



## Aetna Funding Advantage Bill Explanation

The purpose of this document is to give you an overview of the Aetna Funding Advantage (AFA) invoicing process. The AFA Invoice is comprised of 3 elements: the Bill Presentment Tab, the Enrollment Tab and the Change Tab.

### Bill Presentment Tab

1. **CONTROL NUMBER** – An internal designator number used within our invoicing system to identify your company.
2. **ACCOUNT NAME** – The name of your company as it appears in our invoicing system.
3. **MARKET SEGMENT** – An internal division designator based on your company's size.
4. **MONTH INVOICED** – The coverage month that is being invoiced.
5. **ENROLLMENT CAPTURE DATE** – The date we capture enrollment from our eligibility system. For a normal invoice cycle this will be the 21<sup>st</sup> of the month. All changes need to be in our system prior to this date in order to appear on the invoice. Any adds, changes or terminations made after this date will appear on a future invoice as retroactivity.
6. **INVOICE GENERATION DATE** – The date the invoice was generated.
7. **INVOICE PAYMENT DATE** – The date payment is due for the invoice. For a normal invoice cycle, you will be invoiced on or before the 25<sup>th</sup> and payment will be debited from your bank account on the 2<sup>nd</sup> business day of the following month.

NOTE: It is possible your first invoice will be produced off cycle. This would only occur once and only if you are not fully set up by the 20<sup>th</sup> of the month prior to your effective date. If this happens and you are set up by the 9<sup>th</sup> of the following month we will send your invoice on the 10<sup>th</sup> and the funds will be pulled from your account on the 17<sup>th</sup>. All subsequent invoices will be on the normal invoice cycle.

If you are not set up by the 9<sup>th</sup> then you will receive two invoices on the 25<sup>th</sup>; one for the prior month and one for the current month.

The middle portion of the Bill Presentment Tab displays information for current enrollment in the upper section and retroactivity in the lower section. These sections display summary level information of the Enrollment and Change Tabs.

8. **TIERS** – The product supports four billing tiers:
  - Employee Only
  - Employee and Spouse
  - Employee and Children
  - Family
9. **LIVES/MONTHS** – For current enrollment, the total number of employees enrolled for the current month. For retroactivity, the net number of subscriber months retroactively adjusted.
10. **ADMINISTRATION FEE** – Fee charged for administering your account.
11. **STOP LOSS PREMIUM** – Premium charged for providing Stop Loss services for your account.
12. **AGGREGATE CLAIMS FUNDING** – Funding used to pay claims.
13. **TERMINAL RESERVE** – Funding used to pay claims in the case of termination.
14. **TOTAL PLAN COSTS** – The total of the four billing components.
15. **FINAL AMOUNT DUE** – The invoice total that is due by the **INVOICE PAYMENT DATE**.

## Enrollment Tab

The Enrollment Tab will list all your active employees along with their associated dependents. This is subtotaled by the control, suffix, account, plan and tier. This listing is provided as an Excel document so you can manipulate it however works best for you.

16. **CONTROL SUFFIX ACCOUNT** – Subgrouping of your active enrollment.
17. **SUBSCRIBER ID** – A number used to identify the employee. Dependents will show the number of the associated employee.

Additional demographic information is provided such as First Name, Last Name and Date of Birth to help identify the person enrolled.

18. **TOTAL** – The total rate charged for each enrollee. Note that rates are only assessed on employees and not dependents.

## Change Tab

The Change Tab will list all the changes made in membership since the last enrollment capture date (retroactivity). If no retroactivity took place then this tab will not be displayed.

The report is subtotaled by the control, suffix, account, plan and tier. It is formatted similarly to the Enrollment Tab with the addition of 3 fields: Eff Date, Coverage Status and Months.

19. **EFF DATE** – The effective date of the change in membership (termination, enrollment or rate change).
20. **COVERAGE STATUS** – A description of the retroactivity. The following coverages statuses are used:
  - 90 – Term      Credit for termination
  - 0 – Add        Charge for enrollment
  - 90 – Rate      Credit for rate/tier change
  - 0 – Rate        Charge for rate/tier change

On the sample invoice provided, dependent Lorelei was enrolled effective 3/1/2016 with a coverage status of 0 – Add. This resulted in the employee Jacklyn having a rate/tier change from Employee Only to Employee + Children. This is indicated with a coverage status of “90 – Rate” credit for the Employee Only coverage and a “0 – Rate” charge for the Employee + Children coverage.

