



# First-class

## Billing and Banking Handbook Aetna Funding Advantage

Thanks for choosing Aetna Funding Advantage (AFA) – you’ve made a great choice. This billing and banking handbook covers important information about your bill and how AFA payments work. Make sure you keep this document handy for future reference.

### Our billing timeline:

By the 22nd of each month, we post your monthly AFA invoice on Springboard Marketplace. If you don’t use Springboard, your invoice will be posted to the Employer Secure Website by the 22nd. We base your invoice on the employees and their dependents enrolled for coverage on the 18th of that month. On the second business day of the following month, we will pull funds from your account. If enrollment changes after the 18th of the month, we’ll show the changes as a retroactive adjustment on the next month’s statement.

### Your first bill:

If we install\* your group prior to the 25th of the month before your effective date, on the second business day of the following month, we will pull funds from your account. If we install your group between the 26th and the 14th of the month after your effective date, we will pull funds about a week later. If we install your group any time after the 15th of your effective date, your first invoice will reflect current month charges and any prior month(s) charges. The date we will pull funds will appear on the invoice under payment due date.

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

**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).** Aetna Funding Advantage (AFA) plans are self-funded, meaning the benefits coverage is offered by the employer. Aetna Life Insurance Company only provides administrative services and offers stop loss insurance coverage to the employer.

# Bill Summary

## 1. Bill information

- Prepared date — date the bill was generated
- Bill number— bill identifier
- Triad number— for internal Aetna use only
- Account number— unique identification number for your account (this should be included on all correspondence)
- Bill package — multiple statement identifier
- Service period — the coverage billing period
- Payment due date — date payment is due

## 2. Customer information

Your name, contact and mailing address

## 3. Summary of account

- Opening balance — prior month's balance due
- Total payments received since last bill — listing of each payment received since your last bill and the total of these payments
- Current inforce charges — current charges based on active membership as of the prepared date
- Retroactivity charges— charges and credits for activity not previously billed or credited
- Current admin/other adjustment charges — administrative charges for the current period and/or adjustments to previously billed amounts
- Current net charges — total of current inforce charges plus retroactivity and other adjustments
- Amount due — the total amount


## 4. Messages

Important information regarding payment terms and agreement

## 5. Plan key

The plan key, on the back of the invoice summary page, lists the products and plan types your members are enrolled in. Specific plan types have a three-digit type code to reference individual members for the rest of the invoice. It also includes the tier code that represents the coverage level. The Type code can be referenced back to the Current Inforce Charges to identify the benefits each member is billing for.

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Aetna  
Attr: Billing Statement Dist  
P.O. BOX 67103  
Harrisburg PA 17106-7103  
\*000010\*M2B7SUPP\*000033\*

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**FLOWER COMPANY**

FLOWER COMPANY  
ROSIE SMITH  
1111 TULIP STREET  
ATLANTA GA 30370

**1**

Prepared Date: 09/21/17  
Bill Number: V0204272  
Triad Number: J203  
Account Number: 84362608  
Bill Package: 1001  
Service Period: 10/01/17-10/31/17  
Payment Due Date: 10/03/17

**3**

SUMMARY OF ACCOUNT:	
Opening Balance	\$4,457.62
Total Payments Received Since Last Bill	\$4,457.62
Current Inforce Charges Retroactivity Charges Current Admin/Other Adj Current Net Charges	\$4,457.62
<b>AMOUNT DUE:</b>	

**4**

Please refer to your copy of the Bill Summary for questions, please contact your Claims Representative.

**Notice:** Bill is due 15 days after the date of the invoice. Failure to make payment in full by the due date may result in immediate termination of your Agreement.

Aetna and Aetna Business plans and products are subject to the terms and conditions of the institution statement.

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**5**

**\*Plan Key**  
Please reference this key while reviewing membership at benefit level.

Product	Specific Plan Type	*Type
Medical	PPO	0024
	Informed Health Line	0106
	STOP LOSS	0500
	ECF	0520
	TRF	0521

**\*Trans Type**

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

**\*Family Code**

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

Employee, Employee + Spouse, Employee + Child(ren) and Family are the standard 4-tiers of the AFA product.

