

**Small Group Aetna Funding Advantage Underwriting (UW) Disclosures as of  
08/15/2021**

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This supplemental underwriting disclosures document (the “Supplement Document”) provides additional information regarding your programs and services and is intended to be used in conjunction with your new business proposal or renewal letter. The Supplemental Document applies to our Small Group Aetna Funding Advantage medical relationships administered by Aetna Life Insurance Company and its affiliates, including Innovation Health Insurance Company, Texas Health + Aetna Health Insurance Company, Banner Health and Aetna Health Insurance Company, Allina Health and Aetna Insurance Company and Sutter Health and Aetna Administrative Services, LLC. For purposes of this document, Aetna may be referred to using ‘we’, ‘our’ or ‘us’ and your company may be referred to using ‘you’ or ‘your’.



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## **Billing and Fees**

### **Eligibility Transmission**

#### Customers Who Provide Monthly, or More Frequently, Eligibility Information

Aetna will receive eligibility information monthly, or more frequently, from one location by electronic connectivity. Submission of eligibility information by more than one location or via multiple methods will result in additional charges. Costs associated with any custom programming necessary to accept eligibility information are excluded. During this installation, we will review all available methods of submitting eligibility information and identify the approach that best meets the customer's needs

## **Producer Compensation**

The compensation for consultants in this quote is included in the Service Fees. There is no producer compensation included in Stop Loss Premium Rates. Aetna has various programs for compensating agents, brokers and consultants. If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which we have made to your producer, or other material relationships your producer may have with us, you may contact your producer or your account representative. Information regarding our programs for compensating producers is also available at [www.aetna.com](http://www.aetna.com).

## **Claim and Member Services**

### **Medical Explanation of Benefits (EOB) Suppression**

We make EOBs available through our secure member website for your Plan Participants who have registered to use the website and for whom have a valid email address. We send Participants an email when a new EOB is available. All other Participants receive paper EOBs. If a Participant receiving EOBs electronically prefers paper EOBs, they can get them by telling us that is their preference. Please note that, for most states, we do not produce EOBs for claims when there is no Plan Participant liability.

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## Network Services

### **Network Re-Contracting and Accountable Care Payments**

In addition to standard fee-for-services rates, contracted rates with Network providers may also be based on case and/or per diem rates and in some circumstances, include risk-adjustment calculations, quality incentives, pay-for-performance and other incentive and adjustment mechanisms. We may also make accountable care payments (ACPs) to your locally based Network providers. ACPs provide funding to help locally based Network providers to improve quality, reduce costs and enhance the patient experience by:

- Identifying and engaging patients at risk for health crises sooner through more data-sharing
- Increasing patient engagement in best-in-class care management programs through doctor-driven outreach
- Delivering better health outcomes through increased collaboration between Aetna and locally based network providers.

The ACP amount is based upon the number of Plan Participants in a locally based Network arrangement. We make ACPs quarterly on a retrospective basis. We treat ACPs as Covered Benefits under your Plan, and with one exception (discussed in the next sentence) we charge the ACPs to your Actual Claim Costs when we make the payments. Because we make ACPs retrospectively, we reflect anticipated ACPs for the fourth quarter of your Plan Year in the following Agreement Period or as an increase to your Run-Off Claim Costs if you terminate your Agreement with us.

Stop Loss Insurance determines Eligible Claim Expenses based on the "paid" date of a claim (defined as the date the payment instrument is issued). As such, ACPs for the fourth quarter will be applicable to the subsequent Policy Year based on the "paid" date or be applicable to the Terminal Reserve Option (TRO) in the event of termination. The Terminal Reserve Fund includes estimated ACPs for one quarter.

## Other Payments

### **Specialty Pharmaceuticals Program**

This quote incorporates Aetna Specialty Pharmacy. Aetna Specialty Pharmacy is the preferred specialty pharmacy for your Plan Participants. Specialty pharmacies focus on providing injectables and specialty medications. These medications often require special storage and handling and may not be readily available at the local pharmacy. Your Plan Participants receive the full support of Aetna's clinical staff, including pharmacists, registered nurses, certified pharmacy technicians, and regional clinical liaisons.

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## **Federal Mandates**

### **Health Care Reform**

This quote is intended to be compliant with ACA. This offering assumes your Plan is not grandfathered. 29 CFR 2590.715-2713A provides certain eligible organizations with an accommodation in connection with coverage of contraceptive services. Eligible organizations must oppose providing coverage for some or all contraceptive services provided under the ACA on account of religious objections, in addition to other requirements.

The benefits and fees within this quote are subject to change pending any required approvals from state or federal regulatory agencies. If you have questions, please contact your Account Manager.

### **Patient Protection and Affordable Care Act (PPACA) Taxes and Fees**

Any taxes or fees (assessments) applied to self-funded benefit plans related to the Patient Protection and Affordable Care Act will be solely the obligation of the Client. The administrative Service fees that are presented in this quote do not include any such Client liability or the remittance of these fees on the Client's behalf. Aetna reserves the right to modify its products, services, rates, and fees, in response to legislation, regulation or requests of government authorities resulting in changes to plan benefits and to recoup any material fees, costs, assessments, or taxes due to changes in the law even if no benefit or plan changes are mandated

### **Minimum Value & Applicable Large Employers**

Customers are encouraged to consult with their own legal, tax or benefit advisors with respect to compliance with the Affordable Care Act minimum value requirements and shared responsibility provisions applicable to "large employers" (ALEs). Customers are responsible for their own compliance with these rules, but information on whether a particular plan meets the IRS minimum value definition can be found in the SBC templates Aetna provides. The IRS also provides guidance <https://www.irs.gov/affordable-care-act/employers/minimum-value-and-affordability>

### **ACA Dependent to Age 26**

Source documentation of the dependent limiting age is required for AFA installation. In the absence of documentation from the current carrier(s), the Service Fees and Stop Loss Premium Rates consider the dependent limiting age is up to age 26 student/non-student based on Affordable Care Act (ACA) legislation. The Expected Claims Cost and applicable resultant Claim Factors, Aggregate Stop Loss Factors and Terminal Reserve Stop

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Loss Factors contemplate the change to a dependent limiting age of up to 26/26 student/non-student and may not be amended upward.

### **Federal Mental Health Parity**

The Federal Mental Health Parity and Addiction Equity Act of 2008 applies to self-funded plans for Plan Years beginning on or after October 3, 2009. Given that yours is a self-funded Plan, it is ultimately up to you (the Client) to comply with Federal Mental Health Parity. We can continue to make our recommendation regarding application and how we think your Plan should be designed in order to comply but we are not in the position to provide self-funded Clients legal advice. Therefore, you should speak to your own legal counsel and make the final determination related to compliance with Federal Mental Health Parity.