



Aetna Funding Advantage: Pennsylvania

Our newest self-funded option for 6 to 100 employees

Simplicity

- **Fixed monthly payment** covers the claims funding amount, stop loss premium, run-off claims and administrative fees
- Plans are funded at maximum liability – **if the actual claims experience is higher, stop loss covers it; the customer does not pay more**
- Financial protection of ISL at \$30,000 and ASL at 110%
- Monthly payment does not cover Patient-Centered Outcomes Research Institute (PCORI) fee – this is the employer's responsibility
- **Employer participation requirement is 75% of all eligible employees, excluding valid waivers, and 50% participation of all eligible employees including valid waivers**
- **12/60:** 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**

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**

Transparency

- **Broker fee disclosed in the quote** (PEPM fee request submitted by the broker to Aetna)
- **Regular reporting that covers all aspects of the plan** – includes monthly Funds Summary report (funding level and claims), annual Large Claims report and on-demand Aetna Health Information Advantage (AHIA) reporting
- **Tools to help members manage their benefits and stay healthy** including our secure member website, Member Payment Estimator, Teladoc and online health coaching

Choice

- **26 Open Access plans** available with deductibles ranging from \$500 to \$6,250
- Groups can offer up to **any 4 plans**
- Online group applications and paperless enrollment
- Optional Springboard™ digital benefits administration platform at no added cost
- Prescription drug coverage with our **Value Plus formulary**

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

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Quoting – Illustrative (groups with less than 20 enrolled only)

Run illustrative quotes yourself via the [Aetna Funding Advantage Illustrative Pricing Tool](#) on **Producer World**.

Request for illustrative quote should include:

- Group information:**
 - Name, address, broker name and broker email contact information
 - Number of eligible and enrolled employees
 - Include TAE number in the submission e-mail or complete the prior year TAE form
- Member Level Census in Excel File:**
 - Member level census must include all full-time eligible employees, COBRA, waivers and retirees: **legal first name, legal last name, date of birth, gender, home zip code, medical tier** (EE, EE&Sp, EE&Ch(ren), EE&Family or Waiver) and **relationship to the employee**
- Requested Effective Date (Must be 1st of the month)**
- Broker Fee (requested PEPM amount will be included in quote)**

Quoting – Underwritten (all group sizes)

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

- 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.
- IMQ's (Individual Medical Questionnaires) required for:**
 - Employers with less than 20 enrolled employees and employers with no prior coverage
 - **Use the on-line medical pre-screen / IMQ form at the [Aetna EasyAppsOnline portal](#)**
- Claims experience from current policy period – for self-insured groups only:**
 - Include detailed aggregate claims and the large claimant report. Renewal rates and benefits summary are also required.
- Claims experience from current policy period – for Texas fully insured groups of 20 or more enrolled employees:**
 - Include detailed House Bill 2015 claims and the large claimant report.
- Additional information that can impact the final rates:**
 - SIC Code
 - 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, send final paperwork to mailbox below.

- Reference Sold Case Submission Checklist for the full list of requirements**

Quote Requests

All below 50 quote requests can be sent to:
10-100AFAQuotes@aetna.com

All 51-100 quote requests can be sent to:
NE51-100QuotesPrescreens@aetna.com

Sold Case Submissions

All sold case submissions below 50 can be sent to:

AFASalesCoordinator@AETNA.com

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