NOTE: This product does not allow for proration. Anyone enrolled on the 1<sup>st</sup> of the month will be charged for the full month. Anyone enrolled after the 1<sup>st</sup> will not be charged for that month. Similarly, anyone terminated after the 1<sup>st</sup> of the month will not be credited for that month.

21. **MONTHS** –The number of months credited or charged for retroactivity.

## Billing Contacts

Please email [AetnaFundingAdvantageBilling@Aetna.com](mailto:AetnaFundingAdvantageBilling@Aetna.com) with any contacts you would like to receive the monthly invoice. Be sure to include your company name in the email as well.

# Aetna Funding Advantage Invoice



CUSTOMER NUMBER:	0123456
ACCOUNT NAME:	A Good Company
MARKET SEGMENT:	Small Group
MONTH INVOICED:	April 2016
ENROLLMENT CAPTURE DATE:	March 21, 2016
INVOICE GENERATION DATE:	March 25, 2016
INVOICE PAYMENT DATE:	April 4, 2016

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This invoice is based on enrollment loaded into the system by the 20th of the month, prior to the month being invoiced. Enrollment updates will be reflected in next month's invoice and detailed below in the Retro Activity section of the invoice.

Final amount is due from your designated bank account into an Aetna Citibank account by the payment date listed above (2nd business day). Please ensure adequate funds are available prior to the invoice payment date.

If adequate funds are not available, late payment charges may be applied to your next invoice.

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CURRENT MONTHLY CHARGES						
TIERS	LIVES	ADMINISTRATION FEE	STOP LOSS PREMIUM	AGGREGATE CLAIMS FUNDING	TERMINAL RESERVE	TOTAL PLAN COSTS
EE	8	\$408.64	\$998.28	\$1,366.12	\$161.40	\$2,934.44
EE + SP	2	\$140.68	\$566.62	\$1,073.32	\$103.64	\$1,884.26
EE + CH	4	\$324.72	\$982.05	\$1,394.90	\$157.25	\$2,858.92
Family	4	\$421.04	\$1,613.24	\$2,382.42	\$257.06	\$4,673.76
<b>Total</b>	<b>18</b>	<b>\$1,295.08</b>	<b>\$4,160.19</b>	<b>\$6,216.76</b>	<b>\$679.35</b>	<b>\$12,351.38</b>

RETRO ACTIVITY (ADDITIONS & TERMINATIONS)						
TIERS	MONTHS	ADMINISTRATION FEE	STOP LOSS PREMIUM	AGGREGATE CLAIMS FUNDING	TERMINAL RESERVE	TOTAL PLAN COSTS
EE	-1	(\$51.08)	(\$127.58)	(\$188.89)	(\$21.39)	(\$388.94)
EE + CH	2	\$81.18	\$253.86	\$403.43	\$42.98	\$781.45
<b>Total</b>	<b>1</b>	<b>\$30.10</b>	<b>\$126.28</b>	<b>\$214.54</b>	<b>\$21.59</b>	<b>\$392.51</b>

<b>Final Amount Due</b>	<b>\$1,325.18</b>	<b>\$4,286.47</b>	<b>\$6,431.30</b>	<b>\$700.94</b>	<b>\$12,743.89</b>
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Enrollment Tab

