	Not Covered



County of Nassau
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Open Access® Managed Choice® POS - New York

PLAN DESIGN & BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	Covered 100%	10%; after deductible
Inpatient Maternity Coverage (includes delivery and postpartum care) The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	Covered 100%	10%; after deductible
Outpatient Hospital Expenses The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	Covered 100%	10%; after deductible
Outpatient Surgery The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	Covered 100%	10%; after deductible
Outpatient Surgery - Freestanding Facility The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	Covered 100%	10%; after deductible
MENTAL HEALTH SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	Covered 100%	10%; after deductible
Outpatient The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	\$20 copay	10%; after deductible
Crisis Intervention Services	\$20 copay	20%; after deductible
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient Member cost sharing is based on the type of service performed and the place of service where it is rendered	Covered 100%	10%; after deductible
Residential Treatment Facility	Covered 100%	10%; after deductible
Outpatient The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	\$20 copay	20%; after deductible
OTHER SERVICES	IN-NETWORK	OUT-OF-NETWORK
Convalescent Facility Limited to 60 days per calendar year. The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	Covered 100%	10%; after deductible
Home Health Care Limited to 40 visits per calendar year. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	Covered 100%	20%; after deductible
Hospice Care - Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	Covered 100%	10%; after deductible
Hospice Care - Outpatient The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.	Covered 100%	10%; after deductible
Private Duty Nursing - Outpatient	Covered 100%	20%; after deductible
Outpatient Speech Therapy Limited to 30 visits per calendar year. Unlimited for early intervention services from birth to age 3.	\$20 copay	20%; after deductible



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Outpatient Physical and Occupational Therapy	\$20 copay	20%; after deductible
Limited to 60 visits per calendar year combined, unlimited for early intervention services from birth to age 3.		
Autism Behavioral Therapy	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health
Covered same as any other Outpatient Mental Health benefit		
Autism Applied Behavior Analysis	Refer to MBH Outpatient Mental Health	Refer to MBH Outpatient Mental Health
Covered same as any other Outpatient Mental Health benefit with no visit limits or age restrictions up to 680 hours per a calendar year.		
Autism Physical Therapy	\$20 copay	20%; after deductible
Autism Occupational Therapy	\$20 copay	20%; after deductible
Autism Speech Therapy	\$20 copay	20%; after deductible
Spinal Manipulation Therapy	\$20 copay	20%; after deductible
Hearing Aids	Covered 100%	20%; after deductible
Durable Medical Equipment	Covered 100%	20%; after deductible
Diabetic Supplies	Covered same as PCP office visit cost sharing	Covered same as any other medical expense.
Fertility Drugs (oral and injectable)	Covered 100%	20%; after deductible
Physician charges included (oral and injectable fertility drugs obtained at a pharmacy are covered under the Rx plan).		
Contraceptive drugs and devices not obtainable at a pharmacy	Covered 100%	Covered same as any other expense.
Generic FDA-approved Women's Contraceptives	Covered 100%	20%; after deductible
Transplants	Covered 100%	10%; after deductible
	Preferred coverage is provided at an IOE contracted facility only.	Non-Preferred coverage is provided at a Non-IOE facility.
Bariatric Surgery	Covered 100%	10%; after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		



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FAMILY PLANNING	IN-NETWORK	OUT-OF-NETWORK
Infertility Treatment	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Diagnosis and treatment of the underlying medical condition.		
Comprehensive Infertility Services	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Coverage includes Artificial Insemination and Ovulation Induction.		
Advanced Reproductive Technology (ART)	Not Covered	Not Covered
ART coverage includes: In vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI) or ovum microsurgery.		
Vasectomy	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered
Tubal Ligation	Covered 100%	Member cost sharing is based on the type of service performed and the place of service where it is rendered
PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Pharmacy Plan Type	Aetna Premier Plus Open Formulary	
Retail	\$5 copay for generic drugs, \$25 copay for preferred brand-name drugs, and \$45 copay for non-preferred brand-name drugs up to a 30 day supply at participating pharmacies.	20% of submitted cost; after applicable copay
	\$10 copay for generic drugs, Up to a 31-90 day supply at participating pharmacies for Retail.	
Mail Order	\$5 copay for generic drugs, \$50 copay for preferred brand-name drugs, and \$90 copay for non-preferred brand-name drugs. Up to a 31-90 day supply for Mail Order from Aetna Rx Home Delivery®.	Not Applicable
Aetna Premier Plus Specialty Drugs	\$5 copay for generic drugs, \$25 copay for preferred brand-name drugs, and \$45 copay for non-preferred brand-name drugs up to a 30 day supply at participating pharmacies.	Not Applicable

Aetna Premier Plus Specialty Drug List

First prescription fill at any retail drug facility. Subsequent fills must be through our preferred Aetna Specialty Pharmacy network.



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PLAN DESIGN & BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY

Choose Generics with Dispense as Written (DAW) override - The member pays the applicable copay only, if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

Plan Includes: Diabetic supplies and medication covered at PCP cost sharing and Contraceptive drugs and devices obtainable from a pharmacy.

Performance Enhancing Drugs limited to 6 tablets per 30 day/month.

Oral and injectable fertility drugs included (physician charges for injections are not covered under RX, medical coverage is limited).

One transition fill allowed within 90 days of member's effective date

Formulary Generic FDA-approved Women's Contraceptives and certain over-the-counter preventive medications covered 100% in network.



**PLAN DESIGN & BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY**

GENERAL PROVISIONS

Dependents Eligibility

Spouse, children from birth to age 26 regardless of student status.

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not our agents. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally *not covered*. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval.
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling or prescription drugs.
- Therapy or rehabilitation other than those listed as covered.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.



County of Nassau

Proposed Effective Date: 01-01-2016

Open Access® Managed Choice® POS - New York

**PLAN DESIGN & BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY**

Translation of the material into another language may be available. Please call Member Services at **1-888-982-3862**.

Puede estar disponible la traducción de este material en otro idioma. Por favor llame a Servicios al Miembro al **1-888-982-3862**.

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to www.aetna.com.

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Appendix EE

Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional anti-discrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

(a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.

(b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.

(c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.

(e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.

(f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best Efforts Checklist.

(g) Contractors for projects under the supervision of the

County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.

(h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.

(i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.

(j) Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.

(k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.

(l) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:

- a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.
- b. If efforts to resolve such matter to the satisfaction of all parties are

unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.

- c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrators award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").

(m) The contractor shall provide contracting agency with information regarding all subcontracts awarded under any County Contract, including the amount of compensation paid to each Subcontractor and shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

Failure to comply with provisions (a) through (m) above, as ultimately determined by the Executive Director, shall be a material breach of the contract constituting grounds for immediate termination. Once a final determination of failure to comply has been reached by the Executive Director, the determination of whether to terminate a contract shall rest with the Deputy County Executive with oversight responsibility for the contracting agency.

Provisions (a), (b) and (c) shall not be binding upon Contractors or Subcontractors in the performance of work or the provision of services or any other activity that are unrelated, separate, or distinct from the County Contract as expressed by its terms.

The requirements of the provisions (a), (b) and (c) shall not apply to any employment or application for employment outside of this County or solicitations or advertisements therefor or any existing programs of affirmative action regarding employment outside of this County and the effect of contract provisions required by these provisions (a), (b) and (c) shall be so limited.

The Contractor shall include provisions (a), (b) and (c) in every Subcontract in such a manner that these provisions shall be binding upon each Subcontractor as to work in connection with the County Contract.

As used in this Appendix EE the term “Best Efforts Checklist” shall mean a list signed by the Contractor, listing the procedures it has undertaken to procure Subcontractors in accordance with this Appendix EE.

