State: *New York* **Filing Company:** *Aetna Health Insurance Company of New York*
TOI/Sub-TOI: *H21 Health - Other/H21.000 Health - Other*
Product Name: *NY SG AHIC 4q12-3q13*
Project Name/Number: *NY SG AHIC 4q12-3q13/*

1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): Yes, Aetna Health Inc. (NY), 04/16/2012, AETN-128159519
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): Blanket
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation).]: Prior Approval Rate Adjustment
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes, AETN-128244716; State Tracking Number: 2012040042

State: *New York* **Filing Company:** *Aetna Health Insurance Company of New York*
TOI/Sub-TOI: *H21 Health - Other/H21.000 Health - Other*
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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual		Revised	Previous State Filing Number: Percent Rate Change Request:	NY SG AHIC Rate Manual 4q12-3q13.pdf,

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General

The attached pages contain worksheets and instructions for calculating the manual rates for the standard plans and NYC Community Plans available from Aetna Health Insurance Company. They include adjustments for certain benefit combinations. Factors for intermediate benefit variations not specifically listed in the factor tables will be derived on an actuarially consistent basis.

Quality Point of Service Calculation

Summary

Rate calculations for Aetna Health Insurance Company's Quality Point of Service (QPOS) and NYC Community Plans combine actuarial methodologies of both HMO (AHI) and non-HMO (AHIC) rate setting to arrive at a blended premium. The specific calculation is outlined below:

1. In-Network calculation

a. From AHI – NY HMO filing, get
   1. HMO (or NYC Community Plan) Medical Rates
   2. QPOS Other Coverage Adjustment Factor
   3. HMO Rider Rates

b. Locate the HMO (or NYC Community Plan) Medical Rates from the Medical Rates Table. Multiply the HMO (or NYC Community Plan) Medical Rates (1a1) by the appropriate Other Coverage Adjustment Factor (1a2) to get In-network (or Tier-1 NYC Community Plan) Medical Premium Rates..

c. Add the Rider Premium Rates (1a3) to get the overall In-Network (or Tier-1 NYC Community Plan) Premium Rates.

2. Out-of-Network calculation

a. Locate the Out-of-Network (or Tier-2 NYC Community Plan) Medical Rates from the QPOS Out-of-Network (or Tier-2 NYC Community Plan) Premium Rates table (Table 1).

3. Combined Rates

a. Add overall In-Network (or Tier-1 NYC Community Plan) Premium Rates (1c) and QPOS Out-of-Network (or Tier-2 NYC Community Plan) Premium Rates (2a) to get Total Premium Rates.

b. Multiply the Total Premium Rates (3a) by the appropriate Area Factor from Table 2.

c. Multiply (3b) by the appropriate Dependent Age Adjustment Factor

Non-Student Age	Student Age	Single	Parent & Child(ren)	Couple	Family
26	26	1.000	1.000	1.000	1.000
30	30	1.000	1.032	1.000	1.032

The rate for an unmarried young adult who chooses coverage under the Young Adult Option would be equal to the rate that would be paid by the young adult's subscriber/parent if that subscriber were billed as a single member.

d. Round rates to nearest dollar.

Table 1a - 4Q 2012 Premium Levels

Plan	OON Deductible	OON Coinsurance Percent	OON Annual Coinsurance Limit	OON Max Benefit (Lifetime)	UNLTD Bio MH?	Single	Parent & Child(ren)	Couple	Family
1	$1,000 / $2,000	70%	$2,000 / $4,000	Unlimited	Yes	$ 209.20	$ 391.51	$ 445.55	$ 637.33
NYC Community Plans*									
Med 1 - NYC	$5,000 / $15,000	70%	$20,000 / $60,000	Unlimited	Yes	$ 20.71	$ 38.95	$ 44.23	$ 63.42
Med 5 - NYC	$5,000 / $15,000	70%	$20,000 / $60,000	Unlimited	Yes	$ 20.48	$ 38.52	$ 43.73	$ 62.71
Med 6 - NYC	$5,000 / $15,000	70%	$20,000 / $60,000	Unlimited	Yes	$ 20.83	$ 39.10	$ 44.66	$ 63.67

* Rates include DME and mandatory offer benefits but exclude Self Injectables

Table 1b - 1Q 2013 Premium Levels

Plan	OON Deductible	OON Coinsurance Percent	OON Annual Coinsurance Limit	OON Max Benefit (Lifetime)	UNLTD Bio MH?	Single	Parent & Child(ren)	Couple	Family
1	$1,000 / $2,000	70%	$2,000 / $4,000	Unlimited	Yes	$ 215.06	$ 402.47	$ 458.02	$ 655.18
NYC Community Plans*									
Med 1 - NYC	$5,000 / $15,000	70%	$20,000 / $60,000	Unlimited	Yes	$ 21.29	$ 40.04	$ 45.46	$ 65.19
Med 6 - NYC	$5,000 / $15,000	70%	$20,000 / $60,000	Unlimited	Yes	$ 21.42	$ 40.19	$ 45.92	$ 65.45

* Rates include DME and mandatory offer benefits but exclude Self Injectables

Table 1c - 2Q 2013 Premium Levels

Plan	OON Deductible	OON Coinsurance Percent	OON Annual Coinsurance Limit	OON Max Benefit (Lifetime)	UNLTD Bio MH?	Single	Parent & Child(ren)	Couple	Family
1	$1,000 / $2,000	70%	$2,000 / $4,000	Unlimited	Yes	$ 221.08	$ 413.74	$ 470.85	$ 673.52
NYC Community Plans*									
Med 1 - NYC	$5,000 / $15,000	70%	$20,000 / $60,000	Unlimited	Yes	$ 21.89	$ 41.16	$ 46.74	$ 67.02
Med 6 - NYC	$5,000 / $15,000	70%	$20,000 / $60,000	Unlimited	Yes	$ 22.02	$ 41.32	$ 47.20	$ 67.28

* Rates include DME and mandatory offer benefits but exclude Self Injectables

Table 1d - 3Q 2013 Premium Levels

Plan	OON Deductible	OON Coinsurance Percent	OON Annual Coinsurance Limit	OON Max Benefit (Lifetime)	UNLTD Bio MH?	Single	Parent & Child(ren)	Couple	Family
1	$1,000 / $2,000	70%	$2,000 / $4,000	Unlimited	Yes	$ 227.27	$ 425.32	$ 484.03	$ 692.38
NYC Community Plans*									
Med 1 - NYC	$5,000 / $15,000	70%	$20,000 / $60,000	Unlimited	Yes	$ 22.50	$ 42.31	$ 48.05	$ 68.89
Med 6 - NYC	$5,000 / $15,000	70%	$20,000 / $60,000	Unlimited	Yes	$ 22.63	$ 42.47	$ 48.52	$ 69.17

