



Billing and banking handbook

Small Group Aetna Funding AdvantageSM

Thanks for choosing Aetna Funding Advantage—you've made a great choice. This billing and banking handbook covers information about your bill. And it will show you how Aetna Funding Advantage payments work. Be sure to keep this document handy for future reference.

Our billing timeline:

By the *twenty-second* of each month, we post your monthly invoice on Springboard. If you don't use Springboard, your invoice will be posted to the employer secure website by the *twenty-second*. We base your invoice on the employees and their dependents enrolled for coverage on the *eighteenth* of that month. On the *second* business day of the following month, we will pull funds from your account. If enrollment changes after the *eighteenth* of the month, we'll show the changes as a retroactive adjustment on the next month's statement.

*Install implies enrollment has been completed and an invoice has been generated

Your first bill:

- We may fully install* your group prior to the *twenty-fifth* of the month before your effective date. If we do, on the *second* business day of the following month, we'll pull funds from your account.
- We may install your group between the *twenty-six* and the *fourteenth* of the month after your effective date. Then we'll pull funds about a week later.
- We may install benefits any time after the *fifteenth* of your effective date. Your first invoice will reflect current month and any prior month charges.

Bill summary

TEST A*TEST*PSAXML_TEDDY

1. Bill information

- **Prepared date** –

Date invoice generated

- **Bill number** –

Invoice number

- **Triad number** –

Internal use only

- **Account number** –

Unique and specific to your account

- **Bill package** –

Internal use only

- **Service period** – Coverage/billing period

- **Payment due date** – When the payment is due and funds will be withdrawn.

TEST A*TEST*PSAXML_TEDDY
TEST AFN LN
ADD
CITY VA 20101-0000

Prepared Date: 01/20/22
Bill Number: H9683937
Triad Number: J202
Account Number: 102026132
Bill Package: 1001
Service Period: 02/01/22-02/28/22
Payment Due Date: 02/08/22

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| SUMMARY OF ACCOUNT: | |
|---|-------------------|
| Opening Balance | \$0.00 |
| Total Payments Received Since Last Bill | \$0.00 |
| Current Inforce Charges | \$2,383.36 |
| Retroactivity Charges | \$4,170.88 |
| Current Admin/Other Adjustment Charges | \$0.00 |
| Current Net Charges | \$6,554.24 |
| AMOUNT DUE: | \$6,554.24 |

Please refer to your copy of the Banking Consent Form for payment agreement. If you have any questions, please contact your Client Manager or the Aetna Answer Team at 877-232-1621.

Notice: Final amount is due from your bank account by the due date listed above. If adequate funds are not available by the due date, a late payment charge may be applied to your next invoice or your contract and the benefits thereunder may be terminated as a result.

Aetna and Aetna Business plans administered by Aetna will appear as ALIC or AHM on your financial institution statement

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2. Summary of account

- **Opening balance** – Unpaid prior balances
- **Total payments received since last bill** – Any payment received prior to invoice prepared date
- **Current inforce charges** – Total Aetna Funding AdvantageSM membership charges for the indicated service period
- **Retroactivity charges** – Charges/credits for membership that has been terminated/changed or added during the indicated service period
- **Current admin/other adjustment charges** – Adjustment charges/credits that may occur, such as any prior agreed upon programs
- **Current program and other charges** – Doesn't apply to Aetna Funding Advantage invoices
- **Current net charges** – Total charges/credits listed on the invoice
- **Amount due** – Final total balance due including any opening balances

3. Messages

Provide you with important information including but not limited to:

- Your invoice
- Your payment
- Your due date
- Contact information for questions and concerns



Plan key

You may want to see how your membership is being billed in more detail. On page two, you'll find the necessary reference material for you to better understand your invoice.

1. Product/plan/type

- a. Product – Medical (Aetna Funding AdvantageSM) will always be listed as Medical)
- b. Specific plan type – Each individual member charge is broken into several types of coverage; these will be listed under this category
- c. Type – This labels a number to the specific plan type, listed above

2. Transaction type/definition

- a. Any changes made to membership will be labeled under the retroactivity charges/credits page on the invoice. (ex: N = New, T = Terminated employee)

3. Family code/description (medical tier)

Depending on how the plan membership is enrolled, it will be labeled as family code (or medical tier) to identify which plan has been selected.