As used in this Appendix EE the term “County Contract” shall mean (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars (\$25,000), whereby a County contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the County; or (ii) a written agreement in excess of one hundred thousand dollars (\$100,000), whereby a County contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon. However, the term “County Contract” does not include agreements or orders for the following services: banking services, insurance policies or contracts, or contracts with a County contracting agency for the sale of bonds, notes or other securities.

As used in this Appendix EE the term “County Contractor” means an individual, business enterprise, including sole proprietorship, partnership, corporation, not-for-profit corporation, or any other person or entity other than the County, whether a contractor, licensor, licensee or any other party, that is (i) a party to a County Contract, (ii) a bidder in connection with the award of a County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

As used in this Appendix EE the term “County Contractor” shall mean a person or firm who will manage and be responsible for an entire contracted project.

As used in this Appendix EE “Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises” shall include, but is not limited to the following:

- a. Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County Contractor’s affidavit with a notary’s signature and stamp shall be required as part of the documentation.
- b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation
- c. Proof or affidavit of follow-up of telephone calls with potential M/WBE

subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation

- d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.
- e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.
- f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance. The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation
- g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.
- h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation
- i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

As used in this Appendix EE the term "Executive Director" shall mean the Executive Director of the Nassau County Office of Minority Affairs; provided, however, that Executive Director shall include a designee of the Executive Director except in the case of final determinations issued pursuant to Section (a) through (l) of these rules.

As used in this Appendix EE the term "Subcontract" shall mean an agreement consisting of part or parts of the contracted work of the County Contractor.

As used in this Appendix EE, the term "Subcontractor" shall mean a person or firm who performs part or parts of the contracted work of a prime contractor providing services, including construction services, to the County pursuant to a county contract. Subcontractor shall include a person or firm that provides labor, professional or other services, materials or supplies to a prime contractor that are necessary for the prime contractor to fulfill its obligations to provide services to the County pursuant to a county contract. Subcontractor shall not include a supplier of materials to a contractor who has contracted to provide goods but no services to the County, nor a supplier of incidental materials to a contractor, such as office supplies, tools and other items of

nominal cost that are utilized in the performance of a service contract.

Provisions requiring contractors to retain or submit documentation of best efforts to utilize certified subcontractors and requiring Department head approval prior to subcontracting shall not apply to inter-governmental agreements. In addition, the tracking of expenditures of County dollars by not-for-profit corporations, other municipalities, States, or the federal government is not required.

Appendix L

Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

- Assistant Vice President & Actuary
1. The ~~chief executive officer~~ of the Contractor is:

Michael S. Copeck (Name)

151 Farmington Avenue, Hartford, CT 06156 (Address)

860-273-0123 (Telephone Number)

2. The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the Contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such Contractor establishes to the satisfaction of the Department that at the time of execution of this Agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor

3. In the past five years, Contractor _____ has X has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:

4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action _____ has X has not been commenced against or relating to the Contractor in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been

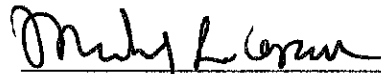
commenced, describe below:

5. Contractor agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

11/30/2015

Dated



Signature of ~~Chief Executive Officer~~

Assistant Vice President & Actuary

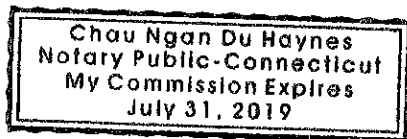
Michael S. Copeck

Name of ~~Chief Executive Officer~~

Assistant Vice President & Actuary

Sworn to before me this

30th day of November, 2015.


Notary Public

Appendix D- Consultants, Contractors and Vendors Disclosure Form**CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM**

1. Name of the Entity: Aetna Life Insurance Company (ALIC)
Address: 151 Farmington Avenue,
City, State and Zip Code: Hartford, CT 06156
2. Entity's Vendor Identification Number: Federal ID Number: 06-6033492
3. Type of Business: ☒ Public Corp ☐ Partnership ☐ Joint Venture
☐ Ltd. Liability Co ☐ Closely Held Corp ☐ Other (specify)
4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):

Principal Officers for Aetna, Inc.

Mark T. Bertolini
Chairman and Chief Executive Officer

Karen S. Rohan
President

Joseph M. Zubretsky
Senior Executive Vice President, National Businesses

Margaret M. McCarthy
Executive Vice President, Innovation, Technology & Service Operations

Hal Paz
Executive Vice President and Chief Medical Officer

William J. Casazza
Executive Vice President and General Counsel

Appendix D- Consultants, Contractors and Vendors Disclosure Form

Fran Soistman
Executive Vice President, Government Businesses

Shawn M. Guertin
Executive Vice President, Chief Financial Officer and Chief Enterprise Risk Officer

Principal Officers for Aetna Life Insurance Company

Mark T. Bertolini
Chairman, Chief Executive Officer and President

Joseph M. Zubretsky
Senior Executive Vice President, National Businesses

William J. Casazza
Executive Vice President and General Counsel
Shawn M. Guertin
Executive Vice President, Chief Financial Officer and Chief Enterprise Risk Officer

Judith H. Jones
Vice President and Corporate Secretary

Jean C. LaTorre
Vice President, Chief Investment Officer

Rajan Parmeswar
Vice President, Controller and Chief Controlling Officer

David Buda
Vice President, Finance and Treasurer

David T. Doherty
Vice President, Head of Internal Audit

Appendix D- Consultants, Contractors and Vendors Disclosure Form

5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section.
-

Aetna makes available free of charge through its website at www.aetna.com its Annual Reports on Form 10-K.

Please refer to the Samples and Brochures section of this proposal for our 2014 Financial Annual Report.

6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.
-

Listed below are subsidiaries of Aetna Inc. at December 31, 2013 with their jurisdictions of organization shown in parentheses. Subsidiaries excluded from the list below would not, in the aggregate, constitute a "significant subsidiary" of Aetna Inc., as that term is defined in Rule 1-02(w) of Regulation S-X.

- Aetna Health Holdings, LLC (Delaware)
 - Aetna Health of California Inc. (California)
 - Aetna Health Inc. (Connecticut)
 - Aetna Health Inc. (Florida)
 - Aetna Health Inc. (Georgia)
 - Aetna Health Inc. (Maine)
 - Aetna Health Inc. (Michigan)
 - Aetna Health Inc. (New Jersey)
 - Aetna Health Inc. (New York)
 - Aetna Better Health Inc. (New York)
 - Aetna Health Inc. (Pennsylvania)
 - Aetna Health Inc. (Texas)
 - Aetna Better Health of Texas Inc. (Texas)