**ECF:** Estimated Claims Funding  
**TRF:** Terminal Reserve Funding

# Current inforce charges

## 1. Employee name, effective date

Provides the name of each employee and their original effective date

## 2. Family code, type and amount

Provides the tier code, products and cost charged per employee. If an employee is enrolled in multiple products, each one is shown separately. The total cost for all products is in the last column.

## 3. Total

Total amount of premium per employee for all products

## 4. Total due for above charges

Total amount for each product and total current charges reflected above

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 Prepared Date: 09/21/17  
 Bill Number: V0204272  
 Triad Number: J203  
 Account Number: 84362608  
 Bill Package: 1001  
 Service Period: 10/01/17-10/31/17

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 FLOWER COMPANY

**CURRENT INFORCE CHARGES**

Empl Name	Eff Date	Family Code	Medical		Total
			*Type	Amount	
Deller, Wrko	08/01/17	4	0024	44.41	\$1,545.09
			0106	0.00	
			0500	748.71	
			0521	4.55	
			0521	7.42	
Drinker, Water	08/01/17	3	0024	29.05	\$968.40
			0106	0.00	
			0500	468.65	
			0520	422.24	
			0521	48.46	
Georgeer, Philip	08/01/17	1	0024	14.97	\$439.81
			0106	0.00	
			0500	211.98	
			0520	190.98	
			0521	21.92	
Vilianer, Rakkesh	08/01/17	1	0024	14.97	\$439.81
			0106	0.00	
			0500	211.98	
			0520	190.98	
			0521	21.92	
Zdild, Vmlwant	08/01/17	2	0024	31.81	\$1,064.51
			0106	0.00	
			0500	515.32	
			0520	464.29	
			0521	53.29	
<b>Total Due for above</b>				<b>\$4,457.62</b>	<b>\$4,457.62</b>

\*See Plan Key

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# Retroactivity charges/credits

## 1. Employee name, family code

Provides the name of each employee and their tier

## 2. Trans

Transaction type code  
N = new, T = termination, C = change

## 3. Effective date

Effective date of the transaction

## 4. Months impacted

The number of months impacted

## 5. Product type and amount

Product and total premium adjusted per employee

## 6. Total

Total amount of retroactive premium per employee for all products

## 7. Total due for above

Total amount for each product and total retroactive charges/credits

## 8. Current admin/other adjustments

List of current administrative charges and/or adjustments with a corresponding remark/description of the adjustment (debit and credit adjustments are shown separately by date)

## 9. Total retroactivity/admin/other adjustments

A total of the adjustments reflected above

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Prepared Date: 09/21/17  
Bill Number: V0204272  
Triad Number: J203  
Account Number: 84362608  
Bill Package: 1001  
Service Period: 10/01/17-10/31/17

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FLOWER COMPANY

**RETROACTIVITY CHARGES/CREDITS**

Empl Name	Family Code	*T r a n s	Eff Date	Mths Imp	Medical		Total
					*Type	Amount	
Deller, Wrko	4	N	08/01/17	2	0024	88.82	\$3,080.18
					0106	0.00	
					0500	7.42	
					0520	1,349.10	
					0521	154.84	
Drinker, Water	3	N	08/01/17	2	0024	58.10	\$1,938.80
					0106	0.00	
					0500	937.30	
					0520	844.48	
					0521	98.92	
Georgeer, Philip	1	N	08/01/17	2	0024	29.94	\$879.82
					0106	0.00	
					0500	423.92	
					0520	381.92	
					0521	43.84	
Vilaner, Rakkesh	1	N	08/01/17	2	0024	29.94	\$879.82
					0106	0.00	
					0500	423.92	
					0520	381.92	
					0521	43.84	
Zdild, Vmhwant	2	N	08/01/17	2	0024	63.22	\$2,129.02
					0106	0.00	
					0500	1,030.64	
					0520	928.58	
					0521	106.58	
Total Due for above						\$8,915.24	\$8,915.24

