

Aetna Funding Advantage

Our self-funded option for up to 50¹ eligible employees

Simplicity

- **Fixed monthly payment** covers the claims funding amount, stop loss premium, run-off claims and administrative fees²
- **Employer participation is 50% participation of all eligible employees, including valid waivers³**
- **12/60 (All states, except WV):** 12 months of claims incurred and paid followed by 48 additional months of claims processing run-off after the group terminates — **deficit is not carried forward**
- **12/36 (WV Only):** 12 months of claims incurred and paid followed by 24 additional months of claims processing run-off after the group terminates — deficit is not carried forward

Savings

- Shared surplus — **50% surplus return in 4th month of renewal; no surplus upon termination**
- Potential lower monthly payments than ACA premium rates — **groups can save up to 25%****
- Lower taxes and fees than fully insured health plan
- Wide range of benefits and broad product portfolio **not subject to all ACA mandates**
- Essentials plans offer a lower price point than the National plans

Transparency

- **Regular reporting that covers all aspects of the plan** — includes monthly funding level and claims, annual Large Claims report and on-demand Aetna Health Information Advantage (AHIA) reporting⁴
- **Tools to help members manage their benefits and stay healthy**, including our secure member website, wellness activated by Attain by AetnaSM app, EAP, Peerfit and Teladoc

Choice

- **55 Open Access plans** available, with deductibles ranging from \$0 to \$7,350
- Groups can offer up to **any 4 plans⁴**
- Online group applications and paperless enrollment
- Springboard Marketplace[®] digital benefits administration platform at no added cost
- Prescription drug coverage with our **Value Plus formulary**

Financial Protection

- Plans are covered at maximum liability — if the actual claims experience is higher, stop-loss covers it

State	AZ, DE, GA, IA, ID, IL, KY, MI, NE, OH, OK, PA, RI, SC, TX, UT, VA, WI,	CO, KS, LA, MD, ME, MO, NC, TN	CT, NV	FL	NJ
Aggregate Stop-Loss	110% of expected claims	120% of expected claims	Greater of 120% of expected claims or \$4,000 per employee	Greater of \$2,000 per employee, 120% of expected claims or \$20,000	125% of expected claims
Individual Stop-Loss	\$30,000	\$30,000	\$30,000 (CT) \$50,000 (NV)	\$30,000	\$20,000

¹ 2 to 50 in GA/KS/MO/PA/S.IL/TX/VA; 2 to 100 in N. IL/OH; 5 to 100 in CO/CT/KY/LA/MI/NJ/RI/SC/TN; 10 to 50 in NV, 20 to 100 in NC

² Any actual savings will depend on estimated claims costs for the group.

³ Participation: 100% of total eligible employees for non-contributory plans. For contributory groups, 2 eligible, 2 must enroll; 3 eligible, 3 must enroll, 4 eligible, minimum of 3 must enroll, 5,6 or 7 eligible, minimum of 4 must enroll; 8 or more eligible, 50% participation.

⁴ Businesses with 2 enrolled - 4 enrolled full-time employees may select one AFA plan and will not be eligible for on-demand AHIA reporting.



Quoting — Illustrative

Run illustrative quotes yourself via SMART on Producer World® or submit through our quoting mailbox at AFAlllstrativeQuotes@aetna.com

Information needed to run an illustrative quote:

- **Group information:**
 - Name, address, broker name and broker email
 - Number of eligible and enrolled employees
 - SIC
- **Member -level census in Excel file:**
 - Member-level census must include all full-time eligible employees, COBRA, waivers and retirees: legal last name, **legal first name**, home ZIP code, date of birth, gender, coverage type (EEOnly, EESpOnly, EEChren, EEFamily or Waive), **member type** (EE, SP, CH), **work status** (Active, COBRA, St Con) and **work ZIP code**.
- **Requested effective date** (must be 1st of the month)

Quoting — Underwritten (all group sizes)

Provide the following information, in addition to the illustrative quote information, for an underwritten quote:

- **Additional group information**
 - Total average employees (TAE) count in WI
 - Full-time equivalent (FTE) count in the following states: CT, CO, MD, NC, NJ
- **Current carrier confirmation required for all new business groups:**
 - Include the carrier name and funding type (fully insured or self-funded) if the group has coverage currently. If the group does not currently have coverage, then indicate no current coverage
- **IMQs (Individual Medical Questionnaires) if required**
 - Reference our AFA Underwriting Guidelines for complete IMQ requirements
 - The easiest way to handle IMQ's is with IMQ Elite, where they will handle all aspects of collecting and submitting for AFA proposals. It's free and simple. Just send group information and a census to AFAHealthAppSupport@aetna.com.
- **Claims experience, renewal rates and benefits – for self-insured groups only:**
 - Include detailed aggregate claims and the Large Claims Report from current policy period. Renewal rates and benefits summary are also required
- **Additional information that may impact the group's eligibility and final rates includes:**
 - Common Ownership Form — Required for all groups that have multiple companies enrolling as one company to determine Common Ownership
 - Employer contribution for employee and dependent coverage
 - Percentage or amount employer funds deductible
 - Most recent copy of current carrier bill (include employee roster)
 - Current plan designs or current Summary of Benefits for all plans for non-ACA groups
 - Copy of the carrier documented renewal for non-ACA groups (include current and renewal rates)

To move forward with the underwritten quote, notify your Aetna representative to start the installation process.

- For the full list of requirements, reference the **Sold Case Submission Checklist**

Quote requests

All quote requests can be sent to:
AFASmallGroupQuotes@aetna.com

Sold case submissions

All sold case submissions can be sent to:
AFASalesCoordinator@aetna.com

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