Appendix D- Consultants, Contractors and Vendors Disclosure Form

- Aetna Better Health Inc. (Georgia)
- Aetna Dental of California Inc. (California)
- Aetna Dental Inc. (New Jersey)
- Aetna Dental Inc. (Texas)
- Aetna Health Finance, Inc. (Delaware)
- Aetna Rx Home Delivery, LLC (Delaware)
- Aetna Health Management, LLC (Delaware)
- Aetna Ireland Inc. (Delaware)
- Chickering Claims Administrators, Inc. (Massachusetts)
- Aetna Specialty Pharmacy, LLC (Delaware)
- Cofinity, Inc. (Delaware)
- @Credentials Inc. (Delaware)
- Strategic Resource Company (South Carolina)
- Aetna Better Health Inc. (Pennsylvania)
- Aetna Better Health Inc. (Connecticut)
- Aetna Better Health Inc. (Illinois)
- Aetna Better Health, Inc. (Louisiana)
- Aetna Better Health Inc. (Florida)
- Aetna Better Health Inc. (Ohio)
- Aetna Better Health Inc. (New Jersey)
- Aetna Risk Assurance Company of Connecticut, Inc. (Connecticut)
- Aetna Student Health Agency Inc. (Massachusetts)
- Delaware Physicians Care, Incorporated (Delaware)
- Schaller Anderson Medical Administrators, Incorporated (Delaware)
- Aetna Medicaid Administrators LLC (Arizona)
- iTriage, LLC (Delaware)
- bSwift LLC (Illinois)
- Corporate Benefit Strategies, Inc. (Delaware)
- Prodigy Health Group, Inc. (Delaware)
- Niagara Re, Inc. (New York)
- Performax, Inc. (Delaware)
- Scrip World, LLC (Utah)
- Precision Benefit Services, Inc. (Delaware)
- American Health Holding, Inc. (Ohio)
- Meritain Health, Inc. (New York)
- ADMINCO, Inc. (Arizona)
- Administrative Enterprises, Inc. (Arizona)
- U.S Healthcare Holdings, LLC (Ohio)
- Prime Net, Inc. (Ohio)
- Professional Risk Management, Inc. (Ohio)
 - Coventry Financial Management Services, Inc. (Delaware)

Appendix D- Consultants, Contractors and Vendors Disclosure Form

- Coventry Health Care of Delaware, Inc. (Delaware)
- Coventry Health Care of Georgia, Inc. (Georgia)
- Coventry Transplant Network, Inc. (Delaware)
- Coventry Health Care of Pennsylvania, Inc. (Pennsylvania)
- Coventry Health Care of Iowa, Inc. (Iowa)
- Coventry Health Care of Nebraska, Inc. (Nebraska)
- Coventry Health Care of Louisiana, Inc. (Louisiana)
- HealthAmerica Pennsylvania, Inc. (Pennsylvania)
- HealthAssurance Pennsylvania, Inc. (Pennsylvania)
- Coventry Prescription Management Services Inc. (Nevada)
- Coventry Health and Life Insurance Company (Missouri)
- Coventry Health Care of Virginia, Inc. (Virginia)
- Coventry Health Care of Missouri, Inc. (Missouri)
- HealthCare USA of Missouri, LLC (Missouri)
- Coventry Health Care of Illinois, Inc. (Illinois)
- Coventry Health Care of West Virginia, Inc. (West Virginia)
- Coventry Health Care of the Carolinas, Inc. (North Carolina)
- Coventry HealthCare Management Corporation (Delaware)
- Coventry Health Care of Kansas, Inc. (Kansas)
- Coventry Health Care National Accounts, Inc. (Delaware)
- Coventry Health Care of Texas, Inc. (Texas)
- Aetna Better Health of Michigan Inc. (Michigan)
- Aetna Health of Utah Inc. (Utah)
- HealthAssurance Financial Services, Inc. (Delaware)
- Aetna Better Health Inc. (Tennessee)
- Coventry Health Care National Network, Inc. (Delaware)
- Coventry Consumer Advantage, inc. (Delaware)
- MHNet Specialty Services, LLC (Maryland)
- Mental Health Network of New York IPA, Inc. (New York)
- Mental Health Associates, Inc. (Louisiana)
- MHNet of Florida, Inc. (Florida)
- MHNet Life and Health Insurance Company (Texas)
- Group Dental Service, Inc. (Maryland)
- Group Dental Service of Maryland, Inc. (Maryland)
- Florida Health Plan Administrators, LLC (Florida)
- Coventry Health Care of Florida, Inc. (Florida)
- Carefree Insurance Services, Inc. (Florida)
- Coventry Health Plan of Florida, Inc. (Florida)
- First Health Group Corp. (Delaware)
- First Health Life & Health Insurance Company (Texas)
- Claims Administration Corp. (Maryland)

Appendix D- Consultants, Contractors and Vendors Disclosure Form

- Cambridge Life Insurance Company (Missouri)
- Coventry Health Care Workers' Compensation, Inc. (Delaware)
- Coventry Rehabilitation Service, Inc. (Delaware)
- First Script Network, Inc. (Nevada)
- FOCUS Healthcare Management, Inc. (Tennessee)
- Medical Examinations of New York, P.C. (New York)
- MetraComp, Inc. (Connecticut)
- Continental Life Insurance Company of Brentwood, Tennessee (Tennessee)
 - American Continental Insurance Company (Tennessee)
- Aetna Life Insurance Company (Connecticut)
 - AHP Holdings, Inc. (Connecticut)
 - Aetna Insurance Company of Connecticut (Connecticut)
 - AE Fourteen, Incorporated (Connecticut)
 - Aetna Life Assignment Company (Connecticut)
 - Aetna ACO Holdings Inc. (Delaware)
 - Innovation Health Holdings, LLC (Delaware)
 - Innovation Health Insurance Company (Virginia)
 - Innovation Health Plan, Inc. (Virginia)
 - PE Holdings, LLC (Connecticut)
 - Azalea Mall, LLC (Delaware)
 - Canal Place, LLC (Delaware)
 - Aetna Ventures, LLC (Delaware)
 - Broadspire National Services, Inc. (Florida)
 - Aetna Multi-Strategy 1099 Fund (Delaware)
- Phoenix Data Center Hosting Services LLC (Delaware)
- Aetna Financial Holdings, LLC (Delaware)
 - Aetna Asset Advisors, LLC (Delaware)
 - U.S. Healthcare Properties, Inc. (Pennsylvania)
 - Aetna Capital Management, LLC (Delaware)
 - Aetna Partners Diversified Fund, LLC (Delaware)
 - Aetna Partners Diversified Fund (Cayman), Limited (Cayman)
 - Aetna Workers' Comp Access, LLC (Delaware)
 - Aetna Behavioral Health, LLC (Delaware)
 - Managed Care Coordinators, Inc. (Delaware)
 - Horizon Behavioral Services, LLC (Delaware)
 - Employee Assistance Services, LLC (Kentucky)
 - Health and Human Resource Center, Inc. (California)
 - Resources for Living, LLC (Texas)
 - The Vasquez Group Inc. (Illinois)
 - Work and Family Benefits, Inc. (New Jersey)
 - Aetna Card Solutions, LLC (Connecticut)

Appendix D- Consultants, Contractors and Vendors Disclosure Form

- PayFlex Holdings, Inc. (Delaware)
 - PayFlex Systems USA, Inc. (Nebraska)
 - Aetna Health and Life Insurance Company (Connecticut)
 - Aetna Health Insurance Company (Pennsylvania)
 - Aetna Health Insurance Company of New York (New York)
 - Aetna Risk Indemnity Company, Ltd. (Bermuda)
 - Aetna International Inc. (Connecticut)
 - Aetna Life & Casualty (Bermuda) Ltd. (Bermuda)
 - Aetna Health Services (UK) Limited (England & Wales)
 - Aetna Global Benefits (Bermuda) Limited (Bermuda)
 - Goodhealth Worldwide (Global) Limited (Bermuda)
 - Aetna Global Benefits (Europe) Limited (England & Wales)
 - Aetna Global Benefits (Asia Pacific) Limited (Hong Kong)
 - Goodhealth Worldwide (Asia) Limited (Hong Kong)
 - Aetna Global Benefits Limited (DIFC, UAE)
 - Spinnaker TopCo Limited (Bermuda)
 - Spinnaker BidCo Limited (England and Wales)
 - Aetna HoldCo (UK) Limited (England and Wales)
 - InterGlobal Japan Corporation Limited (Japan)
 - Aetna Global Benefits (UK) Limited (England and Wales)
 - Aetna Insurance Company Limited (England and Wales)
 - Aetna Insurance (Singapore) Pte. Ltd. (Singapore)
 - Aetna Health Insurance Company of Europe Limited (Ireland)
 - Aetna (Shanghai) Enterprise Services Co. Ltd. (China)
 - Aetna (Beijing) Enterprise Management Services Co., Ltd. (China)
 - Aetna Global Benefits (Singapore) PTE. LTD. (Singapore)
 - Indian Health Organisation Private Limited (India)
 - AUSHC Holdings, Inc. (Connecticut)
 - PHPSNE Parent Corporation (Delaware)
 - Active Health Management, Inc. (Delaware)
 - Health Data & Management Solutions, Inc. (Delaware)
 - Aetna Integrated Informatics, Inc. (Pennsylvania)
 - Health Re, Inc. (Vermont)
 - ASI Wings, LLC (Delaware)
 - Healthagen LLC
 - Medicity, Inc. (Delaware)
 - Novo Innovations, LLC (Delaware)
 - Allviant Corporation (Delaware)
-

