



## Aetna Funding Advantage Illustrative Pricing Tool Instructions

This tool provides illustrative pricing for the Aetna Funding Advantage products. The proposal output is illustrative and non-underwritten. Stop loss rates are subject to change based upon medical underwriting review and compliance with state specific regulations. Group eligibility will also be validated during the Underwriting process. Not all members may be eligible for this network. The number of enrolled subscribers must fall within the allowed range for this product.

**Please note the following important requirements for coding:** The census is member-level and all fields in the blue section must be completed. The purple section is necessary if the group is being sent to Underwriting for medical pricing. If the tool has a network identified on a tab this means that your market has an Accountable Care Organization (ACO) available. For example, Texas has a tab with Memorial Hermann. Quotes of this nature include all employees quoted on the ACO without regard to zip codes in the state. This tool does not support eligibility; please contact your sales rep for information on what zip codes in your state are eligible for ACO.

### Input Tab

- A. Group Name: Enter group name
- B. Commission: Enter commission amount
- C. Effective Date: Enter effective date
- D. Group Zip Code: Enter company zip code
- E. SIC Code: Enter SIC code

Group Name	COMPANY ABC
Commission	\$29.00 per employee per month
Effective Date	12/01/2016
Group Zip Code	43003
SIC Code	6531

**You will have 8 columns for census data: DOB, Sex, Home Zip, Coverage Type, Member Type, Last name, First Name, and Work Status:**

- F. Date of Birth: Enter DOBs from census.
- G. Sex: Enter gender info from census.
- H. Home Zip: Enter home zip codes from census.
- I. Coverage Type: Enter coverage type EEOOnly, EESpOnly, EEChren, EEFamily, or Waive – code the subscriber and dependent(s) field.
- J. Member Type: Code all subscribers and dependents as EE, SP, or CH.
- K. Last Name: Enter last names from census.
- L. First Name: Enter first names from census.
- M. Work Status: Enter work status for all subscribers on census (Active, Cobra, or Waive).

DOB	Sex	Home Zip	Coverage Type	Member Type	Last Name	First Name	Work Status
01/01/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/02/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/03/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/04/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/05/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/06/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/07/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/08/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/09/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/10/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active
01/11/1960	M	43003	EEOOnly	EE	Last Name	First Name	Active

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

## Portfolio Tab

When the above information has been populated, your illustrative quote (non-underwritten) has been populated on the “Portfolio Tab”.

- Click “Portfolio Tab”.
- The portfolio tab will show rates and plans which are populated based on the census data entered on the “Input Tab”.

Aetna Funding Advantage  
Financial Group Summary



*This proposal is illustrative and non-underwritten. Monthly costs are subject to change based upon medical underwriting review and compliance with state-specific regulations. Group eligibility will also be validated during the underwriting process. Not all members may be eligible for this network. The number of enrolled subscribers must fall within the allowed range for this product.*

Contract State: OH	Contract Period: 12/01/2016 - 11/30/2017	Contract Type: 12/12
Zipcode: 43003	ISL Level: 30,000	Surplus Return Type: 50%
Quote Type: Illustrative	ASL Level: 110%	
	Stop Loss Maximum: Unlimited	

Quote Date: 09/07/2016

		AFA Choice POS II 500 100/70 VP	AFA Choice POS II 1000 100/70 VP	AFA Choice POS II 1500 100/70 VP	AFA Choice POS II 2000 100/70 VP	AFA Choice POS II 2500 100/70 VP	AFA Choice POS II 3000 100/70 VP	AFA Choice POS II 4000 100/70 VP	AFA Choice POS II 5000 100/70 VP	AFA Choice POS II 500 80/60 VP
Monthly Cost	Subscribers									
Employee	11	\$905.04	\$869.13	\$819.28	\$788.54	\$755.86	\$731.19	\$686.48	\$637.63	\$820.36
Employee + Spouse	0	\$2,163.05	\$2,077.22	\$1,958.09	\$1,884.62	\$1,806.52	\$1,747.55	\$1,640.69	\$1,523.94	\$1,960.65
Employee + Children	0	\$1,891.54	\$1,816.48	\$1,712.30	\$1,648.05	\$1,579.76	\$1,538.19	\$1,494.74	\$1,392.65	\$1,714.54
Employee + Family	0	\$3,049.99	\$2,928.97	\$2,760.99	\$2,657.39	\$2,547.26	\$2,464.12	\$2,313.44	\$2,148.82	\$2,764.60
Monthly Cost	11	\$9,955.46	\$9,560.44	\$9,012.13	\$8,673.97	\$8,314.50	\$8,043.13	\$7,551.28	\$7,013.94	\$9,023.92
Annual Cost		\$119,465.50	\$114,725.30	\$108,145.55	\$104,087.61	\$99,774.06	\$96,517.50	\$90,615.31	\$84,167.27	\$108,287.04

