

Small-Mid Size Business Aetna Funding Advantage Underwriting (UW) Disclosures as of 08-05-2026

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This supplemental underwriting disclosure 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-Mid Size Business Aetna Funding Advantage medical relationships administered by Aetna Life Insurance Company and its affiliates, including Banner Health and Aetna Health Insurance Company and Allina Health and Aetna Insurance Company. 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

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. 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.

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 we 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.

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.

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 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.