Appendix D- Consultants, Contractors and Vendors Disclosure Form

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

- (a) Name, title, business address and telephone number of lobbyist(s):
-

Mr. Jeffrey Lovell, Managing Director

Park Strategies

101 Park Avenue, Suite 2506

New York, NY 10178

212.883.5608

- (b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.
-

Park Strategies is retained by Aetna to assist Aetna in arranging meetings to discuss Aetna's health insurance solutions with County, Municipal, and School Board entities in New York.

Appendix D- Consultants, Contractors and Vendors Disclosure Form

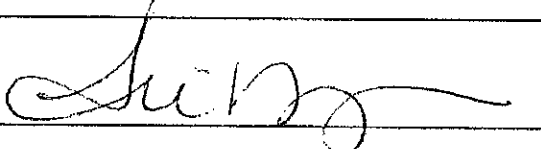
- (c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

Park Strategies is a registered lobbyist with Nassau County and the State of New York.

8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Confirmed.

Dated: September 15, 2015 Signed: 

Print Name: Tami Polsonetti

Title: Sales Director for Public & Labor Sector

Appendix D- Consultants, Contractors and Vendors Disclosure Form

The term **lobbying** shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

Noted.

APPENDIX H

CERTIFICATE OF COMPLIANCE

In compliance with Local Law 1-2006, as amended, the Proposer/Bidder hereby certifies the following:

1. The chief executive officer of the Proposer/Bidder is:

Tami Polsonetti (Name)

151 Farmington Avenue, Hartford, CT 06156 (Address)

(860) 273-0123 (Telephone Number)

2. The Proposer/Bidder agrees to comply with the requirements of the Nassau County Living Wage Law, and with all applicable federal, state and local laws.

Confirmed.

3. In the past five years, Proposer/Bidder _____ has X has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed by the Proposer/Bidder, describe below:

N/A

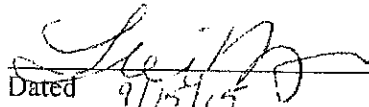
4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action _____ has X has not been commenced against or relating to the Proposer/Bidder in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been commenced, describe below:

N/A

5. Proposer/Bidder agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

Confirmed.

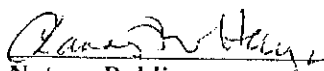
I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

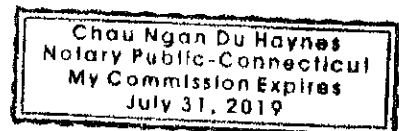

Dated 9/24/15
Signature of Chief Executive Officer

Tami Polsonetti
Name of Chief Executive Officer

Sworn to before me this

16 day of September, 2015


Notary Public



COUNTY OF NASSAU

LOBBYIST REGISTRATION AND DISCLOSURE FORM

1. Name of lobbyist(s)/lobbying organization: The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission; or to otherwise engage in lobbying activities as the term is defined herein. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

Philip M. Barbaro, Aetna employee (860) 273-8457
Thomas D. Doran, Aetna employee (973) 244-3636

2. List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

Philip M. Barbaro, Nassau County
Thomas D. Doran, Nassau County

3. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated:

Aetna, Inc.
151 Farmington Avenue
Hartford, CT 06156
(518) 451-3125

2015 SEP 24 P 1:33
RECEIVED
NASSAU COUNTY
CLERK OF THE LEGISLATURE

4. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed. See page 4 for a complete description of lobbying activities.

Health Insurance

5. The name of persons, organizations or governmental entities before whom the lobbyist expects to lobby:

Office of the County Executive

Nassau County Legislature

Nassau County employee unions (CSEA, PBA, Detectives, Superiors, Corrections)

VERIFICATION: The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Dated: September 24, 2015

Signed: 

Print Name: Philip Barbaro

Title: VP, Sales & Client Management

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including but not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

Business History Form

In addition to the submission of bids/proposals, as applicable, each bidder/proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the bid/proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: 02/09/2016

1) Bidder's/Proposer's Legal Name: Aetna Life Insurance Company (ALIC)

2) Address of Place of Business: 151 Farmington Avenue, Hartford, CT 06156

List all other business addresses used within last five years:

Not Applicable

3) Mailing Address (if different): Not Applicable

Phone : 860-273-0123

Does the business own or rent its facilities? No

4) Dun and Bradstreet number: 006916969

5) Federal I.D. Number: 06-6033492

6) The bidder/proposer is a (check one): ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☒ Other (Describe) _____

7) Does this business share office space, staff, or equipment expenses with any other business?
Yes _____ No X If Yes, please provide details: _____.

8) Does this business control one or more other businesses? Yes X No If Yes, please provide details: Please refer to the Additional Information doc for our response.

9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business? Yes X No ____ If Yes, provide details. _____
Please refer to the following document for additional information.

10) Has the bidder/proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated? Yes ☐ No ☒ If Yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture; or details regarding the termination (if a contract).

To the best of our knowledge, Aetna has not had a bond or surety that was canceled or forfeited. As a leading, national health care benefits company with more than 150 years experience, we have and have had numerous bonds or sureties in place at any given time.

- 11) Has the bidder/proposer, during the past seven years, been declared bankrupt? Yes ___ No X

If Yes, state date, court jurisdiction, amount of liabilities and amount of assets

Neither Aetna nor any of its controlled subsidiaries have ever declared bankruptcy. We also have not had any filings for protection under one of the bankruptcy laws.

- 12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business. Yes X No ___ If Yes, provide details for each such investigation. _____

Aetna Life Insurance Company (ALIC) and its subsidiaries/affiliates are routinely involved in non-material litigation regarding the administration of health, life, disability and dental plans. Most of this litigation involves a single claim for benefits or payment for provider services. ALIC is a wholly-owned subsidiary of Aetna Inc. (Aetna). All material litigation is reported in Aetna's public filings.

- 13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business. Yes X No ___ If Yes, provide details for each such investigation. _____

Aetna Life Insurance Company (ALIC) and its subsidiaries/affiliates are routinely involved in non-material litigation regarding the administration of health, life, disability and dental plans. Most of this litigation involves a single claim for benefits or payment for provider services. ALIC is a wholly-owned subsidiary of Aetna Inc. (Aetna). All material litigation is reported in Aetna's public filings.