* Rates include DME and mandatory offer benefits but exclude Self Injectables

Table 1a - 4Q 2012 Premium Levels

Plan	OON Deductible	OON Coinsurance Percent	OON Annual Coinsurance Limit	OON Max Benefit (Lifetime)	UNLTD Bio MH?	Single	Parent & Child(ren)	Couple	Family
1	$1,000 / $2,000	70%	$2,000 / $4,000	Unlimited	No	$ 207.95	$ 389.16	$ 442.85	$ 633.47
2	$1,000 / $3,000	50%	$10,000 / $20,000	$50,000	No	$ 136.02	$ 254.56	$ 289.67	$ 414.36
3	$1,000 / $3,000	50%	$10,000 / $30,000	$1,000,000	No	$ 165.56	$ 309.83	$ 352.58	$ 504.34
4	$1,000 / $3,000	50%	$10,000 / $30,000	$50,000	No	$ 137.57	$ 257.44	$ 292.96	$ 419.06
5	$1,000 / $3,000	70%	$10,000 / $30,000	$500,000	No	$ 182.58	$ 341.69	$ 388.83	$ 556.20
6	$1,000 / $3,000	70%	$3,000 / $9,000	$1,000,000	No	$ 198.66	$ 371.77	$ 423.06	$ 605.16
7	$1,000 / $3,000	70%	$5,000 / $15,000	$1,000,000	No	$ 193.48	$ 362.08	$ 412.03	$ 589.38
11	$100 / $300	80%	$500 / $1,500	$2,000,000	No	$ 268.47	$ 502.42	$ 571.73	$ 817.82
12	$2,000 / $4,000	80%	$3,000 / $6,000	Unlimited	No	$ 180.79	$ 338.32	$ 385.00	$ 550.72
13	$200 / $400	80%	$1,000 / $2,000	$1,000,000	No	$ 257.73	$ 482.33	$ 548.86	$ 785.12
14	$200 / $400	80%	$2,000 / $4,000	$1,000,000	No	$ 250.81	$ 469.38	$ 534.13	$ 764.04
15	$200 / $600	80%	$1,000 / $2,000	$1,000,000	No	$ 258.82	$ 484.36	$ 551.18	$ 788.43
16	$200 / $600	80%	$1,000 / $3,000	$1,000,000	No	$ 258.82	$ 484.36	$ 551.18	$ 788.43
17	$200 / $600	80%	$1,000 / $3,000	$250,000	No	$ 253.66	$ 474.70	$ 540.19	$ 772.71
18	$200 / $600	80%	$1,000 / $3,000	$500,000	No	$ 255.05	$ 477.29	$ 543.14	$ 776.93
20	$250 / $500	70%	$2,500 / $5,000	$1,000,000	No	$ 235.73	$ 441.15	$ 502.00	$ 718.09
24	$250 / $500	80%	$5,000 / $15,000	$1,000,000	No	$ 239.33	$ 447.88	$ 509.67	$ 729.05
26	$250 / $750	70%	$3,000 / $9,000	$1,000,000	No	$ 233.73	$ 437.41	$ 497.75	$ 712.00
27	$250 / $750	70%	$5,000 / $15,000	$1,000,000	No	$ 223.15	$ 417.61	$ 475.22	$ 679.78
28	$250 / $750	80%	$1,000 / $2,000	$1,000,000	No	$ 253.48	$ 474.37	$ 539.81	$ 772.17
29	$250 / $750	80%	$1,000 / $3,000	$1,000,000	No	$ 256.11	$ 479.29	$ 545.41	$ 780.18
32	$300 / $600	80%	$1,000 / $2,000	$1,000,000	No	$ 252.49	$ 472.52	$ 537.71	$ 769.16
34	$300 / $900	70%	$1,500 / $4,500	$1,000,000	No	$ 241.27	$ 451.51	$ 513.79	$ 734.95
35	$300 / $900	70%	$5,000 / $10,000	$1,000,000	No	$ 220.53	$ 412.69	$ 469.62	$ 671.77
36	$300 / $900	70%	$5,000 / $15,000	$1,000,000	No	$ 222.80	$ 416.95	$ 474.47	$ 678.70
46	$500 / $1,000	80%	$2,000 / $4,000	$1,000,000	No	$ 237.75	$ 444.92	$ 506.30	$ 724.23
49	$500 / $1,500	70%	$1,500 / $4,500	$1,000,000	No	$ 230.92	$ 432.15	$ 491.77	$ 703.45
52	$500 / $1,500	80%	$1,000 / $2,000	$1,000,000	No	$ 239.13	$ 447.51	$ 509.24	$ 728.45
53	$500 / $1,500	80%	$1,000 / $3,000	Unlimited	No	$ 241.84	$ 452.58	$ 515.01	$ 736.70
54	$500 / $1,500	80%	$1,500 / $4,500	$1,000,000	No	$ 278.59	$ 521.36	$ 593.28	$ 848.66
55	$500 / $1,500	80%	$2,000 / $6,000	$1,000,000	No	$ 234.96	$ 439.70	$ 500.36	$ 715.74
56	$500 / $1,500	80%	$2,500 / $7,500	$1,000,000	No	$ 232.53	$ 435.15	$ 495.18	$ 708.33
57	$500 / $1,500	80%	$3,000 / $9,000	$1,000,000	No	$ 230.63	$ 431.60	$ 491.14	$ 702.55

Table 1b - 1Q2013 Premium Levels

Plan	OON Deductible	OON Coinsurance Percent	OON Annual Coinsurance Limit	OON Max Benefit (Lifetime)	UNLTD Bio MH?	Single	Parent & Child(ren)	Couple	Family
1	$1,000 / $2,000	70%	$2,000 / $4,000	Unlimited	No	$ 213.77	$ 400.06	$ 455.25	$ 651.20
2	$1,000 / $3,000	50%	$10,000 / $20,000	$50,000	No	$ 139.83	$ 261.68	$ 297.78	$ 425.96
3	$1,000 / $3,000	50%	$10,000 / $30,000	$1,000,000	No	$ 170.20	$ 318.51	$ 362.45	$ 518.46
4	$1,000 / $3,000	50%	$10,000 / $30,000	$50,000	No	$ 141.42	$ 264.65	$ 301.16	$ 430.79
5	$1,000 / $3,000	70%	$10,000 / $30,000	$500,000	No	$ 187.70	$ 351.26	$ 399.71	$ 571.77
6	$1,000 / $3,000	70%	$3,000 / $9,000	$1,000,000	No	$ 204.22	$ 382.18	$ 434.90	$ 622.11
7	$1,000 / $3,000	70%	$5,000 / $15,000	$1,000,000	No	$ 198.90	$ 372.22	$ 423.56	$ 605.88
11	$100 / $300	80%	$500 / $1,500	$2,000,000	No	$ 275.99	$ 516.48	$ 587.73	$ 840.72
12	$2,000 / $4,000	80%	$3,000 / $6,000	Unlimited	No	$ 185.85	$ 347.80	$ 395.78	$ 566.14
13	$200 / $400	80%	$1,000 / $2,000	$1,000,000	No	$ 264.95	$ 495.83	$ 564.23	$ 807.10
14	$200 / $400	80%	$2,000 / $4,000	$1,000,000	No	$ 257.84	$ 482.52	$ 549.08	$ 785.43
15	$200 / $600	80%	$1,000 / $2,000	$1,000,000	No	$ 266.07	$ 497.92	$ 566.61	$ 810.51
16	$200 / $600	80%	$1,000 / $3,000	$1,000,000	No	$ 266.07	$ 497.92	$ 566.61	$ 810.51
17	$200 / $600	80%	$1,000 / $3,000	$250,000	No	$ 260.76	$ 488.00	$ 555.32	$ 794.35
18	$200 / $600	80%	$1,000 / $3,000	$500,000	No	$ 262.19	$ 490.66	$ 558.35	$ 798.68
20	$250 / $500	70%	$2,500 / $5,000	$1,000,000	No	$ 242.33	$ 453.50	$ 516.06	$ 738.19
24	$250 / $500	80%	$5,000 / $15,000	$1,000,000	No	$ 246.03	$ 460.42	$ 523.94	$ 749.46
26	$250 / $750	70%	$3,000 / $9,000	$1,000,000	No	$ 240.28	$ 449.66	$ 511.69	$ 731.94
27	$250 / $750	70%	$5,000 / $15,000	$1,000,000	No	$ 229.40	$ 429.31	$ 488.53	$ 698.82
28	$250 / $750	80%	$1,000 / $2,000	$1,000,000	No	$ 260.58	$ 487.65	$ 554.93	$ 793.79
29	$250 / $750	80%	$1,000 / $3,000	$1,000,000	No	$ 263.28	$ 492.71	$ 560.68	$ 802.03
32	$300 / $600	80%	$1,000 / $2,000	$1,000,000	No	$ 259.56	$ 485.75	$ 552.76	$ 790.70
34	$300 / $900	70%	$1,500 / $4,500	$1,000,000	No	$ 248.02	$ 464.15	$ 528.18	$ 755.53
35	$300 / $900	70%	$5,000 / $10,000	$1,000,000	No	$ 226.70	$ 424.25	$ 482.77	$ 690.58
36	$300 / $900	70%	$5,000 / $15,000	$1,000,000	No	$ 229.04	$ 428.62	$ 487.75	$ 697.70
46	$500 / $1,000	80%	$2,000 / $4,000	$1,000,000	No	$ 244.40	$ 457.38	$ 520.47	$ 744.51
49	$500 / $1,500	70%	$1,500 / $4,500	$1,000,000	No	$ 237.39	$ 444.26	$ 505.54	$ 723.15
52	$500 / $1,500	80%	$1,000 / $2,000	$1,000,000	No	$ 245.83	$ 460.04	$ 523.50	$ 748.84
53	$500 / $1,500	80%	$1,000 / $3,000	Unlimited	No	$ 248.61	$ 465.25	$ 529.43	$ 757.32
54	$500 / $1,500	80%	$1,500 / $4,500	$1,000,000	No	$ 286.39	$ 535.96	$ 609.90	$ 872.42
55	$500 / $1,500	80%	$2,000 / $6,000	$1,000,000	No	$ 241.54	$ 452.01	$ 514.37	$ 735.78
56	$500 / $1,500	80%	$2,500 / $7,500	$1,000,000	No	$ 239.04	$ 447.34	$ 509.05	$ 728.16
57	$500 / $1,500	80%	$3,000 / $9,000	$1,000,000	No	$ 237.09	$ 443.68	$ 504.89	$ 722.22