	AFA Choice POS II 500 100/70 VP	AFA Choice POS II 1000 100/70 VP	AFA Choice POS II 1500 100/70 VP	AFA Choice POS II 2000 100/70 VP	AFA Choice POS II 2500 100/70 VP	AFA Choice POS II 3000 100/70 VP	AFA Choice POS II 4000 100/70 VP	AFA Choice POS II 5000 100/70 VP	AFA Choice POS II 500 80/60 VP
Benefit Overview									
Medical Deductible (Network)	\$500 / \$1,000	\$1,000 / \$2,000	\$1,510 / \$3,000	\$2,000 / \$4,000	\$2,510 / \$5,000	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$500 / \$1,000
Medical Deductible (Non-Network)	\$2,000 / \$6,000	\$2,000 / \$6,000	\$3,000 / \$9,000	\$4,000 / \$12,000	\$5,000 / \$15,000	\$6,000 / \$18,000	\$8,000 / \$24,000	\$10,000 / \$30,000	\$2,000 / \$6,000
Medical Coinsurance (Network)	100%	100%	100%	100%	100%	100%	100%	100%	80%
Medical Coinsurance (Non-Network)	70%	70%	70%	70%	70%	70%	70%	70%	60%
Maximum OOP (Network)	\$3,000 / \$6,000	\$3,510 / \$7,000	\$4,000 / \$8,000	\$4,510 / \$9,000	\$5,000 / \$10,000	\$5,510 / \$11,000	\$6,510 / \$13,000	\$6,850 / \$13,700	\$3,000 / \$6,000
Maximum OOP (Non-Network)	\$10,000 / \$30,000	\$12,000 / \$36,000	\$13,000 / \$39,000	\$14,000 / \$42,000	\$15,000 / \$45,000	\$16,000 / \$48,000	\$23,000 / \$69,000	\$25,000 / \$75,000	\$12,000 / \$36,000
PCP/Specialist (Network)	\$20/\$40	\$20/\$40	\$25/\$50	\$25/\$50	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$25/\$50
Inpatient	100%	100%	100%	100%	100%	100%	100%	100%	80%
Emergency Room / Urgent Care (Network)	\$150 / \$75	\$150 / \$75	\$200 / \$75	\$200 / \$75	\$200 / \$75	\$200 / \$75	\$200 / \$75	\$200 / \$75	\$200 / \$75
	10/35/60/20% to \$250/40% to \$500	10/35/60/20% to \$250/40% to \$500	10/35/60/20% to \$250/40% to \$500	10/35/60/20% to \$250/40% to \$500	10/35/60/20% to \$250/40% to \$500	10/35/60/20% to \$250/40% to \$500	10/35/60/20% to \$250/40% to \$500	10/45/70/20% to \$250/40% to \$500	10/35/60/20% to \$250/40% to \$500
Rx Copay	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
Rx Deductible	\$3,000 / \$6,000	\$3,510 / \$7,000	\$4,000 / \$8,000	\$4,510 / \$9,000	\$5,000 / \$10,000	\$5,510 / \$11,000	\$6,510 / \$13,000	\$6,850 / \$13,700	\$3,000 / \$6,000
Rx Maximum OOP									

- Go back to your “Input Tab”. You will see “Output Location”. Enter the location of the folder that you would like to save your output file. Example: Folder on your desktop
- Click “Get Output Files”. This will send the final saved file to your designated folder.

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