16		17									AGGREGATE CLAIMS	TERMINAL	18
CONTROL SUFFIX ACCOUNT	TIER	SUBSCRIBER ID	LAST NAME	FIRST NAME	DOB	RELATION	EFF DATE	ADMIN FEE	STOP LOSS	FUNDING	RESERVE	TOTAL	
0123456-010-00702 Plan 138	EE							<b>\$204.32</b>	<b>\$510.32</b>	<b>\$755.56</b>	<b>\$85.56</b>	<b>\$1,555.76</b>	
		xxx-xx-5199	TURTLE	BRYAN	10/07/1977		12/01/2015	\$51.08	\$127.58	\$188.89	\$21.39	\$388.94	
		xxx-xx-0599	GOOSE	TED	04/03/1979		12/01/2015	\$51.08	\$127.58	\$188.89	\$21.39	\$388.94	
		xxx-xx-6199	CAT	TRENT	02/09/1967		12/01/2015	\$51.08	\$127.58	\$188.89	\$21.39	\$388.94	
		xxx-xx-9999	DOG	ASHLEY	10/02/1981		12/01/2015	\$51.08	\$127.58	\$188.89	\$21.39	\$388.94	
0123456-010-00702 Plan 138	EE + CH							<b>\$81.18</b>	<b>\$253.86</b>	<b>\$403.43</b>	<b>\$42.98</b>	<b>\$781.45</b>	
		xxx-xx-0699	DUCK	JACKLYN	05/23/1980		12/01/2015	\$81.18	\$253.86	\$403.43	\$42.98	\$781.45	
		xxx-xx-0699	DUCK	LORELEI	01/07/2015	D	03/01/2016	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
0123456-010-00702 Plan 138	EE + SP							<b>\$140.68</b>	<b>\$566.62</b>	<b>\$1,073.32</b>	<b>\$103.64</b>	<b>\$1,884.26</b>	
		xxx-xx-8399	MOOSE	ANNE	05/24/1974		12/01/2015	\$70.34	\$283.31	\$536.66	\$51.82	\$942.13	
		xxx-xx-8399	MOOSE	CARY	10/23/1970	H	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-1699	DEER	TOM	11/02/1955		12/01/2015	\$70.34	\$283.31	\$536.66	\$51.82	\$942.13	
		xxx-xx-1699	DEER	SUSAN	06/08/1955	W	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
0123456-010-00702 Plan 138	Family							<b>\$210.52</b>	<b>\$824.70</b>	<b>\$1,306.42</b>	<b>\$136.28</b>	<b>\$2,477.92</b>	
		xxx-xx-8199	CONDOR	GARY	12/02/1969		12/01/2015	\$105.26	\$412.35	\$653.21	\$68.14	\$1,238.96	
		xxx-xx-8199	CONDOR	JAMIE	08/09/2013	D	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-8199	CONDOR	DIANN	03/20/2015	D	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-8199	CONDOR	JENNIE	05/15/1971	W	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-3899	GOAT	ERIC	08/18/1965		12/01/2015	\$105.26	\$412.35	\$653.21	\$68.14	\$1,238.96	
		xxx-xx-3899	GOAT	THOMAS	12/04/2008	S	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-3899	GOAT	ANTHONY	08/28/2004	S	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-3899	GOAT	BETH	08/22/1974	W	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
0123456-010-00704 Plan 139	EE							<b>\$204.32</b>	<b>\$487.96</b>	<b>\$610.56</b>	<b>\$75.84</b>	<b>\$1,378.68</b>	
		xxx-xx-8899	MOUSE	MARY	12/29/1970		12/01/2015	\$51.08	\$121.99	\$152.64	\$18.96	\$344.67	
		xxx-xx-3999	KOALA	ERIC	10/29/1981		12/01/2015	\$51.08	\$121.99	\$152.64	\$18.96	\$344.67	
		xxx-xx-6499	LLAMA	NICHOLAS	01/19/1985		12/01/2015	\$51.08	\$121.99	\$152.64	\$18.96	\$344.67	
		xxx-xx-2299	JAGUAR	DENNIS	08/31/1955		12/01/2015	\$51.08	\$121.99	\$152.64	\$18.96	\$344.67	
0123456-010-00704 Plan 139	EE + CH							<b>\$243.54</b>	<b>\$728.19</b>	<b>\$991.47</b>	<b>\$114.27</b>	<b>\$2,077.47</b>	
		xxx-xx-5299	HAWK	WAYNE	10/31/1982		12/01/2015	\$81.18	\$242.73	\$330.49	\$38.09	\$692.49	
		xxx-xx-5299	HAWK	BRANDON	01/17/2008	S	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-2799	PIG	MARK	08/11/1972		12/01/2015	\$81.18	\$242.73	\$330.49	\$38.09	\$692.49	
		xxx-xx-2799	PIG	KEVIN	02/15/2003	S	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-2799	PIG	STEVEN	03/25/1997	S	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-2799	PIG	WILLIAM	03/28/2014	S	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-1299	ELEPHANT	LLOYD	07/07/1975		12/01/2015	\$81.18	\$242.73	\$330.49	\$38.09	\$692.49	
		xxx-xx-1299	ELEPHANT	ASHLEIGH	04/30/1995	D	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
0123456-010-00704 Plan 139	Family							<b>\$210.52</b>	<b>\$788.54</b>	<b>\$1,076.00</b>	<b>\$120.78</b>	<b>\$2,195.84</b>	
		xxx-xx-5299	CHICKEN	ROBERT	02/24/1972		12/01/2015	\$105.26	\$394.27	\$538.00	\$60.39	\$1,097.92	
		xxx-xx-5299	CHICKEN	NATALIE	05/19/2009	D	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-5299	CHICKEN	GABRIEL	07/29/2005	S	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-5299	CHICKEN	ELAINE	12/31/1980	W	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-5299	ZEBRA	ERIC	03/14/1981		12/01/2015	\$105.26	\$394.27	\$538.00	\$60.39	\$1,097.92	
		xxx-xx-5299	ZEBRA	VIVIAN	03/05/2013	D	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-5299	ZEBRA	ANNETTE	05/10/2009	D	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		xxx-xx-5299	ZEBRA	SAMANTHA	04/09/1986	W	12/01/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	