Table 1c - 2Q2013 Premium Levels

Plan	OON Deductible	OON Coinsurance Percent	OON Annual Coinsurance Limit	OON Max Benefit (Lifetime)	UNLTD Bio MH?	Single	Parent & Child(ren)	Couple	Family
1	$1,000 / $2,000	70%	$2,000 / $4,000	Unlimited	No	$ 219.76	$ 411.26	$ 467.99	$ 669.44
2	$1,000 / $3,000	50%	$10,000 / $20,000	$50,000	No	$ 143.75	$ 269.01	$ 306.12	$ 437.89
3	$1,000 / $3,000	50%	$10,000 / $30,000	$1,000,000	No	$ 174.96	$ 327.43	$ 372.60	$ 532.98
4	$1,000 / $3,000	50%	$10,000 / $30,000	$50,000	No	$ 145.38	$ 272.06	$ 309.59	$ 442.86
5	$1,000 / $3,000	70%	$10,000 / $30,000	$500,000	No	$ 192.95	$ 361.09	$ 410.91	$ 587.78
6	$1,000 / $3,000	70%	$3,000 / $9,000	$1,000,000	No	$ 209.94	$ 392.88	$ 447.08	$ 639.52
7	$1,000 / $3,000	70%	$5,000 / $15,000	$1,000,000	No	$ 204.47	$ 382.64	$ 435.42	$ 622.85
11	$100 / $300	80%	$500 / $1,500	$2,000,000	No	$ 283.71	$ 530.95	$ 604.19	$ 864.26
12	$2,000 / $4,000	80%	$3,000 / $6,000	Unlimited	No	$ 191.05	$ 357.54	$ 406.86	$ 581.99
13	$200 / $400	80%	$1,000 / $2,000	$1,000,000	No	$ 272.37	$ 509.71	$ 580.03	$ 829.70
14	$200 / $400	80%	$2,000 / $4,000	$1,000,000	No	$ 265.06	$ 496.03	$ 564.46	$ 807.43
15	$200 / $600	80%	$1,000 / $2,000	$1,000,000	No	$ 273.52	$ 511.87	$ 582.48	$ 833.20
16	$200 / $600	80%	$1,000 / $3,000	$1,000,000	No	$ 273.52	$ 511.87	$ 582.48	$ 833.20
17	$200 / $600	80%	$1,000 / $3,000	$250,000	No	$ 268.07	$ 501.66	$ 570.86	$ 816.59
18	$200 / $600	80%	$1,000 / $3,000	$500,000	No	$ 269.53	$ 504.40	$ 573.98	$ 821.05
20	$250 / $500	70%	$2,500 / $5,000	$1,000,000	No	$ 249.11	$ 466.20	$ 530.51	$ 758.86
24	$250 / $500	80%	$5,000 / $15,000	$1,000,000	No	$ 252.92	$ 473.31	$ 538.61	$ 770.45
26	$250 / $750	70%	$3,000 / $9,000	$1,000,000	No	$ 247.00	$ 462.25	$ 526.01	$ 752.43
27	$250 / $750	70%	$5,000 / $15,000	$1,000,000	No	$ 235.83	$ 441.33	$ 502.21	$ 718.38
28	$250 / $750	80%	$1,000 / $2,000	$1,000,000	No	$ 267.88	$ 501.31	$ 570.46	$ 816.02
29	$250 / $750	80%	$1,000 / $3,000	$1,000,000	No	$ 270.66	$ 506.51	$ 576.38	$ 824.48
32	$300 / $600	80%	$1,000 / $2,000	$1,000,000	No	$ 266.83	$ 499.35	$ 568.24	$ 812.84
34	$300 / $900	70%	$1,500 / $4,500	$1,000,000	No	$ 254.97	$ 477.14	$ 542.97	$ 776.68
35	$300 / $900	70%	$5,000 / $10,000	$1,000,000	No	$ 233.05	$ 436.13	$ 496.29	$ 709.92
36	$300 / $900	70%	$5,000 / $15,000	$1,000,000	No	$ 235.45	$ 440.62	$ 501.41	$ 717.24
46	$500 / $1,000	80%	$2,000 / $4,000	$1,000,000	No	$ 251.25	$ 470.18	$ 535.05	$ 765.35
49	$500 / $1,500	70%	$1,500 / $4,500	$1,000,000	No	$ 244.04	$ 456.69	$ 519.70	$ 743.40
52	$500 / $1,500	80%	$1,000 / $2,000	$1,000,000	No	$ 252.71	$ 472.92	$ 538.16	$ 769.81
53	$500 / $1,500	80%	$1,000 / $3,000	Unlimited	No	$ 255.57	$ 478.28	$ 544.26	$ 778.53
54	$500 / $1,500	80%	$1,500 / $4,500	$1,000,000	No	$ 294.41	$ 550.97	$ 626.97	$ 896.85
55	$500 / $1,500	80%	$2,000 / $6,000	$1,000,000	No	$ 248.30	$ 464.67	$ 528.77	$ 756.38
56	$500 / $1,500	80%	$2,500 / $7,500	$1,000,000	No	$ 245.73	$ 459.86	$ 523.30	$ 748.55
57	$500 / $1,500	80%	$3,000 / $9,000	$1,000,000	No	$ 243.72	$ 456.11	$ 519.03	$ 742.44

Table 1d - 3Q2013 Premium Levels

Plan	OON Deductible	OON Coinsurance Percent	OON Annual Coinsurance Limit	OON Max Benefit (Lifetime)	UNLTD Bio MH?	Single	Parent & Child(ren)	Couple	Family
1	$1,000 / $2,000	70%	$2,000 / $4,000	Unlimited	No	$ 225.91	$ 422.77	$ 481.10	$ 688.18
2	$1,000 / $3,000	50%	$10,000 / $20,000	$50,000	No	$ 147.77	$ 276.54	$ 314.69	$ 450.15
3	$1,000 / $3,000	50%	$10,000 / $30,000	$1,000,000	No	$ 179.86	$ 336.60	$ 383.03	$ 547.90
4	$1,000 / $3,000	50%	$10,000 / $30,000	$50,000	No	$ 149.45	$ 279.68	$ 318.26	$ 455.26
5	$1,000 / $3,000	70%	$10,000 / $30,000	$500,000	No	$ 198.36	$ 371.20	$ 422.41	$ 604.24
6	$1,000 / $3,000	70%	$3,000 / $9,000	$1,000,000	No	$ 215.82	$ 403.88	$ 459.60	$ 657.43
7	$1,000 / $3,000	70%	$5,000 / $15,000	$1,000,000	No	$ 210.19	$ 393.35	$ 447.62	$ 640.29
11	$100 / $300	80%	$500 / $1,500	$2,000,000	No	$ 291.66	$ 545.81	$ 621.11	$ 888.46
12	$2,000 / $4,000	80%	$3,000 / $6,000	Unlimited	No	$ 196.40	$ 367.55	$ 418.25	$ 598.28
13	$200 / $400	80%	$1,000 / $2,000	$1,000,000	No	$ 280.00	$ 523.99	$ 596.27	$ 852.93
14	$200 / $400	80%	$2,000 / $4,000	$1,000,000	No	$ 272.48	$ 509.92	$ 580.26	$ 830.03
15	$200 / $600	80%	$1,000 / $2,000	$1,000,000	No	$ 281.18	$ 526.20	$ 598.79	$ 856.53
16	$200 / $600	80%	$1,000 / $3,000	$1,000,000	No	$ 281.18	$ 526.20	$ 598.79	$ 856.53
17	$200 / $600	80%	$1,000 / $3,000	$250,000	No	$ 275.57	$ 515.71	$ 586.85	$ 839.45
18	$200 / $600	80%	$1,000 / $3,000	$500,000	No	$ 277.07	$ 518.52	$ 590.05	$ 844.03
20	$250 / $500	70%	$2,500 / $5,000	$1,000,000	No	$ 256.09	$ 479.25	$ 545.36	$ 780.11
24	$250 / $500	80%	$5,000 / $15,000	$1,000,000	No	$ 260.00	$ 486.56	$ 553.69	$ 792.02
26	$250 / $750	70%	$3,000 / $9,000	$1,000,000	No	$ 253.92	$ 475.19	$ 540.74	$ 773.50
27	$250 / $750	70%	$5,000 / $15,000	$1,000,000	No	$ 242.43	$ 453.68	$ 516.27	$ 738.50
28	$250 / $750	80%	$1,000 / $2,000	$1,000,000	No	$ 275.38	$ 515.34	$ 586.44	$ 838.87
29	$250 / $750	80%	$1,000 / $3,000	$1,000,000	No	$ 278.23	$ 520.69	$ 592.52	$ 847.57
32	$300 / $600	80%	$1,000 / $2,000	$1,000,000	No	$ 274.30	$ 513.33	$ 584.15	$ 835.59
34	$300 / $900	70%	$1,500 / $4,500	$1,000,000	No	$ 262.10	$ 490.50	$ 558.17	$ 798.43
35	$300 / $900	70%	$5,000 / $10,000	$1,000,000	No	$ 239.57	$ 448.34	$ 510.19	$ 729.80
36	$300 / $900	70%	$5,000 / $15,000	$1,000,000	No	$ 242.04	$ 452.96	$ 515.45	$ 737.32
46	$500 / $1,000	80%	$2,000 / $4,000	$1,000,000	No	$ 258.28	$ 483.35	$ 550.03	$ 786.78
49	$500 / $1,500	70%	$1,500 / $4,500	$1,000,000	No	$ 250.87	$ 469.48	$ 534.25	$ 764.21
52	$500 / $1,500	80%	$1,000 / $2,000	$1,000,000	No	$ 259.78	$ 486.16	$ 553.23	$ 791.36
53	$500 / $1,500	80%	$1,000 / $3,000	Unlimited	No	$ 262.73	$ 491.67	$ 559.50	$ 800.33
54	$500 / $1,500	80%	$1,500 / $4,500	$1,000,000	No	$ 302.66	$ 566.39	$ 644.53	$ 921.96
55	$500 / $1,500	80%	$2,000 / $6,000	$1,000,000	No	$ 255.25	$ 477.68	$ 543.58	$ 777.56
56	$500 / $1,500	80%	$2,500 / $7,500	$1,000,000	No	$ 252.61	$ 472.74	$ 537.95	$ 769.51
57	$500 / $1,500	80%	$3,000 / $9,000	$1,000,000	No	$ 250.55	$ 468.88	$ 533.56	$ 763.23