- a. 1 = Employee only plan
- b. 2 = Employee and spouse plan
- c. 3 = Employee and children plan
- d. 4 = Family plan

*Plan Key

Please reference this key while reviewing membership at benefit level.

| Product | Specific Plan Type | *Type |
|----------------|----------------------|-------|
| Medical | Informed Health Line | 0106 |
| | OA POS | 0415 |
| | STOP LOSS | 0500 |
| | ECF | 0520 |
| | TRF | 0521 |

| *Trans Type | Trans Type Definition |
|-------------|-----------------------|
| N | New Employee |
| T | Terminated Employee |
| C | Changed Employee |
| R | Reinstated Employee |

| Family Code | Description |
|-------------|------------------|
| 1 | EE |
| 2 | EE + Spouse |
| 3 | EE + Child (ren) |
| 4 | Family |

Employee, Employee + Spouse, Employee + Child(ren) and Family are the 4 standard tiers

Current inforce charges

1. **Employee name**
2. **Effective date** – Original effective date enrolled on the plan
3. **Family code** – Per the plan key, this represents family code to identify selected plan tier
4. **Type/amount** – Per the plan key, breakdown of all charges for the referenced member
5. **Total** – The total amount billed for referenced member for the specific Aetna Funding AdvantageSM product
6. **Total due for above** – The sum of all billed membership

CURRENT INFORCE CHARGES

| Empl Name 1 | Eff Date 2 | Family Code 3 | Medical | | Total 5 |
|--|---------------|------------------|------------|------------|------------|
| | | | *Type 4 | Amount | |
| AFA CHOICE POS II 1500 100/70 PY | | | | | |
| Bose, Laura | 12/01/21 | 1 | 0106 | 0.00 | \$595.84 |
| | | | 0415 | 55.22 | |
| | | | 0500 | 128.85 | |
| | | | 0520 | 366.17 | |
| | | | 0521 | 45.60 | |
| Xxxdavis, Jordan | 01/01/22 | 1 | 0106 | 0.00 | \$595.84 |
| | | | 0415 | 55.22 | |
| | | | 0500 | 128.85 | |
| | | | 0520 | 366.17 | |
| | | | 0521 | 45.60 | |
| Xxxlambert, Miranda | 12/01/21 | 1 | 0106 | 0.00 | \$595.84 |
| | | | 0415 | 55.22 | |
| | | | 0500 | 128.85 | |
| | | | 0520 | 366.17 | |
| | | | 0521 | 45.60 | |
| Xxxsmith, Shelley | 12/01/21 | 1 | 0106 | 0.00 | \$595.84 |
| | | | 0415 | 55.22 | |
| | | | 0500 | 128.85 | |
| | | | 0520 | 366.17 | |
| | | | 0521 | 45.60 | |
| AFA CHOICE POS II 1500 100/70 PY Subtotal | | | | \$2,383.36 | \$2,383.36 |
| Total Due for above | | 6 | | \$2,383.36 | \$2,383.36 |

Retroactivity charges/credits

1. **Employee name**
2. **Family code** – Per the plan key, this represents family code (medical tier) to identify selected plan tier
3. **Trans** – Per the plan key, any changes made to membership (ex. N = New, T = Terminated, C= Change)
4. **Effective date** – Effective date of change to membership
5. **Months impacted** – The months applied to this transaction (ex. terminated member updated back two months, retro credits totaling two months impacted)
6. **Type/amount** – Per the plan key, breakdown of all charges for the referenced member
7. **Total** – The total amount billed / credited for referenced member for the specific Aetna Funding AdvantageSM product
8. **Total due for above** – Total amount for each product and total retroactive charges/credits
9. **Current admin/other adjustments** – Adjustment charges/credits that may occur, such as any prior agreed upon programs
10. **Total retroactivity/admin/other adjustments** – Sum of all retroactivity charges/credits (listed on bill summary page)

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| RETROACTIVITY CHARGES/CREDITS | | | | | | | |
|--|-------------------------|------------------------|----------------------|----------------------|---------|---------------------|-------------------|
| Empl Name 1 | Family Code 2 | *T r a n s 3 | Eff Date 4 | Mths Imp 5 | Medical | | Total 7 |
| | | | | | *Type | Amount | |
| AFA CHOICE POS II 1500 100/70 PY | | | | | | | |
| Bose, Laura | 1 | N | 12/01/21 | 2 | 0106 | 0.00 | \$1,191.68 |
| | | | | | 0415 | 110.44 | |
| | | | | | 0500 | 257.70 | |
| | | | | | 0520 | 732.34 | |
| | | | | | 0521 | 91.20 | |
| Xxxdavis, Jordan | 1 | N | 01/01/22 | 1 | 0106 | 0.00 | \$595.84 |
| | | | | | 0415 | 55.22 | |
| | | | | | 0500 | 128.85 | |
| | | | | | 0520 | 366.17 | |
| | | | | | 0521 | 45.60 | |
| Xxxlambert, Miranda | 1 | N | 12/01/21 | 2 | 0106 | 0.00 | \$1,191.68 |
| | | | | | 0415 | 110.44 | |
| | | | | | 0500 | 257.70 | |
| | | | | | 0520 | 732.34 | |
| | | | | | 0521 | 91.20 | |
| Xxxsmith, Shelley | 1 | N | 12/01/21 | 2 | 0106 | 0.00 | \$1,191.68 |
| | | | | | 0415 | 110.44 | |
| | | | | | 0500 | 257.70 | |
| | | | | | 0520 | 732.34 | |
| | | | | | 0521 | 91.20 | |
| AFA CHOICE POS II 1500 100/70 PY Subtotal | | | | | | \$4,170.88 | \$4,170.88 |
| Total Due for above | | | | | | 8 \$4,170.88 | \$4,170.88 |