- 14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:

a) Any felony charge pending? No X Yes ___ If Yes, provide details for each such charge. _____

b) Any misdemeanor charge pending? No X Yes ___ If Yes, provide details for each such charge. _____

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? No X Yes ___ If Yes, provide details for each such conviction _____

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor? No X Yes ___ If Yes, provide details for each such conviction. _____

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? No X Yes ___ If Yes, provide details for each such

occurrence. _____

- 15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? No X Yes ____; If Yes, provide details for each such instance. _____

- 16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? No X Yes ____ If Yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire. _____

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

17) Conflict of Interest:

- a) Please disclose any conflicts of interest as outlined below. **NOTE: If no conflicts exist, please expressly state "No conflict exists."**

(i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County. No conflict exists

(ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County. No conflict exists

(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County. _____
No conflict exists

- b) Please describe procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future. _____
All Aetna employees (including 3rd party suppliers and consultants) are required to complete Business Conduct & Integrity training, including reading and certifying compliance with Aetna's Code of Conduct, Privacy and Information Security policies (via a Code of Conduct Acknowledgment/Disclosure) during the first week of employment and then annually thereafter—and completion is tracked. The training course, itself, is made up of modules including Compliance, Conflicts of Interests, Privacy, Information Security, Workplace Behavior, Fraud, Waste and Abuse, and Records Management. Aetna's Code of Conduct can be viewed at: <http://www.aetna.com/investors-aetna/assets/documents/code-of-conduct.pdf>
The Code of Conduct Acknowledgment/Disclosure requires employees to disclose, on behalf of themselves or their family members/domestic partners/household members, affiliations of any sort with Aetna constituents, e.g., customers, suppliers, providers, etc.

- A. Include a resume or detailed description of the bidder's/proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Should the bidder/proposer be other than an individual, the bid/proposal **MUST** include:

Please refer to Additional Information doc for the responses to i- viii.

- i) Date of formation;
- ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner;
- iii) Name, address and position of all officers and directors of the company;
- iv) State of incorporation (if applicable);
- v) The number of employees in the firm;
- vi) Annual revenue of firm;
- vii) Summary of relevant accomplishments
- viii) Copies of all state and local licenses and permits.

- B. Indicate number of years in business. We have over 160 years of experience in providing quality, reliable services to businesses, individuals and the government. Founded in 1853 in Hartford, CT

- C. Provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.
Please refer to the Additional Information doc for this response.

- D. Provide names and addresses for no fewer than three references for whom the bidder/proposer has provided similar services or who are qualified to evaluate the bidder's/proposer's capability to perform this work.

Confidential

Company _____

Contact Person _____

Address _____

City/State _____

Telephone _____

Fax # _____

E-Mail Address _____

Confidential

Company _____
Contact Person _____
Address _____
City/State _____
Telephone _____
Fax # _____
E-Mail Address _____

CONFIDENTIAL
Company _____

Contact Person _____
Address _____
City/State _____
Telephone _____
Fax # _____
E-Mail Address _____


E. Please provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.

Not Applicable.

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Tami Polsonetti, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

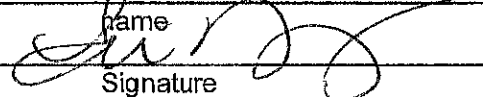
Sworn to before me this 9th day of February 2016



Notary Public

Name of submitting business: Aetna Life Insurance Company

By: Tami Polsonetti Print

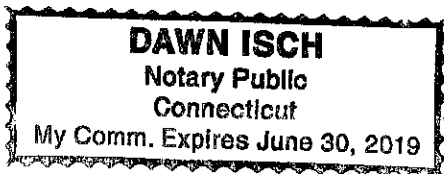


Signature

Sales Director - Public & Labor Sector

Title

02 / 09 / 2016 Date



Business History Form - Additional Information

In addition to the submission of bids/proposals, as applicable, each bidder/proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the bid/proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

- 8) Does this business control one or more other businesses? Yes X No If Yes, please provide details:

Aetna Inc. is the publicly traded parent company of the Aetna group of companies. The subsidiaries of the Aetna group of companies includes:

- Aetna Life Insurance Company (ALIC)
- Coventry Health and Life Insurance Company
- HMOs
- DMOs®
- Companies that maintain TPA and other licenses
- Health information technology companies

-
- 9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business? Yes ☒ No ☐ If Yes, provide details.

Listed below are subsidiaries of Aetna Inc. at December 31, 2013 with their jurisdictions of organization shown in parentheses. Subsidiaries excluded from the list below would not, in the aggregate, constitute a "significant subsidiary" of Aetna Inc., as that term is defined in Rule 1-02(w) of Regulation S-X.

- Aetna Health Holdings, LLC (Delaware)
 - Aetna Health of California Inc. (California)
 - Aetna Health Inc. (Connecticut)
 - Aetna Health Inc. (Florida)
 - Aetna Health Inc. (Georgia)
 - Aetna Health Inc. (Maine)
 - Aetna Health Inc. (Michigan)

Business History Form - Additional Information

- Aetna Health Inc. (New Jersey)
- Aetna Health Inc. (New York)
- Aetna Better Health Inc. (New York)
- Aetna Health Inc. (Pennsylvania)
- Aetna Health Inc. (Texas)
- Aetna Better Health of Texas Inc. (Texas)
- Aetna Better Health Inc. (Georgia)
- Aetna Dental of California Inc. (California)
- Aetna Dental Inc. (New Jersey)
- Aetna Dental Inc. (Texas)
- Aetna Health Finance, Inc. (Delaware)
- Aetna Rx Home Delivery, LLC (Delaware)
- Aetna Health Management, LLC (Delaware)
- Aetna Ireland Inc. (Delaware)
- Chickering Claims Administrators, Inc. (Massachusetts)
- Aetna Specialty Pharmacy, LLC (Delaware)
- Cofinity, Inc. (Delaware)
- @Credentials Inc. (Delaware)
- Strategic Resource Company (South Carolina)
- Aetna Better Health Inc. (Pennsylvania)
- Aetna Better Health Inc. (Connecticut)
- Aetna Better Health Inc. (Illinois)
- Aetna Better Health, Inc. (Louisiana)
- Aetna Better Health Inc. (Florida)
- Aetna Better Health Inc. (Ohio)
- Aetna Better Health Inc. (New Jersey)
- Aetna Risk Assurance Company of Connecticut, Inc. (Connecticut)
- Aetna Student Health Agency Inc. (Massachusetts)
- Delaware Physicians Care, Incorporated (Delaware)
- Schaller Anderson Medical Administrators, Incorporated (Delaware)
- Aetna Medicaid Administrators LLC (Arizona)
- iTriage, LLC (Delaware)
- bSwift LLC (Illinois)
- Corporate Benefit Strategies, Inc. (Delaware)
- Prodigy Health Group, Inc. (Delaware)
- Niagara Re, Inc. (New York)
- Performax, Inc. (Delaware)
- Scrip World, LLC (Utah)
- Precision Benefit Services, Inc. (Delaware)
- American Health Holding, Inc. (Ohio)
- Meritain Health, Inc. (New York)