Table 2 - Area Factors

County	Non-NYC Community	NYC Community
Nassau	1.0000	N/A
Suffolk	1.0000	N/A
Westchester	1.0000	N/A
Bronx	1.0000	1.0000
Kings	1.0000	1.0000
New York	1.0000	1.0000
Queens	1.0000	1.0000
Richmond	1.0000	1.0000
Sullivan	1.0000	N/A
Ulster	1.0000	N/A
Rockland	1.0000	N/A
Dutchess	1.0000	N/A
Orange	1.0000	N/A
Putnam	1.0000	N/A
Onondaga	0.9044	N/A
Oswego	0.9044	N/A
Cayuga	0.9044	N/A
Broome	0.9044	N/A
Tioga	0.9044	N/A
Other	0.9044	N/A

Loss Ratio for Small Group Coverages

Without expected credits from the Market Stabilization Pool, the small group HMO product's projected loss ratio for customers with rate increases effective for the 4 quarters provided in this filing (4Q2012-3Q2013) would be 88.9%.

As a result of the pooling methodology established by the Fifth Amendment to Regulation 146, we have included a credit of 2.5% of premium for 4Q2012-3Q2013. Therefore, our projected loss ratio adjusted for this reimbursement from the pool is 86.4% (projected loss ratio less reimbursements). This reflects actual membership, premium, and claim experience since our submitted plan as well as adjustments for lapses and buy-downs per our plan. Note that we expect the loss ratio for all four quarters of renewal experience during 2012 including the credit from the market stabilization pool to be in excess of the 82% statutory minimum. The claim trend assumptions underlying this analysis are 10.9%.

The administrative expense assumptions underlying this analysis are approximately 13.7%, comprised of 3% for commissions, 1.9% for premium taxes with the remaining 8.8% for other selling and general administrative expenses.

2012 Producer Compensation Plan

Aggregate Annual Premium	Percentage
$0 - $400,000	4.00%
$400,001 - $1,000,000	3.00%
$1,000,001 - $4,000,000	2.00%
$4,000,001 and above	1.00%

State: New York **Filing Company:** Aetna Health Insurance Company of New York
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: NY SG AHIC 4q12-3q13
Project Name/Number: NY SG AHIC 4q12-3q13/

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	
Attachment(s):	NY SG AHIC Act Memo.PDF NY SG AHIC Act Cert.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)
Comments:	
Attachment(s):	AHIC Checklist.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Final Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	NY PS Letter-SG Customer ALL PLANS.pdf NY Subscriber Insert Letter-SG Customer ALLPLANS.pdf NY Subscriber Letter-SG Customer ALLPLANS.pdf NY SUBSCRIBER SUMMARY OF RENEWAL RATES.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	SG HMO Subscriber INSERT Proposed Rate Filing Notification.pdf SG HMO Subscriber Proposed Rate Filing Notification.pdf SG Plan Sponsor HMO Proposed Rate Filing Notification.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 1 - General Information

State: New York **Filing Company:** Aetna Health Insurance Company of New York
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: NY SG AHIC 4q12-3q13
Project Name/Number: NY SG AHIC 4q12-3q13/

Comments:	
Attachment(s):	NY SG AHIC Standard Exhibit 1.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 2 - Summary of Average Claim Trend and Administrative Expenses
Comments:	
Attachment(s):	NY SG AHIC Standard Exhibit 2.PDF NY SG AHIC Standard Exhibit 2.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 3 - Narrative Summary
Comments:	
Attachment(s):	NY SG AHIC Standard Exhibit 3.PDF
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 4 - Summary of Proposed Percentage Rate Changes
Comments:	
Attachment(s):	NY SG AHIC Standard Exhibit 4.pdf NY SG AHIC Standard Exhibit 4.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 5 - Distribution of Contracts Affected by Proposed Rate Adjustments
Comments:	
Attachment(s):	NY SG AHIC Standard Exhibit 5.PDF NY SG AHIC Standard Exhibit 5.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 6 - Summary of Policy Form and Product Changes

State: New York **Filing Company:** Aetna Health Insurance Company of New York
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: NY SG AHIC 4q12-3q13
Project Name/Number: NY SG AHIC 4q12-3q13/

Comments:	
Attachment(s):	NY SG AHIC Standard Exhibit 6.PDF NY SG AHIC Standard Exhibit 6.xls
Item Status:	
Status Date:	

Satisfied - Item:	Standard Exhibit 7 - Historical Data
Comments:	
Attachment(s):	NY SG AHIC Standard Exhibit 7.PDF NY SG AHIC Standard Exhibit 7.xls
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	NY SG AHIC Cover Letter.pdf
Item Status:	
Status Date:	

Aetna Health Insurance Company of New York
Actuarial Memorandum

This filing pertains to Aetna Health Insurance Company of New York forms: HO ASTAHCRGrp 01 NY. Its purpose is to provide the benefit descriptions and Small Group premium rates for the various plan options offered under this product.

We have attached copies of all pages of our small group rate manual. Please note that pages containing rates have been provided for all 4 quarters governed by this filing. The rates filed include all previously approved PPACA adjustments and exclude the Women's Preventive Health mandated benefits effective August 1, 2012. Adjustments for the Women's Preventive Health mandated benefits will be included in a separate form filing. The proposed quarterly and annual rate adjustments are summarized in the following table and apply to all products governed in this filing:

Effective Date	Proposed Rate Increases		Policyholders	Members
	Incremental	Annual		
10/01/2012	2.0%	1.9%	**1,328**	**1,760**
01/01/2013	2.8%	9.1%	**1,086**	**1,468**
04/01/2013	2.8%	9.9%	**1,211**	**1,683**
07/01/2013	2.8%	10.8%	**878**	**1,151**

Our pricing model makes the following adjustments to normalize the premium and claims and assure the numerator and denominator of the loss ratio calculation are based on the same populations and mix of plan designs:

- We utilized Aetna Small Group, community rated NY HMO and POS experience for the period 10/1/10 through 09/30/11 with run-out through 12/31/11 in order to project claims for this filing.

- The historical claims are normalized for demographics, tier, benefit changes, case size, and area to the most recent month of the experience period, and a three month lagged annual experience period weighted average PMPM is calculated and projected forward with trend and seasonality.

- The medical trend assumptions are based primarily on our large group experience. Small group experience is provided as well, but is not deemed credible for trend development purposes.

- As a result of recent market stabilization pool submissions, we are changing the credit from this regulation from 15% of premium for the period prior to 10/1/12 to 2.5% of premium for this rate filing period.