*See Plan Key

| 9 | Current Admin/Other Adjustments | Date | Amount | Remarks |
|----------|---|------|--------|----------------------|
| | Total Admin/Other Adjustments | | \$0.00 | |
| | Total Retroactivity/Admin/Other Adjustments | | | 10 \$4,170.88 |



Benefit snapshot current membership

- Product** - Products being charged per the plan key (medical/stop loss/ECF/TRF = full Aetna Funding AdvantageSM product)
- Plan type** - Number identifier for each product (plan key should be referenced for detail)
- Description** - This will display the valid family code/medical tiers that billed during this coverage service period (as referenced in plan key)
- Recorded employee/volume** - The number of employees enrolled in the designated family code/medical tiers
- Amount/total** - The amount of each product (plan type) subtotaled and an overall total for all products (plan types)
- Active control-suffix-accounts reflected in this bill** - These are billed group numbers for the coverage/service period being billed. The group number listed on the member's ID card is the active control suffix accounts listed on this page of the invoice.

| BENEFIT SNAPSHOT CURRENT MEMBERSHIP | | | | | | | |
|-------------------------------------|--------------|---|------------|----------|---|------------------------|-------------------|
| 1 | Product | 2 | *Plan Type | 3 | 4 | Recorded Empl / Volume | |
| | | | | | | Empl / Volume | Amount |
| | Medical | | 415 | EE | | 4 | \$220.88 |
| | | | | Subtotal | | | \$220.88 |
| | STOP LOSS | | 500 | EE | | 4 | \$515.40 |
| | | | | Subtotal | | | \$515.40 |
| | ECF | | 520 | EE | | 4 | \$1,464.68 |
| | | | | Subtotal | | | \$1,464.68 |
| | TRF | | 521 | EE | | 4 | \$182.40 |
| | | | | Subtotal | | | \$182.40 |
| | Total | | | | | | \$2,383.36 |

*See Plan Key

ACTIVE CONTROL-SUFFIX-ACCOUNTS (CSA) REFLECTED IN THIS BILL

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0901891-010-00700 AND 00701



Billing and banking explanation

Banking consent form

We designed Aetna Funding AdvantageSM to use a Citibank account we own and maintain. We'll use this account to withdraw funds from your account to meet your monthly invoice total. You don't need to open a separate bank account. You'll just provide information on the account you want us to use to withdraw funds.

Banking setup letter

This letter provides information that your bank would need if you have a debit block (or additional security measures) on the account you've provided via the banking consent form. If you have any questions about this, ask your bank directly because it varies by bank. The letter will use the two items below to let the bank designate us an authorized debtor:

- a. Our customer ID number (used to identify who is debiting the account) is **1266033492**.
- b. Our customer name (the name of the party that is debiting the account) is **AETNA AFA**.

Invoice payment

Aetna Funding Advantage is paid-as-billed (review our billing timeline for clarification). If you notice missing enrollments or terminations on your invoice, you can use our online enrollment system to make these updates.

If you aren't set up for online enrollment changes, please contact your account manager, plan sponsor service coordinator or the Aetna AnswerSM Team and they will help you process the open enrollment updates.

Other Aetna[®] invoices

If you're moving from an existing product to an Aetna Funding Advantage product, it is possible that you may receive an invoice for your previous product. You don't need to pay the current medical portion of this invoice. Instead, you'll get an Aetna Funding Advantage invoice for your medical coverage. Because Aetna Funding Advantage is a separate medical product, it needs a separate and accurate invoice. Aetna Funding Advantage will only withdraw from your account for invoices related to that product. If you have questions about what you owe, you can call us at the number on your invoice.

This product doesn't support enrollment proration. Members who are effective on the first day of the month will be charged for the full month. Any member that isn't effective until after the first day of the month will not be charged for that month.

Please note: We'll send a separate invoice for other products like dental or vision plans. You'll need to pay the appropriate teams separately. You can contact the numbers on those invoices with any questions.



Banking set up letter

The withdrawal from your account will happen on the second business day of each month. To ensure the withdrawal goes through properly, make sure that we are authorized with your bank.

If there is a debit block (additional security measures) on your bank account, please contact your bank directly and give them the following information. They may require this to authorize withdrawals.

Company ID: 1266033492

Company name: AETNA AFA

If you have any questions regarding this setup, please contact Aetna Funding AdvantageSM banking team at:
AetnaFundingAdvantageBilling@Aetna.com.

Sincerely,

Aetna Funding Advantage team

[Aetna] Funding AdvantageSM plans are self-insured by the employer and administered by [Aetna Life Insurance Company]. Stop loss insurance coverage is offered by Aetna Life Insurance Company.