Business History Form - Additional Information

- ADMINCO, Inc. (Arizona)
- Administrative Enterprises, Inc. (Arizona)
- U.S Healthcare Holdings, LLC (Ohio)
- Prime Net, Inc. (Ohio)
- Professional Risk Management, Inc. (Ohio)
 - Coventry Financial Management Services, Inc. (Delaware)
 - Coventry Health Care of Delaware, Inc. (Delaware)
 - Coventry Health Care of Georgia, Inc. (Georgia)
 - Coventry Transplant Network, Inc. (Delaware)
 - Coventry Health Care of Pennsylvania, Inc. (Pennsylvania)
 - Coventry Health Care of Iowa, Inc. (Iowa)
 - Coventry Health Care of Nebraska, Inc. (Nebraska)
 - Coventry Health Care of Louisiana, Inc. (Louisiana)
 - HealthAmerica Pennsylvania, Inc. (Pennsylvania)
 - HealthAssurance Pennsylvania, Inc. (Pennsylvania)
 - Coventry Prescription Management Services Inc. (Nevada)
 - Coventry Health and Life Insurance Company (Missouri)
 - Coventry Health Care of Virginia, Inc. (Virginia)
 - Coventry Health Care of Missouri, Inc. (Missouri)
 - HealthCare USA of Missouri, LLC (Missouri)
 - Coventry Health Care of Illinois, Inc. (Illinois)
 - Coventry Health Care of West Virginia, Inc. (West Virginia)
 - Coventry Health Care of the Carolinas, Inc. (North Carolina)
 - Coventry HealthCare Management Corporation (Delaware)
 - Coventry Health Care of Kansas, Inc. (Kansas)
 - Coventry Health Care National Accounts, Inc. (Delaware)
 - Coventry Health Care of Texas, Inc. (Texas)
 - Aetna Better Health of Michigan Inc. (Michigan)
 - Aetna Health of Utah Inc. (Utah)
 - HealthAssurance Financial Services, Inc. (Delaware)
 - Aetna Better Health Inc. (Tennessee)
 - Coventry Health Care National Network, Inc. (Delaware)
 - Coventry Consumer Advantage, inc. (Delaware)
 - MHNet Specialty Services, LLC (Maryland)
 - Mental Health Network of New York IPA, Inc. (New York)
 - Mental Health Associates, Inc. (Louisiana)
 - MHNet of Florida, Inc. (Florida)
 - MHNet Life and Health Insurance Company (Texas)
 - Group Dental Service, Inc. (Maryland)
 - Group Dental Service of Maryland, Inc. (Maryland)
 - Florida Health Plan Administrators, LLC (Florida)

Business History Form - Additional Information

- Coventry Health Care of Florida, Inc. (Florida)
- Carefree Insurance Services, Inc. (Florida)
- Coventry Health Plan of Florida, Inc. (Florida)
- First Health Group Corp. (Delaware)
- First Health Life & Health Insurance Company (Texas)
- Claims Administration Corp. (Maryland)
- Cambridge Life Insurance Company (Missouri)
- Coventry Health Care Workers' Compensation, Inc. (Delaware)
- Coventry Rehabilitation Service, Inc. (Delaware)
- First Script Network, Inc. (Nevada)
- FOCUS Healthcare Management, Inc. (Tennessee)
- Medical Examinations of New York, P.C. (New York)
- MetraComp, Inc. (Connecticut)
- Continental Life Insurance Company of Brentwood, Tennessee (Tennessee)
 - American Continental Insurance Company (Tennessee)
- Aetna Life Insurance Company (Connecticut)
 - AHP Holdings, Inc. (Connecticut)
 - Aetna Insurance Company of Connecticut (Connecticut)
 - AE Fourteen, Incorporated (Connecticut)
 - Aetna Life Assignment Company (Connecticut)
 - Aetna ACO Holdings Inc. (Delaware)
 - Innovation Health Holdings, LLC (Delaware)
 - Innovation Health Insurance Company (Virginia)
 - Innovation Health Plan, Inc. (Virginia)
 - PE Holdings, LLC (Connecticut)
 - Azalea Mall, LLC (Delaware)
 - Canal Place, LLC (Delaware)
 - Aetna Ventures, LLC (Delaware)
 - Broadspire National Services, Inc. (Florida)
 - Aetna Multi-Strategy 1099 Fund (Delaware)
- Phoenix Data Center Hosting Services LLC (Delaware)
- Aetna Financial Holdings, LLC (Delaware)
 - Aetna Asset Advisors, LLC (Delaware)
 - U.S. Healthcare Properties, Inc. (Pennsylvania)
 - Aetna Capital Management, LLC (Delaware)
 - Aetna Partners Diversified Fund, LLC (Delaware)
 - Aetna Partners Diversified Fund (Cayman), Limited (Cayman)
 - Aetna Workers' Comp Access, LLC (Delaware)
 - Aetna Behavioral Health, LLC (Delaware)
 - Managed Care Coordinators, Inc. (Delaware)
 - Horizon Behavioral Services, LLC (Delaware)

Business History Form - Additional Information

- Employee Assistance Services, LLC (Kentucky)
- Health and Human Resource Center, Inc. (California)
- Resources for Living, LLC (Texas)
- The Vasquez Group Inc. (Illinois)
- Work and Family Benefits, Inc. (New Jersey)
- Aetna Card Solutions, LLC (Connecticut)
- PayFlex Holdings, Inc. (Delaware)
- PayFlex Systems USA, Inc. (Nebraska)
- Aetna Health and Life Insurance Company (Connecticut)
- Aetna Health Insurance Company (Pennsylvania)
- Aetna Health Insurance Company of New York (New York)
- Aetna Risk Indemnity Company, Ltd. (Bermuda)
- Aetna International Inc. (Connecticut)
 - Aetna Life & Casualty (Bermuda) Ltd. (Bermuda)
 - Aetna Health Services (UK) Limited (England & Wales)
 - Aetna Global Benefits (Bermuda) Limited (Bermuda)
 - Goodhealth Worldwide (Global) Limited (Bermuda)
 - Aetna Global Benefits (Europe) Limited (England & Wales)
 - Aetna Global Benefits (Asia Pacific) Limited (Hong Kong)
 - Goodhealth Worldwide (Asia) Limited (Hong Kong)
 - Aetna Global Benefits Limited (DIFC, UAE)
 - Spinnaker TopCo Limited (Bermuda)
- Spinnaker BidCo Limited (England and Wales)
 - Aetna HoldCo (UK) Limited (England and Wales)
 - InterGlobal Japan Corporation Limited (Japan)
 - Aetna Global Benefits (UK) Limited (England and Wales)
 - Aetna Insurance Company Limited (England and Wales)
 - Aetna Insurance (Singapore) Pte. Ltd. (Singapore)
 - Aetna Health Insurance Company of Europe Limited (Ireland)
 - Aetna (Shanghai) Enterprise Services Co. Ltd. (China)
 - Aetna (Beijing) Enterprise Management Services Co., Ltd. (China)
 - Aetna Global Benefits (Singapore) PTE. LTD. (Singapore)
 - Indian Health Organisation Private Limited (India)
- AUSHC Holdings, Inc. (Connecticut)
 - PHPSNE Parent Corporation (Delaware)
- Active Health Management, Inc. (Delaware)
 - Health Data & Management Solutions, Inc. (Delaware)
 - Aetna Integrated Informatics, Inc. (Pennsylvania)
- Health Re, Inc. (Vermont)
- ASI Wings, LLC (Delaware)
- Healthagen LLC

Business History Form - Additional Information

- Medicity, Inc. (Delaware)
 - Novo Innovations, LLC (Delaware)
 - Allviant Corporation (Delaware)
-

Attachments to Business History Form

Please provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.

- A. Include a resume or detailed description of the bidder's/proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Should the bidder/proposer be other than an individual, the bid/proposal should include:

- i) Date of formation;
 - ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner;
 - iii) Name, address and position of all officers and directors of the company;
 - iv) State of incorporation (if applicable);
 - v) The number of employees in the firm;
 - vi) Annual revenue of firm;
 - vii) Summary of relevant accomplishments
 - viii) Copies of all state and local licenses and permits.
-

- i.) We have over 160 years of experience in providing quality, reliable services to businesses, individuals and the government. Founded in 1853 in Hartford, CT
- ii) Our parent company is Aetna Inc., a Pennsylvania corporation. We are a publicly held company whose shares are widely traded on the New York Stock Exchange.