- The current premium levels by renewal cohort are carried forward using filed rate changes on each cohort renewal month.

- We then look at projected calendar year loss ratios and renewal cohort loss ratios, and a rate increase is chosen in order to exceed New York's minimum 82% loss ratio and achieve our target renewal cohort loss ratio.

The attached exhibit 7, 7A, 7B, 7C, 7D, and 7E illustrate the historical experience, demonstrate the calculation of standardized premium, detail the development of the proposed rate increases, and provide detail on our most recent medical and unit cost trends. The following table summarizes the expected loss ratio including breakdown of the non-claims expense component:

New York Employer Groups with Fewer than 50 Employees	
Incurred Claims	86.4%
Expenses	8.8%
Premium Taxes	1.9%
Commissions	3.0%
FIT + Profit	-0.2%
Total	100.0%
After FIT Profit	-0.1%

FIT = Federal Income Tax

The expense assumptions are consistent with the 2011 Supplemental Health Care Exhibit for Aetna Health Inc. of New York.

Aetna Health Insurance Company of New York

Actuarial Certification

I, [redacted] am an actuary and employee of Aetna Inc. and a member of the American Academy of Actuaries.

I have examined the underlying records and/or summaries, reviewed the assumptions and methods used in their development, and did such tests and calculations as I considered necessary. I certify that, to the best of my knowledge, the attached memorandum reflects the rating impact for the plans. I further certify that this filing is in compliance with all applicable laws and regulations of the State of New York, Actuarial Standard of Practice No. 8, the expected loss ratio requirements of the State of New York, the benefits are reasonable in relation to the premiums charged, and the rates are not unfairly discriminatory.

[redacted]

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

As of 1/19/2012

Use this Checklist for all rate adjustment filings submitted pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law. One of the following two SERFF filing type codes must be used to properly denote such a filing. A rate submission with the wrong filing type code will be rejected and will need to be resubmitted with the correct filing type code.

Rate Adjustment Pursuant to Section 3231(e)(1): This filing type is used for Article 42 insurers that are submitting a rate adjustment only filing for a hospital and/or medical coverage (including Medicare Supplemental insurance) for small groups and individuals under the Section 3231(e)(1) prior approval process. This filing type cannot be used for form filings, initial rate filings, or by Article 43 Corporations or Health Maintenance Organizations (HMOs).

Rate Adjustment Pursuant to Section 4308(c): This filing type is used for Article 43 Corporations and HMOs that are submitting a rate adjustment only filing for any policy form that uses a community rating structure. This includes hospital and/or medical policy forms, or separate stand-alone dental policy forms, that are not required to be community rated but for which the corporation voluntarily community rates. "Community rating" means a rating methodology in which the premium for all persons covered by a policy or contract form is the same, based on the experience of the entire pool of risks covered by that policy or contract form without regard to age, sex, health status or occupation. This also includes the HMO portion of large group Point of Service business where an approved experience rating formula is not used. This filing code cannot be used for form filings, initial rate filings, or by commercial insurers.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) can include an expansion of an existing rate table to include new benefit options (such as rates for additional copays or deductibles) provided that: (a) the already approved contract language includes the new benefit options being added, (b) the actuarial memorandum clearly identifies the new benefit options being added and provides appropriate actuarial support for the new rates, and (c) approved contract language pages and the Department's approval letter are included with the rate filing documenting that the benefit options being added are included in the already approved contract language. No Section 3231(e)(1) or Section 4308(c) rate adjustment filing can include rates that require contract language approval where such approval has not already been received.

A change to existing rating region differentials is a rate adjustment filing pursuant to Section 3231(e)(1) or Section 4308(c). A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot reflect an expansion to a new service area. A service area expansion, and the rate applicable to that new service area, must be submitted as a separate rate filing using the "Normal Pre-Approval" SERFF filing type code. A Section 3231(e)(1) or Section 4308(c) filing cannot be used to withdraw from a service area.

If a company wishes to eliminate some of its approved benefit options included in the current rate manual, this cannot be done pursuant to a Section 3231(e)(1) or Section 4308(c) rate adjustment application. Such elimination is to be implemented by submitting a form and rate filing using the "Normal Pre-Approval" SERFF filing type code and the filing is to include a revised statement of variables for the benefit options that are available along with revised rate manual pages reflecting the revised benefit options.

A rate adjustment filing submitted pursuant to Section 3231(e)(1) or Section 4308(c) cannot include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing (a new form or a revision to an existing form) must be a separate filing from the rate adjustment filing. Once a new rate has been approved (for a new policy form or for a revision to an existing policy form), such new rate can be incorporated into the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing.

The "Normal Pre-Approval" SERFF filing type code triggers the traditional Department review (generally by the Albany Health Bureau unit) and would be used for all form and rate filings, form only filings, experience rating formula filings, or commercial insurer rate only filings other than filings submitted pursuant to Section

3231(e)(1), or Article 43 Corporation and HMO rate only filings other than filings submitted pursuant to Section 4308(c). The "Normal Pre-Approval" SERFF filing type code would also be used for old individual medical policy forms that are not community rated. Rate revisions for products subject to Section 3231(e)(1) or 4308(c) incorporated into a form and rate filing that adjusts an existing policy form for a change in benefit language can only reflect rate changes due to the benefit revision and can not reflect any adjustment for experience or trend. A "Normal Pre-Approval" SERFF type filing for a product subject to Section 3231(e)(1) or 4308(c) can not include rolling rate tables that extend beyond the period included in the most recently approved or pending Section 3231(e)(1) or Section 4308(c) rate adjustment submission (for example, the last rate adjustment submission included quarterly rolling rate tables for each calendar quarter of 2012; a benefit revision is submitted January 2012 to be effective July 1, 2012; this form and rate filing can include rolling rate tables for third and fourth quarter 2012, but not beyond fourth quarter 2012).

New or revised commission schedules or broker fee schedules must first be placed on file using a rate filing with a "Normal Pre-Approval" SERFF filing type code. Once the new or revised schedule has been placed on file, any rate impact can be included with the next Section 3231(e)(1) or Section 4308(c) rate adjustment filing and the change and its impact on the premium rates is to be discussed in the actuarial memorandum.

It is recommended that a Section 3231(e)(1) or Section 4308(c) rate filing application be submitted at least 150 days before the proposed effective date, however, in determining how far in advance to submit such a rate filing, the company should consider: the time needed to load final rates into its computer system; produce the final rate notice, which is to be sent at least 60 days before the scheduled rate change effective date of the renewal cohort; the 60 days the Department has to review the material; and the time the clock may be stopped while the company responds to issues raised by the Department about the rate filing.

It is recommended that a rate adjustment submission not be submitted more than 180 days prior to the proposed rate effective date. It is recommended that a rate adjustment submission not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing. If a company can not send the required final notice at least 60 days in advance of the rate change date for a particular renewal cohort, then the rate change implementation date for such renewal cohort will need to be deferred. Contract terms will dictate whether the rate change can be deferred to a later implementation date for that renewal cohort (e.g., for the July 2012 renewal cohort, deferring the rate change to August 2012, while retaining the next rate change date as July 2013), or deferring implementation of the newly approved rates to a later renewal cohort (e.g., assuming quarterly rolling rates are used: renewing the July 2012 renewal cohort using the previously approved second quarter 2012 rate tables, and implementing the newly approved rates with the August 2012 renewal cohort).

Each attachment to the rate adjustment application must be compatible with the following software: Microsoft Word 2003, Microsoft Excel 2003, or Adobe Acrobat 9.

When an attachment is submitted via SERFF as other than an Adobe Acrobat PDF file, another copy of that attachment is to also be included in Adobe Acrobat PDF file format. This can occur when one of the standard exhibits is required to be submitted as an Excel workbook, or when an appendix/attachment to the actuarial memorandum is submitted in other than PDF format. Failure to include a PDF version of each attachment will result in an objection letter being sent for the missing material and the rate submission will be tolled while waiting for the missing material to be submitted.

The rate manual and the year over year exhibit (if distinct versions are used) are to be attached to the Rate Schedule tab of an initial SERFF filing. All other attachments are to be attached to the Supporting Documentation tab of the initial SERFF filing.

An "amendment" to a SERFF filing, as described beginning on page 183 of the SERFF Industry Manual (available online via SERFF), is used when the amendment is not in response to an objection letter. For example: the filer has decided to add a schedule item; the filer has noticed an error in one of the originally submitted schedule items and is submitting a correction before the error is raised in an objection letter. If a schedule item (e.g., actuarial memorandum, standard exhibit, rate manual, year over year exhibit, etc.) needs to be amended, the entire schedule item attachment is to be resubmitted using this process and not just the pages that need to be corrected.

