



Aetna Funding Advantage

Our self-funded option for 5 enrolled to 50 eligible employees

(Employee minimum: CT/NV, 10 eligible/enrolled; DE, 16 eligible/10 enrolled; NC, 26 eligible/20 enrolled. CO: 5-100 employees.)

Simplicity

- **Fixed monthly payment** covers the claims funding amount, stop loss premium, run-off claims and administrative fees*
- **Employer participation requirement is 75% of all eligible employees, excluding valid waivers**, and 50% participation of all eligible employees including valid waivers
- **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**

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) reporting
- **Tools to help members manage their benefits and stay healthy** including our secure member website, Apple Watch®, Member Payment Estimator, Teladoc and online health coaching

Choice

- **33 Open Access plans** available with deductibles ranging from \$0 to \$6,750
- Groups can offer up to **any 4 plans**
- 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, IL, KY, NE, OH, OK, PA, SC, TX, UT, VA, WI, WV, WY	CO, KS, LA, MD, ME, MO, NC, TN	CT	FL	NV	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	Greater of 120% of expected claims or \$4,000 per employee	125% of expected claims
Individual Stop Loss	\$30,000	\$30,000	\$30,000	\$30,000	\$50,000	\$20,000

*Does not cover Patient-Centered Outcomes Research Institute (PCORI) fee – this is the employer’s responsibility

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

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Quoting – Illustrative (groups with less than 15 enrolled only)

(less than 10 for Florida, Georgia, Nebraska and Texas)

Run illustrative quotes yourself via [SMART](#) on Producer World®.

Information needed to run an illustrative quote:

- Group information:**
 - Name, address, broker name and broker email contact information
 - 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 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.
- IMQ's (Individual Medical Questionnaires) required for:**
 - Employers with 14 or less (9 or less in FL, GA, NE and TX) enrolled employees and employers with no prior coverage
 - **Use the on-line medical pre-screen / IMQ form at the [Aetna EasyAppsOnline portal](#).**
- Claims experience, renewal rates and benefits – for self-insured groups only:**
 - Include detailed aggregate claims and the large claimant 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.

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

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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