



Small Group Underwriting
 3 Independence Way, Suite 400
 Princeton, NJ 08540

<Date>

<Plan sponsor first> <Plan sponsor last>

<Title>

<Company Name>

<Address>

<City>, <ST> <ZIP>

<Group ID>

RE: Notice of proposed rate increase

Dear <Plan sponsor name>:

New York law requires that we send you and your employees, who are certificate holders, notice when we ask the New York Department of Financial Services (formerly the New York State Insurance Department) to approve a rate increase. Therefore, we want you to know that we filed our 2013 rates with the Department of Financial Services for plans renewing from January 1, 2013 through December 31, 2013.

Proposed Rates

The following table reflects the plan name(s) and associated rate increases we have requested for plans renewing during each of the following quarters for your small group plan(s) offered by Aetna Health Inc., Aetna Health Insurance Company of New York, **and/or** Aetna Life Insurance Company. These rate increases are intended to be effective upon your renewal on or after January 1, 2013.

<HMO/POS Plan Name> offered by Aetna Health Inc., and Aetna Health Insurance Company of New York:

<u>Renewal Date</u>	<u>Increase</u>	<u>Renewal Date</u>	<u>Increase</u>
<u>1st Quarter, 2013</u>	<u>8.6%</u>	<u>3rd Quarter, 2013:</u>	<u>10.3%</u>
<u>2nd Quarter, 2013:</u>	<u>9.4%</u>	<u>4th Quarter, 2013:</u>	<u>11.7%</u>

The above rate table includes 1.53% for first quarter through third quarter renewals to cover the cost for new benefits required by State and Federal law.

<TRAD Plan Name> offered by Aetna Life Insurance Company:

<u>Renewal Date</u>	<u>Increase</u>	<u>Renewal Date</u>	<u>Increase</u>
<u>1st Quarter, 2013</u>	<u>11.4%</u>	<u>3rd Quarter, 2013:</u>	<u>10.7%</u>
<u>2nd Quarter, 2013:</u>	<u>11.1%</u>	<u>4th Quarter, 2013:</u>	<u>13.7%</u>

In addition to the rate increases shown above, we will be filing for additional rate increases for new benefits required by State and Federal law outlined in the rate table below.

<TRAD Plan Name> offered by Aetna Life Insurance Company:

<u>Plan Name</u>	<u>Rate Increase</u>
OA EPO 1-11	1.77%

OA EPO 2-11	1.99%
OA EPO 3-11	1.91%
OA EPO 4-11	2.12%
OA EPO 5-11	2.12%
OA EPO 6-11	2.21%
OA MC 3-11	1.88%
OA MC 4-11	2.14%
OA EPO 2-10/10 HSA Compatible	2.14%
OA EPO 4-10/10 HSA Compatible	2.46%
OA EPO 5-11 HSA Compatible	2.72%
OA MC 3-11 HSA Compatible	2.34%
Indemnity 1-10/10	2.20%

Please note that while we try to provide you with the most accurate information possible, your final rate may differ based on the enrollment census, benefit plan design, and other features you select upon renewal.

Prior Notice of Rate Change Action

The Department of Financial Services may approve, modify, or disapprove our proposed rate changes. You will receive additional notice concerning the Department of Financial Service's approval or modification of our proposed rate changes and how your renewal is affected at least 60 days prior to your renewal date.

Why Rates Change

Every year, we spend considerable time evaluating both medical cost history and rates to ensure we account for the current cost trends in the plan premium. The requested increase is directly related to the rising cost of health care services in New York.

These changes have required us to request a rate increase with the Department of Financial Services for all current and new community rated small group customers.

30 Day Comment Period

Plan Sponsors and subscribers have the opportunity to submit written comments to the Department of Financial Services on Aetna's rate filing application and the proposed rate changes within 30 days from the date Aetna submits the rate filing application. The rate filing application was submitted on **00/00/2012**. **If you are interested in submitting comments, you must do so by 00/00/12.** Comments can be submitted to the Department of Financial Services online at:

<https://myportal.dfs.ny.gov/web/prior-approval/welcome> or by contacting:

Health Bureau-Premium Rate Adjustments
 Department of Financial Services
 25 Beaver Street, New York, NY 10004
 Email: PremiumRateIncreases@dfs.ny.gov

Comments should clearly identify the name of the insurer and the member's type of coverage or line of business. All submitted comments will be posted on the Department of Financial Services' website with personal identifying information removed. You may also contact the Department of Financial Services for additional information.

Aetna will also review any comments and answer any questions you may have concerning these proposed rate changes, including the start and conclusion of the 30-day comment period. Please feel free to contact

Aetna's Renewal Specialist Team at 1-888-277-1053 (option 5). Plan representatives are available to assist you from 8 a.m. to 5 p.m. You can also reach us at the following email addresses:

Metro NY: ASGNEMetroNY@aetna.com

Upstate NY: ASGNECT-UpstateNY@aetna.com

Additional Information

Aetna has prepared a narrative summary that provides a more detailed, plain English explanation of the reasons why a premium rate adjustment is being requested. This summary will be posted on both the Aetna website and the New York State Department of Financial Services' website. You can access this information at the following sites:

<http://www.aetna.com/individuals-families-health-insurance/member-guidelines/stateprocess.html>
<https://myportal.dfs.ny.gov/web/prior-approval/welcome>

Sincerely,
Aetna

Enclosure: Subscriber letter

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8 a.m. to 5 p.m. You may also contact us by logging into Aetna Navigator™, our secure member website at www.aetna.com, or call us at 1-888-702-3862.

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