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308(c) of the New York Insurance Law

A revision to a previously submitted schedule item made in response to an objection letter is to use the "Revising Schedule Items" process described beginning page 170 of the SERFF Industry Manual. This is the method that is to be used when any schedule item needs to be revised in response to an objection letter, including a revised rate manual to be submitted in response to the Department's decision. If a schedule item (e.g., actuarial memorandum, standard exhibit, rate manual, year over year exhibit, etc.) needs to be revised in response to an objection letter, the entire schedule item attachment is to be resubmitted using this process and not just the pages that need to be revised.

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
DEFINITIONS		a. **Company** refers to the licensed entity providing the insurance coverage reflected in the rate adjustment filing. b. A company's **commercial book of business** includes all of the following: large group, small group, direct pay, Healthy New York, and Medicare Supplemental. It excludes all government programs, such as, Medicare, Medicaid, Family Health Plus, and Child Health Plus. c. **Loss ratio** refers to incurred claims divided by earned premiums for a given period of time. Incurred claims <u>includes</u> the impact of the Standard Direct Pay and Healthy New York stop loss pools, Regulation 146 (11 NYCRR 361), covered lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses, including "quality improvement expenses" or "community benefit expenses". Earned premiums <u>do not include</u> any adjustment for assessments or taxes. d. **Market segment** refers to large group, small group, sole proprietor, direct pay, Healthy New York, Medicare Supplemental, etc. Small group is as defined in New York Insurance Law and Regulation. e. **Product street name** refers to the product name as advertised to consumers, and the product name which consumers are most likely to use when communicating with the Department. f. **Rate applicability period** refers to the length of time in which the rates in a rate table are assumed to remain in effect. (i) Example 1: A non-rolling rate table is developed to be effective January 1, 2012 and is expected to be revised January 1, 2013. The rate applicability period for this table is January 1, 2012 through December 31, 2012. (ii) Example 2: A quarterly rolling rate table is developed for issues and renewals in January – March 2012 and incorporates a 12 month rate guarantee period. The rate applicability period for this table is February 15, 2012 (mid renewal date) through February 14, 2013. If all policyholders must have a first of the month effective date, then the rate applicability period would be considered as	N/A

		February 1, 2012 through January 31, 2013. g. **Standardized earned premium** is the earned premium for the period adjusted to assume that all premiums for the period are payable at the most current approved (or deemed approved) rate level, reflecting rate increases exclusive of rate changes due to contract language changes (i.e., excluding rate changes due to benefit revisions or members migrating to different plan designs since the impact of such changes would be automatically reflected in the earned premiums and incurred claims once such a change becomes effective). (i) Example: The rate filing is to implement quarterly rolling rate tables applicable to the 3rd and 4th quarters 2012 and 1st and 2nd quarters 2013. The 2nd quarter 2012 rates have already been approved. Therefore, the 2nd quarter 2012 rate tables are the current rate level. The earned premium for the period would be adjusted to reflect the premiums that would have been paid for that period if all the premiums had been paid at the 2nd quarter 2012 rate level. If the 2nd quarter 2012 rate table included a 2% increase due to the addition of a new benefit that is being added to all policyholders at renewal, the standardization for periods prior to April 1, 2012 would not reflect this 2% increase since the incurred claims for this earlier period did not reflect this additional benefit. (ii) Example: An insurance company uses a quarterly rolling rate structure and has been raising rates 4% each quarter as of the beginning of a new quarter. The first quarter 2011 rate for plan design A is $100, the first quarter 2012 rate is $116.99, and the second quarter 2012 rate is $121.67. These increases reflect no revision to the underlying covered benefits. The second quarter 2012 rate table is the standard rate level. Contract X was paying $100 per month for January-December 2011. At renewal January 1, 2012, the premium was scheduled to increase to $116.99 but a change to plan design B occurred that reduced the premium by 5% to $111.14 for January 2012 and later. The second quarter 2012 rate for plan design A is $121.67 and the second quarter 2012 rate for plan design B is $115.58 ($121.67 x 0.95). The earned premium for this contract for each month from January through December 2011 is standardized to the second quarter 2012 level by adjusting by 121.67/100.00, and the January 2012 earned premium is standardized to the second quarter 2012 level by adjusting by 115.58/111.14.	
ROLLING RATE STRUCTURE		a. Every rate filing for a rolling rate structure must include rolling rates for at least a 6 month, and for no more than a 12 month, issue/renewal period (e.g., between 2 and 4 quarterly rolling rates, between 6 and 12 monthly rolling rates). b. Beginning with rate filings to be effective January 1, 2012 or later, all rate filings for a rolling rate structure must include rolling rates for a 12 month issue/renewal period.	Rate/Rule Schedule NY SG AHIC Rate Manual 4q12-3q13.pdf

		c. Notwithstanding the above, a large group HMO rate filing can include rolling rates for up to a 24 month period (e.g., 8 quarterly rolling rates, 24 monthly rolling rates).	
CHANGES TO PREVIOUSLY APPROVED RATE TABLES		a. Beginning with rate adjustment filings that include rate tables to be effective January 1, 2012 or later, the rate adjustment filing must include all community rated policy forms within a given market segment (such as all small group products) whether or not a premium rate adjustment is requested for a particular product or rider in that market segment. All entities within the same holding company system are to submit filings for a given market segment at the same time; the filings can be submitted under different SERFF filings, but all the applicable filings must be submitted within a total of seven calendar days. b. A company can revise a previously approved non-rolling rate table provided that: (i) The proposed effective date of the rate table is at least 12 months after the effective date of the current rate table; or (ii) The proposed effective date of the rate table is at least 6 months after the effective date of the current rate table, the contract language permits revising the rate table in accordance with such rate filing, and all policyholders that received a final 60 day notice about the approved rates from the previously approved rate adjustment filing have also received the rate change approved from the previously approved rate adjustment filing. c. A company can revise rate tables included in a previously approved rolling rate filing provided that: (i) the rate tables being revised were never implemented, (ii) the first two quarterly rate tables, or the first six monthly rate tables, included in the previously approved rate adjustment filing are not revised, and (iii) policyholders in the renewal cohort(s) affected by the change to the previously approved rate tables did not receive a final 60 day notice informing them of the approved rates from the previously approved rate adjustment filing. The revised rate adjustment filing must include a year's worth of rates as discussed in the "Rolling Rate Structure" section above. (Example: A rolling rate filing was submitted and approved that included quarterly rolling rate tables for 1st, 2nd, 3rd and 4th quarter of 2012. The company can not revise the 1st and 2nd quarter 2012 rate tables, but if the indicated criteria is met, can submit a new prior approval rate filing that includes rolling rates for 3rd and 4th quarter 2012 and 1st and 2nd quarter 2013.) The Department may waive these requirements if the company can demonstrate to the Superintendent's satisfaction that the solvency of the corporation is threatened.	Rate/Rule Schedule NY SG AHIC Rate Manual 4q12-3q13.pdf
STANDARD EXHIBITS 1 - 7	Introduction	Exhibits 1 through 7 must be submitted as part of each rate adjustment application. For some of the exhibits the format is defined, while for other exhibits the format is illustrative and the company will need to tailor the material included for the specific	

		rate submission. For some exhibits a specified file format is indicated (such as an Excel workbook), and where an exhibit is submitted as other than a PDF file, another version of the exhibit must be submitted as a PDF file.	
Exhibit 1		**General information about the rate adjustment submission.** a. The format for this exhibit is fixed. Fill in the various information fields; the information being requested is indicated on the exhibit. b. For Type of Insurer, select from the drop down list (HMO, Article 42, Article 43) or make an entry. c. For "For Profit" or "Non Profit" click on the applicable box and a check mark will appear. d. Item D – the "new rate effective date" must be a realistic implementation date given the review time allowed the Department and the requirement of the 60 day final rate notice. This date would usually be the first date the proposed rates would affect renewing policyholders. So a 1/1/2012 effective date would imply that the first renewal cohort affected by the rate submission would be January 2012. e. Item F.1 – a rate adjustment filing that also includes rate adjustments for unapproved contract language changes will be rejected. f. This exhibit may be submitted as an Adobe PDF file or as an Excel file. If submitted as an Excel file, also submit another version in PDF format.	Supporting Documentation NY SG AHIC Standard Exhibit 1.pdf
Exhibit 2		**Summary of Average Claim Trend and Administrative Expenses Included in Current and Prior Rate Adjustment Filings.** a. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed; add more columns to the right as needed. b. Enter information for each combination of market segment/rating pool included in this rate adjustment application. c. Information is for medical base plans and all associated riders combined. d. The average claim trend is the average annualized claim trend for that market segment/rating pool used in the applicable rate adjustment filing to project the source data forward to the applicable rate applicability period. e. The administrative expense components incorporated into the proposed rates are to be entered as a percentage of gross premium and as a per member per month amount. f. Enter the data for the rate period included in this rate adjustment filing. This refers to the various non-claim expense components included in the proposed rates and the average annualized claim trend assumed. g. Enter the data for the rate period included in the immediately prior rate adjustment filing (i.e., a section 3231(e)(1) or 4308(c) rate adjustment filing). This refers to the various non-claim expense components included in the proposed rates submitted with this prior filing and the average annualized claim trend assumed in	Supporting Documentation NY SG AHIC Standard Exhibit 2.pdf NY SG AHIC Standard Exhibit 2.xls

