



**PA, DE Employer Funding Certification For Small Group Plans with \$1000 or more In-Network Deductible**

Aetna considers an underlying plan to be any employer-funded arrangement or plan that, directly or indirectly, subsidizes, funds or reimburses (or is intended, directly or indirectly, to subsidize, fund or reimburse) any part of a member's deductible expenses. In setting the premium rate for benefit plans with an in-network deductible of \$1000 or more, Aetna assumes that there are no underlying plans in place. If the employer is funding the deductible in excess of 50%, it can be material to the development of pricing for coverage. As such, it is important for us to understand when underlying plans are in use and/or when the Employer implements an underlying plan that funds the deductible in excess of 50%.

**1. Is an underlying plan or arrangement offered, made available or utilized by your company?**

\_\_\_\_\_ **Yes**                      **No** \_\_\_\_\_

**2. If yes, to 1 above, what percentage (%) of the in-network deductible is funded by the underlying plan? \_\_\_\_\_%**

**If "yes," to 1 above, please attach a complete description of the underlying plan.**

By signing below, you are certifying and agreeing that the information provided above is true and complete, and that you will notify Aetna immediately in the event that such information is incorrect or incomplete, or you implement or purchase (or you intend to implement or purchase) an underlying plan to subsidize the member deductible in excess of 50% as described above (if you are not already funding in excess of 50%).

Furthermore, by signing below, you also certify and agree that Aetna shall have the right to adjust the premiums that are due for the policy in accordance with applicable law if the information you have provided above is incorrect or incomplete, or if you implement or purchase an underlying plan that subsidizes the member deductible in excess of 50% as described above.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Name of Officer (Please Print)

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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