\*See Plan Key

Current Admin/Other Adjustments	Date	Amount	Remarks
Total Admin/Other Adjustments		\$0.00	
Total Retroactivity/Admin/Other Adjustments		\$8,915.24	

# Benefit snapshot current membership

## 1. Product

Displays only products with active enrollment

## 2. Plan type

Indicates products (See plan key for reference)

## 3. Description

Indicates for whom the product applies

## 4. Recorded employee/volume

Number of employees enrolled in the plan and corresponding total premium for that tier

## 5. Active control-suffix-accounts (CSA)/company-customer-profile (CCP) reflected in this invoice

The corresponding account structure assigned to this account/bill package

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**aetna** FLOWER COMPANY

Prepared Date: 09/21/17  
 Bill Number: V0204272  
 Triad Number: 7203  
 Account Number: 84362608  
 Bill Package: 1001  
 Service Period: 10/01/17-10/31/17

**BENEFIT SNAPSHOT CURRENT MEMBERSHIP**

Product	*Plan Type	Description	Recorded Empl / Volume	
			Empl / Volume	Amount
Medical	024	EE	2	\$29.84
		EE + Spouse	1	\$31.61
		EE + Child(ren)	1	\$29.05
		Family	1	\$44.41
		<b>Subtotal</b>		<b>\$135.01</b>
STOP LOSS	500	EE	2	\$423.92
		EE + Spouse	1	\$515.32
		EE + Child(ren)	1	\$468.65
		Family	1	\$748.71
		<b>Subtotal</b>		<b>\$2,156.60</b>
ECF	520	EE	2	\$381.92
		EE + Spouse	1	\$464.29
		EE + Child(ren)	1	\$422.24
		Family	1	\$674.55
		<b>Subtotal</b>		<b>\$1,943.00</b>
TRF	521	EE	2	\$43.84
		EE + Spouse	1	\$53.29
		EE + Child(ren)	1	\$48.46
		Family	1	\$77.42
		<b>Subtotal</b>		<b>\$223.01</b>
<b>Total</b>				<b>\$4,457.62</b>

\*See Plan Key

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

0103114-010-00000



# Billing and Banking Explanation

## Banking Consent Form

We designed Aetna Funding Advantage (AFA) 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

We've included a Banking Setup Letter for your review. 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 2 below items:

1. Aetna's Customer ID Number (a number used to identify who is debiting the account) is **1266033492**.
2. Aetna's Customer Name (the name of the party that is debiting the account) is **AETNA AFA**.

## Invoice Payment

Aetna Funding Advantage is paid-as-billed. If upon review of your invoice you notice enrollments or terminations that need to take place, please utilize the online enrollment system to make these updates.

If you are not set up for online enrollment changes, please contact your account manager, plan sponsor service coordinator or the Aetna Answer Team and they will assist with processing enrollment updates.

## Other Aetna 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 product. Please do not pay the current medical portion of this invoice since you will be receiving an AFA invoice for your medical coverage. It is possible you will owe a portion of the medical due to any retroactive changes, so you will want to contact the number listed on that invoice to verify what, if anything, is due.

If you do pay this invoice by mistake, please let [AetnaFundingAdvantageBilling@aetna.com](mailto:AetnaFundingAdvantageBilling@aetna.com) know as soon as possible. We will apply the payment against your AFA invoice or refund to your old account.

**Please note:** Any ancillary products such as Dental, Vision or Life insurance will be invoiced separately and payment will need to be remitted separately. Please contact the number listed on these invoices if you have any questions.

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# Banking Set Up Letter

Please authorize and establish with your bank that Aetna will be initiating an ACH Debit. This ACH Debit will occur each month out of your bank account.

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

**Company ID:** 1266033492

**Company Name:** AETNA AFA

If you have any questions regarding this set up, please contact the Aetna Funding Advantage (AFA) Banking at the following email address: [AetnaFundingAdvantageBilling@aetna.com](mailto:AetnaFundingAdvantageBilling@aetna.com)

Sincerely,

Aetna Funding Advantage Banking Team

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