		this prior filing. If there is no immediately prior rate adjustment filing, enter the data assumed in the initial or prior form and rate filing.	
Exhibit 3		**Narrative Summary.** a. The format of the exhibit is illustrative, but must include the required material. The exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file. If submitted as a Word or Excel file, also submit another version in PDF format. b. The narrative summary is to explain the reason(s) for the proposed rate adjustment. The purpose of the narrative summary is to provide a written explanation to the company's policyholders and subscribers to help them understand why a rate increase is needed. c. The narrative summary will be a public document. d. It is suggested that once reviewed by the Department, the company post the narrative summary to a location on its website that is publicly available, that is, a location that can be viewed without the need for entering a user ID and password. Links should be provided on key pages of the company's website so that the information may be easily located. Any change(s) to the narrative summary subsequent to the posting is to be submitted to the Department with the specific change(s) identified. Narrative summaries should remain on the company's website for at least 12 months past the proposed effective date of the rate submission. e. The narrative summary should include, but not be limited to, the following information: (i) The name of the company submitting the rate adjustment request, the NAIC code number for the company, and the SERFF number for the rate application. (ii) A summary of the proposed rate adjustments. (iii) A description of which policyholders are affected by this rate adjustment application. The rate adjustment may only affect policyholders in a certain market segment (e.g., small group), or with certain products (indicate the "street name" of the products affected), or only a certain renewal cohort (e.g., policyholders renewing from period mm/dd/yyyy – mm/dd/yyyy). (iv) The effective date of the proposed rate adjustments and an indication of when the rate change would affect policyholders. Examples: (a) Non guaranteed rate structure: all policyholders will receive the rate adjustment on mm/dd/yyyy. (b) A rate structure with a 12 month rate guarantee: a policyholder will receive the rate adjustment on the policyholder's next anniversary on or after mm/dd/yyyy.	Supporting Documentation NY SG AHIC Standard Exhibit 3.pdf

		(v) The number of policyholders and members affected by the proposed rate adjustments. This can be aggregated across all market segments and products included in the rate adjustment submission. (vi) An explanation, in plan language, as to why it is necessary to request such rate change(s). As appropriate, a separate explanation should be provided for each market segment. Where the rate increases are not the same for each product type within a market segment, the company should provide a separate explanation for each such product type. Each page of the narrative summary should be numbered (i.e., [page] of [pages]).	
Exhibit 4		**Summary of Proposed Percentage Rate Change to Existing Rate.** a. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. b. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is essentially fixed, but additional rows can be inserted as needed or additional tabs for several such exhibits can be added to the workbook. c. This exhibit is to summarize the proposed percentage rate changes. The percentage rate change is the percentage change from the rate the subscriber is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which are not being revised by the current rate application) to the proposed rate that this subscriber would be paying at the subscriber's next rate change date according to the new rate application. Example 1: the rate structure is quarterly rolling rates, has a 12 month rate guarantee period, and the rate adjustment application is for second quarter 2012 issues and renewals. The rate change would be the percentage change from the second quarter 2011 rates to proposed second quarter 2012 rates. Example 2: the rate application includes quarterly rolling rates for each quarter of calendar year 2012. The prior rate application included quarterly rolling rates for each quarter of 2011. Rates include a 12 month rate guarantee period. The current rate application is submitted July 2011 before all the third and fourth quarter 2011 renewals have taken place. The proposed percentage change for fourth quarter 2012 would be the change from the fourth quarter 2011 rates to the proposed fourth quarter 2012 rates. d. If the subscriber will need to change to a different plan design at renewal (i.e., a required change from the current plan design whether mandated by a government entity or not, but not due to the discontinuation of the current policy form or discontinuation of a particular plan design), a supplement to Exhibit 4 is to be included. The supplemental exhibit is to indicate (i) a high level summary of the	Supporting Documentation NY SG AHIC Standard Exhibit 4.pdf NY SG AHIC Standard Exhibit 4.xls

		difference in covered benefits and cost sharing between the current and replacement plan, and (ii) the estimated pricing percentage change due solely to the difference in the plan designs between the replacement plan and the existing plan. This supplemental exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file; if submitted as a Word or Excel file, also submit another version in PDF format. e. The weighted averages may be based on membership or contract as used in Standard Exhibit 5 instead of premium volume. f. The values entered in Sections A and B should follow the organization of the rate manual. If the drug rate is included with the rates in the medical rate table, the combined result is entered in Section A. If the drug rate is a separate rate table associated with a drug rider, then the medical changes are shown in Section A and the drug rider changes are shown in Section B. g. Section A summarizes the proposed changes for the base medical rate tables and excludes the impact of all optional riders. The lowest and highest values indicate for a given market segment, region, policy form, product combination the lowest percentage change that applies to a renewing subscriber/contract holder and the highest percentage change that applies to a renewing subscriber/contract holder. This difference could be due to different percentage changes proposed by rating tier or by plan design within a particular product. Example: The rate adjustment application is only for small group PPO and within this product there are only two product designs. The proposed rate changes for design A are: employee only = 10%, employee+child(ren) = 8%, employee+spouse = 13% and employee+family = 11%. The proposed rate change for design B are: employee only = 9%, employee+child(ren) = 7%, employee+spouse = 12% and employee+family = 10%. The lowest change proposed is 7% and the highest change proposed is 13%. The weighted average change would reflect the distribution of contracts by plan design and rating tier. h. Section B summarizes the proposed changes just for the traditional drug riders. Exclude minor drug related riders such as a rider to include oral contraceptives. All the drug riders available with a given base medical product can be aggregated into one row. Example 1: Drug riders D1 to D99 are available with the PPO product. The proposed changes on the drug riders vary from 10% to 16%. There would be one row for the PPO policy form/product. The lowest change proposed is 10% and the highest change proposed is 16%. The weighted average change would reflect the distribution of contracts by plan design and rating tier. Example 2: As in Example 1, but drug riders HD1-HD19 are available with the HSA high deductible PPO product. There would be another row for the high deductible PPO policy form/product indicating the lowest, highest, and weighted	

		average changes among the HD1-HD19 drug riders. i. A separate exhibit should be completed for each market segment. If the percentage rate change for sole proprietor is different from small group, then a separate market segment of sole proprietor is to be reported. j. Where rate changes differ by rating region within a market segment, separate exhibits are to be submitted by market segment/rating region combination. k. Separate information should be submitted for each rolling rate table of a rolling rate structure. For example: if a calendar quarterly rolling rate structure is used and the rate adjustment filing includes proposed rate tables for first, second, third and fourth quarters 2012, separate information should be submitted for section A and section B for the impact of the first quarter 2012 rate changes, the impact of the second quarter 2012 rate changes, the impact of the third quarter 2012 rate changes, and the impact of the fourth quarter 2012 rate changes.	
Exhibit 5		**Distribution of Contracts Affected by the Proposed Rate Adjustments.** a. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is essentially fixed, but the company can edit the worksheet to add more rows or tabs as needed. b. The information to be shown in this exhibit pertains to the market segments and products included in the rate adjustment submission. c. This exhibit indicates the distribution of the proposed rate changes for each market segment, rating region and product, as well as the weighted average rate change impact for that segment/region/product combination. If the same percentage rate change applies to each rating region, then a separate break out by rating region is not necessary and the results can be shown for all rating regions combined. d. The distribution basis can be by number of contracts or by number of members – fill in the applicable column. The same basis is to be used for all products within a given rate adjustment submission. The weighted averages can be calculated using the distribution basis chosen instead of on premium volume. e. The percentage rate change reflects the expected change in premium rate that would apply to that subscriber/contract holder on that subscriber/contract holder's next rate change date according to the new rate application. This would reflect the percentage rate change from the rate the contract holder is currently paying (or currently scheduled to be paying at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application) to the proposed rate that this contract holder would be paying at the contract holder's next rate change date according to the new rate application The rate change reflects the impact of the base medical plans and all riders applicable to that contract.	Supporting Documentation NY SG AHIC Standard Exhibit 5.pdf NY SG AHIC Standard Exhibit 5.xls