# Aetna Funding Advantage Banking Explanation

## Banking Consent Form

The Aetna Funding Advantage (AFA) product is designed to work with a Citibank account, which Aetna will own and maintain. This is the account that will debit your bank account for your monthly invoice total. You do not need to open a separate bank account for this to take place, just provide the account you would like Aetna to debit.

## Banking Setup Letter

A sample Banking Setup Letter has been included. Your actual Banking Setup Letter will be generated after we receive your Banking Consent Form. This letter provides information that your bank would need *if you have a debit block on the account you provided on the Banking Consent Form*. This information allows the bank to identify Aetna as the debiting party using the 3 below items:

1. Aetna's Citibank account number that will be debiting the account.
2. Aetna's Customer ID Number (a number used to identify who is debiting the account).
3. Aetna's Customer Name (the name of the party that is debiting the account).

NOTE: The Customer Name listed on the debit will be **Middletown SAMP**. This is the name of Aetna's processing profile that will be initiating the debit.

## Invoice Payment

This product is designed to be paid-as-billed. If upon review of your invoice you notice enrollments or terminations that need to take place, please utilize EZEEnroll to make these updates. If you are not set up for EZEEnroll, please contact your account manager, plan sponsor service coordinator or the Aetna Answer Team and they will assist with processing enrollment updates. Once the updates have been processed in our system they will show up on a future invoice as retroactivity.

## Legacy Invoices

If you are moving from an existing Aetna product to the AFA product it is possible that you may receive your current invoice for your previous Aetna product. Please do not pay the medical portion of this invoice since you will be receiving an AFA invoice for your medical coverage.

If you do pay this invoice by mistake, please let [AetnaFundingAdvantageBilling@Aetna.com](mailto:AetnaFundingAdvantageBilling@Aetna.com) know as soon as possible. We will have the payment applied against your first AFA invoice.

## Questions

If you have any questions regarding the sample invoice or the banking arrangement, please contact the AFA Billing / Banking team at [AetnaFundingAdvantageBilling@Aetna.com](mailto:AetnaFundingAdvantageBilling@Aetna.com).

## Banking Setup Letter



August 8, 2016

Dear A Good Company:

Please authorize and establish with your bank, State Bank, that Aetna will be initiating an ACH Debit into the Citibank account listed below. This ACH Debit will occur each month out of your bank account number 0000987654321 into the below account owned by Aetna:

<b>Bank Name:</b>	Citibank
<b>1 Account Number:</b>	3821-9999
<b>ABA Number:</b>	031100209

If there is a debit block on your bank account the debit filter information is listed below.

<b>2 Company ID:</b>	0004897593
<b>3 Company Name:</b>	Middletown SAMP

If you have any questions regarding this set up, please contact the Aetna Funding Advantage (AFA) Banking Team at the email address below.

[AetnaFundingAdvantageBilling@AETNA.com](mailto:AetnaFundingAdvantageBilling@AETNA.com)

Sincerely,

Aetna Funding Advantage Banking Team