Business History Form - Additional Information

As of December 31, 2014, the only persons known to us to be owners of more than 5 percent of the outstanding shares of our common stock are:

- Black Rock Inc.
- State Street Corporation
- The Vanguard Group
- Wellington Management Group LLP

The identified persons provided the information in the table below to the SEC:

Name	Ownership Stake
Black Rock Inc.	8.59%
State Street Corporation	6.78%
The Vanguard Group	5.33%
Wellington Management Group LLP	5.22%

iii) **Principal Officers for Aetna, Inc.**

Mark T. Bertolini
Chairman and Chief Executive Officer

Karen S. Rohan
President

Joseph M. Zubretsky
Senior Executive Vice President, National Businesses

Margaret M. McCarthy
Executive Vice President, Innovation, Technology & Service Operations

Hal Paz
Executive Vice President and Chief Medical Officer

William J. Casazza
Executive Vice President and General Counsel

Fran Soistman
Executive Vice President, Government Businesses

Shawn M. Guertin

Business History Form - Additional Information

Executive Vice President, Chief Financial Officer and Chief Enterprise Risk Officer

Principal Officers for Aetna Life Insurance Company

Mark T. Bertolini
Chairman, Chief Executive Officer and President

Joseph M. Zubretsky
Senior Executive Vice President, National Businesses

William J. Casazza
Executive Vice President and General Counsel
Shawn M. Guertin
Executive Vice President, Chief Financial Officer and Chief Enterprise Risk Officer

Judith H. Jones
Vice President and Corporate Secretary

Jean C. LaTorre
Vice President, Chief Investment Officer

Rajan Parmeswar
Vice President, Controller and Chief Controlling Officer

David Buda
Vice President, Finance and Treasurer

David T. Doherty
Vice President, Head of Internal Audit

- iv) Aetna Life Insurance Company (ALIC) was incorporated in Connecticut on June 14, 1853.

Aetna Inc. was incorporated in Pennsylvania on December 20, 1982.

- v) Number of employees as of December 31, 2014 – 48,460

Business History Form - Additional Information

vi) Annual revenue of firm;

Total Revenue* (excluding net realized capital gains/losses)

(\$ in Millions)

2014 \$57,922.8

56,976.90 (ML) updated 4/20/2015

vii) As one of the nation's leading providers of health and related benefits, we are pleased that national organizations and publications recognize us for our:

- Commitment to diversity
- Innovative products
- Technology innovations
- Employment-related achievements
- World-class customer service

The following list represents some of the achievements of which we are most proud of in the last two years:

2015

- We earned the No. 60 spot on Training Magazine's List of the Top 125 Training Companies in 2015. Each year, Training ranks applications from the leading companies around the world for their excellence in employer-sponsored training and development programs. This was our third year in a row to be named to this list.
- Each year, *Fortune Magazine* creates a ranking of the world's most admired and respected companies. For the past eight years, Aetna has ranked among the top performers in the Health Care: Insurance and Managed Care category.

For the 2015 rankings, we scored first in the category for social responsibility and second in the categories of innovation, use of corporate assets, quality of management, financial soundness, long-term investment value and quality of products/services.

2014

- Aetna was recognized as one of the most community-minded companies nationally in the "Civic 50" rankings. It was the third consecutive year Aetna earned the distinction.

Business History Form - Additional Information

- Aetna was ranked No. 18 by Barron's in its list of the Best Companies for 2014 -- up 200 places from last year. The jump reflects results from Aetna's growth strategy. This includes building a diverse business portfolio to thrive in a rapidly changing environment, expand into new marketplaces and lead the industry's transformation. Barron's is a weekly newspaper that covers U.S. financial information, market developments and statistics.
- For the fourth straight year, Aetna received a ClearMark award from the Center for Plain Language. Aetna won the award for the rewrite and redesign of the Aetna Medicare Advantage enrollment package.
- Aetna Chairman, CEO and President Mark Bertolini ranked among the top 10 leaders in Modern Healthcare's annual survey of the 100 Most Influential People in Healthcare. The annual survey honors individuals in healthcare who are deemed by their peers and an expert panel to be the most influential individuals in the industry, in terms of leadership and impact.

In the coverage of the rankings, Modern Healthcare noted that leaders on this year's list have blazed bold reform paths.

- Our ranking in the Fortune 500 list rose to No. 57, up 27 places from last year's position. The strong gain is a direct result of our acquisition of Coventry and the organic growth we have seen as a result of bringing together two health care leaders. As a combined company, our revenues are nearly \$50 billion.
- We were recognized by the National Council on Aging (NCOA) as a champion for the health and economic security of older adults. We were honored for the company's commitment to serving our communities and supporting organizations focused on the health and wellbeing of seniors and women, such as:
 - Programs to improve the health of Asian seniors with Alzheimer's disease
 - Interactive nutrition workshops to help grandparents in underserved communities create healthier family eating plans
 - Research to determine if good communication between home health nurses and doctors will lower hospital readmission rates for recently hospitalized Medicare patients with congestive heart failure

NCOA is a nonprofit service and advocacy organization that represents older adults and the community organizations that serve them.

Business History Form - Additional Information

- For the third year in a row, we have been praised for our clear and consumer-friendly Explanation of Benefits (EOB) statements by DALBAR, Inc. DALBAR is a leading market research firm that evaluates health care practices and communications. They review EOBs to see if they are addressing the needs of health plan members.

In their *2014 Trends and Best Practices in Explanation of Benefits* study, DALBAR rated EOBs from across the healthcare industry on clarity, content and design.

DALBAR awarded the Aetna EOB with their highest rating of Excellent and a score much higher than the industry average. They also praised the Aetna EOB as an Industry Best and gave it the top score for clarity.

"Millions of American's receive EOB statements from their insurers every year," said the DALBAR study. "While the EOB statement may be one of the most important communications an individual receives, it is also one of the least understood. Simply telling people what they owe only begins to answer basic questions and often leads to more confusion than understanding."

Aetna has worked hard to design a document that is clear and members find helpful. It is a significant achievement to be recognized, for the third year in a row, as an industry leader.

- We were ranked in the Top 20 of Diversity Inc.'s annual list of the Top 50 Companies for Diversity. More than 1,000 public and private companies competed for spots on the coveted list and Aetna is ranked 19.
- We were honored by the National Business Group on Health with the 2014 Innovation in Reducing Health Care Disparities Award. We are a three-time recipient of the award recognizing organizations for their commitment to equality in health care and exceptional support for cultural diversity.
- We earned the No. 37 spot on Training Magazine's List of the Top 125 Training Companies in 2014. Each year, Training ranks applications from the leading companies around the world for their excellence in employer-sponsored training and development programs.

Please refer to the exhibits section for the state License.

Business History Form - Additional Information

- B. Indicate number of years in business.

We have over 160 years of experience in providing quality, reliable services to businesses, individuals and the government. Founded in 1853 in Hartford, CT, we entered the group life insurance business in 1913 and group health insurance business in 1936. Our first group hospitalization contract was issued in 1937. We introduced our first major medical product in 1951, our first dental plan in 1957 and our first stand-alone vision product in 2009.

- C. Provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.

Everything we do at Aetna starts with our values — a clear, strongly held set of core beliefs that reflect who we are and what you can expect from us. We created our core values together, as one company with almost 50,000 individual voices, and with guidance from our customers. Our values carry through our thoughts and actions every day, inspire innovation in our products and services, and drive our commitment to excellence in all we do.

We put the people we serve at the center of everything we do and live by the following core set of values:

- Integrity: We do the right thing for the right reason.
- Excellence: We strive to deliver the highest quality and value possible through simple, easy and relevant solutions.
- Inspiration: We inspire each other to explore ideas that can make the world a better place.
- Caring: We listen to and respect our customers and each other so we can act with insight, understanding and compassion.

Our mission and goals

Business History Form - Additional Information

Our values guide our mission and goals. We are committed to helping people achieve health and financial security by providing easy access to cost-effective, high-quality health care.

As we strive to be the global leader in empowering people to live healthier lives, we continue to play a pivotal role in helping transform the way health care is delivered. We collaborate with doctors, hospitals, government entities, plan sponsors, patients and consumers to design locally appropriate solutions that improve health, quality and cost outcomes in North America, Asia, Europe and the Middle East.

- D. Provide names and addresses for no fewer than three references for whom the bidder/proposer has provided similar services or who are qualified to evaluate the bidder's/proposer's capability to perform this work.
-

As a professional courtesy to our customers, we seek their permission in each instance we use their names as a reference. Our customers ask that we release their names only when we are a finalist. We are happy to supply references and will do so in a timely fashion, but we would prefer initial feedback on the strength of our proposal prior to seeking their permission.

We have provided those references available at this time below:

Confidential

Company _____

Contact Person _____

Address _____

City/State _____

Telephone _____

Business History Form - Additional Information

Fax # _____

E-Mail Address _____

Confidential

Company _____

Contact Person _____

Address _____

City/State _____

Telephone _____

Fax # _____

E-Mail Address _____

Confidential

Company _____

Contact Person _____

Address _____

City/State _____

Telephone _____

Fax # _____

Business History Form - Additional Information

E-Mail Address _____

Confidential

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer/bidder. Answers must be typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

****This section is Not Applicable as it is geared toward an individual/ principal owner which does not exist.**

1. Principal Name Not Applicable
 Date of birth / / Not Applicable
 Home address Not Applicable
 City/state/zip Not Applicable
 Business address Not Applicable
 City/state/zip Not Applicable
 Telephone Not Applicable
 Other present address(es) Not Applicable
 City/state/zip Not Applicable
 Telephone Not Applicable
 List of other addresses and telephone numbers attached
2. Positions held in submitting business and starting date of each (check all applicable)
 President / / Treasurer / / Not Applicable
 Chairman of Board / / Shareholder / / Not Applicable
 Chief Exec. Officer / / Secretary / / Not Applicable
 Chief Financial Officer / / Partner / / Not Applicable
 Vice President / / / / / Not Applicable
 (Other)
3. Do you have an equity interest in the business submitting the questionnaire?
 NO YES If Yes, provide details. Not Applicable
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO YES If Yes, provide details. Not Applicable
5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO YES ; If Yes, provide details. Not Applicable
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO YES If Yes, provide details. Not Applicable

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

Not Applicable

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

a. Been debarred by any government agency from entering into contracts with that agency?

NO ____ YES ____ If Yes, provide details for each such instance. Not Applicable

b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO ____ YES ____ If Yes, provide details for each such instance.

Not Applicable

c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO ____ YES ____ If Yes, provide details for each such instance.

Not Applicable

d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO ____ YES ____ If Yes, provide details for each such instance.

Not Applicable

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.) Not Applicable

a) Is there any felony charge pending against you? NO ____ YES ____ If Yes, provide details for each such charge. Not Applicable

b) Is there any misdemeanor charge pending against you? NO ____ YES ____ If Yes, provide details for each such charge. Not Applicable

c) Is there any administrative charge pending against you? NO ____ YES ____ If Yes, provide details for each such charge. Not Applicable

d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO ____ YES ____ If Yes, provide details for each such conviction.

Not Applicable

e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO ____ YES ____ If Yes, provide details for each such conviction.

Not Applicable

f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO ____ YES ____ If Yes, provide details for each such occurrence.

Not Applicable

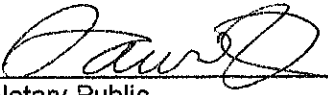
9. In addition to the information provided in response to the previous questions, In the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO ____ YES ____ If Yes, provide details for each such investigation.
Not Applicable
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO ____ YES ____ If Yes; provide details for each such investigation.
Not Applicable
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO ____ YES ____ If Yes; provide details for each such instance.
Not Applicable
12. For the past 5 tax years; have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO ____ YES ____ If Yes, provide details for each such year.
Not Applicable

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

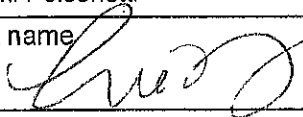
I, Tami Polsonetti, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 9 day of February 2016



Notary Public

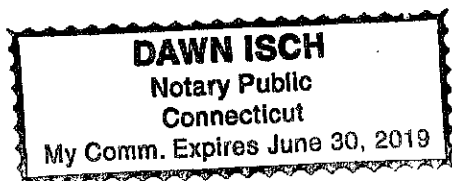
Aetna Life Insurance Company
Name of submitting business

Tami Polsonetti
Print name


Signature

Sales Director for Public & Labor Sector
Title

02 / 09 / 2016
Date





Nassau County Interim Finance Authority

Contract Approval Request Form (As of January 1, 2015)

1. Vendor: AETNA

2. Dollar amount requiring NIFA approval: \$ 0.01

Amount to be encumbered: \$ 0.01

This is a ☒ New Contract ☐ Advisement ☒ Amendment

If new contract - \$ amount should be full amount of contract

If advisement - NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA

If amendment - \$ amount should be full amount of amendment only

3. Contract Term: 1/1/2016 - 12/31/2018

Has work or services on this contract commenced? ☐ Yes ☒ No

If yes, please explain: _____

4. Funding Source:

☒ General Fund (GEN) ☐ Grant Fund (GRT)
☐ Capital Improvement Fund (CAP) Federal % _____
☐ Other State % _____
County % _____

Is the cash available for the full amount of the contract? ☒ Yes ☐ No

If not, will it require a future borrowing? ☐ Yes ☒ No

Has the County Legislature approved the borrowing? ☒ Yes ☐ No ☐ N/A

Has NIFA approved the borrowing for this contract? ☐ Yes ☐ No ☐ N/A

5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:

This contract is to provide Health Insurance to Nassau County full-time employees, part-time eligible employees as well as their dependents at a cost that is 15% lower than the cost of the current Base plan (NYSHIP).

6. Has the item requested herein followed all proper procedures and thereby approved by the:

Nassau County Attorney as to form ☒ Yes ☐ No ☐ N/A
Nassau County Committee and/or Legislature ☒ Yes ☐ No ☐ N/A

Date of approval(s) and citation to the resolution where approval for this item was provided:

7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:

1/1/15 - 12/31/16- Aetna Health Insurance Contract \$2.1 million
1/1/16 - 12/31/16 Aetna HMO (Elect Choice) Monthly Cost \$1,134.82 Indiv. \$3,180.05 Family Coverage Rate.

AUTHORIZATION

To the best of my knowledge, I hereby certify that the information contained in this Contract Approval Request Form and any additional information submitted in connection with this request is true and accurate and that all expenditures that will be made in reliance on this authorization are in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberations.

Melissa Gallucci
Signature

Director of Human Resources
Title

1/8/2016
Date

Melissa Gallucci

Print Name

Roseann Gallucci

1/8/2016

COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan.

Regarding funding, please check the correct response:

☐ I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

☐ I certify that the bonding for this contract has been approved by NIFA.

☐ Budget is available and funds have been encumbered but the project requires NIFA bonding authorization

Signature

Title

Date

Print Name

NIFA

Amount being approved by NIFA: _____

Signature

Title

Date

Print Name

NOTE: All contract submissions MUST include the County's own routing slip, current NIFS printouts for all relevant accounts and relevant Nassau County Legislature communication documents and relevant supplemental information pertaining to the item requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being submitted to NIFA for review.

NIFA reserves the right to request additional information as needed.