		f. Enter in section A the information for the various products that do not use a rolling rate structure. g. Enter in section B the information for the various products that use a rolling rate structure. Separate exhibits are to be prepared and submitted for each rolling rate cohort. For example, if the rate submission is for quarterly rolling rate tables for first, second, third and fourth quarter 2012, then separate section B information would be entered for each of these four quarters. The distribution shown for a particular quarter would reflect only those policyholders renewing in that particular quarter.	
Exhibit 6		**Summary of Policy Form and Product Changes.** a. This exhibit summarizes all rate changes filed pursuant to sections of the New York Insurance Law other than Section 3231(e)(1) or Section 4308(c) that impact the policyholders affected by this rate adjustment submission and which affect the percentage changes shown on Exhibits 4 or 5. b. The format of the exhibit is essentially fixed. Extend the worksheet to add more rows as needed. This exhibit must be submitted as a Word document file or an Excel file, and also as an Adobe PDF file. c. In section A, list all rate filings that have been approved since the prior Section 3231(e)(1) or Section 4308(c) rate filing that impact the percentage rate change of the policyholders affected by this rate adjustment submission. The actuarial memorandum should include a brief description of such changes, when the changes were implemented, and the impact on the rate changes in Exhibits 4 and 5. d. In section B, list all rate filings currently pending with the Department that if approved would impact the percentage rate change of the policyholders affected by this rate adjustment submission. This includes any pending request to discontinue a policy form, product, or plan design option. e. In section C, list any “file and use” rate submissions which impact the rate tables in this filing. If the current rates were implemented by a file and use rate filing, and these current rates are being revised with this Section 3231(e)(1) or Section 4308(c) rate filing, or if the percentage changes reported in Exhibits 4 or 5 are impacted by a file and use filing, then list the applicable file and use rate filing(s).	Supporting Documentation NY SG AHIC Standard Exhibit 6.pdf NY SG AHIC Standard Exhibit 6.xls
Exhibit 7		**Historical Data by Each Policy Form Included in the Rate Adjustment Filing.** a. This exhibit must be submitted as an Excel file and as an Adobe PDF file. The format of the exhibit is fixed; add more columns to the right as needed; copy to additional tabs in the Excel workbook as needed to create additional exhibits. b. A separate exhibit is to be submitted for each rating pool (i.e., permitted aggregation of base medical policy forms). Create additional tabs as needed. Data is to be submitted for each base medical policy form included in the rate adjustment filing even if no rate adjustment is proposed for that base medical	Supporting Documentation NY SG AHIC Standard Exhibit 7.pdf NY SG AHIC Standard Exhibit 7.xls

		policy form. c. Indicate the company name, the NAIC code number for that entity, and the SERFF filing number for the applicable rate filing in the spaces indicated. d. Indicate for each base medical policy form the form number, the product name as in the rate manual, and the street product name. Also indicate the other base medical policy forms this form is aggregated with for rate setting. Add additional columns as needed. Add a rightmost column with aggregate values for the entire rating pool (for the appropriate rows). Refer to Section 360.11(a)-(b) of Regulation 145 (11 NYCRR 360) for the requirements to aggregate substantially similar policy forms for small group policy forms and for individual policy forms. e. Indicate for each base medical policy form if the policy form aggregation has changed from the previous rate filing. If yes, the actuarial memorandum must include an explanation of the change, the rationale for the change, and the percentage rate impact this change has on this policy form and on the policy forms previously aggregated with this policy form. f. The effective date of rate change refers to the proposed effective date of the non-rolling rate table, and/or the proposed effective date of the first rolling rate period of a rolling rate structure. g. The rate guarantee period refers to a non-rolling rate table and/or to the first rate table of a rolling rate structure. (If the rate guarantee period for the rolling rate structure is not the same for each rolling rate period, the actuarial memorandum must discuss this and explain why the length of the rate guarantee periods are not the same.) h. The weighted average rate change percentage proposed (from the rate currently charged the policyholder [or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application] to the proposed rate to be charged to that same cohort of policyholders) for the indicated base medical policy form, including all associated riders. The weighting should be consistent with how the average changes were calculated in Standard Exhibit 5 (i.e., based on members or contracts). For a rolling rate structure, enter the result for the first rate table in the rolling rate structure. (Example: a quarterly rolling rate filing was submitted that includes rolling rate tables for the 1st, 2nd, 3rd, and 4th quarters of 2012. Rates are for a 12 month period. Indicate the average rate change percentage from the 1st quarter of 2011 rate tables to the 1st quarter 2012 rate tables.) i. For the number of policyholders affected and the number of covered lives affected, indicate the effect of all the rate tables of a rolling rate structure included in the rate filing (but not more than 12 months of issues and renewals if more than 12 months of rolling rate tables are included in the rate filing). For group business,	

		"policyholders" is referring to the number of groups, not the number of subscribers or contracts. j. The expected loss ratio is the loss ratio incorporated into the proposed rate tables for each base medical policy form (and the entire rating pool) and includes the impact of associated riders and reflects the impact of the proposed rate changes. Loss ratio is calculated on a New York statewide basis. For a rolling rate structure, enter the expected loss ratio incorporated into the rate tables of the first rolling rate period of the rolling rate structure. k. The experience entered for the three indicated experience periods is the New York statewide experience for the indicated base medical policy form plus all associated riders. (i) Each experience period is to be for 12 months (or shorter if a new form). (ii) The ending date of the recent experience period cannot be earlier than 12 months before the proposed effective date of the earliest rate table included in the rate filing. (Example: The rate filing is for a non-rolling rate table to be effective July 1, 2012. The recent experience period cannot have an ending date earlier than June 30, 2011, i.e., 12 months prior to July 1, 2012.). (iii) The first prior period is the immediately prior 12 month experience period (or shorter period if a new form). The second prior period is the immediately prior 12 month experience period (or shorter if a new form) prior to the first prior period. (iv) The incurred claims for each of the three experience periods must be based on at least 3 months of claims run-out beyond the end of the experience period. The actuarial memorandum is to provide a clear description of how these incurred claims were developed for each experience period and how many months of claim run-out were reflected in the development of the incurred claims. l. Enter the average annual composite medical trend assumption used in the proposed rate development for each base medical policy form (including impact of associated riders). Enter the annual utilization and unit cost trend components included in the composite trend factor shown, as well as any other component such as for case mix or intensity (identify and discuss and justify any such other component in the actuarial memorandum along with the utilization component and unit cost component). m. The actuarial memorandum is to include a clear description of how the standardized earned premiums for each experience period were developed from the earned premiums for the applicable experience period, and include documentation and supporting exhibits showing how the standardized premiums were developed for each experience period. A numerical example illustrating the development methodology for one non-rolling rate product and one rolling rate product included	

		in the rate submission is to be included as part of the actuarial memorandum, as applicable. The same standard rate level is used for all of the experience periods. n. If the rating differential between the New York rating regions is being revised with this rate filing, separate versions of this exhibit are to be included for each rating region, each permitted aggregation of rating regions, and for all rating regions combined.	
ACTUARIAL MEMORANDUM	11NYCRR 52.40(a)(1)	Actuarial qualifications: a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meets the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries.	Supporting Documentation NY SG AHIC Act Memo.pdf NY SG AHIC Act Cert.
Justification of Rates	§3231(e) §4308(c) 11NYCRR 52.40 11NYCRR 52.42 (HMOs) 11NYCRR 52.45 11NYCRR 59.5(b) 11NYCRR 360.11	a. Description of proposed changes in rates, including the following: (i) The member (or contract) weighted average proposed percentage change over the current rates charged to each renewal cohort of policyholders for each base medical policy form, including the impact of all associated riders available to that policy form (or currently scheduled to be charged at the next rate change date for changes already approved or deemed approved by a prior rate application and which is not being revised by the current rate application). This is to be shown for each non-rolling rate table and/or each rolling rate table included in the rate filing. (The percentage change is comparable to the percentage change developed for Standard Exhibit 5.) Include comparable information for percentage rate changes implemented during the prior 24 months. (ii) For a rolling rate structure, the percentage change to the first rate table of the rolling rate structure included in the rate filing, from the immediately preceding implemented rolling rate table not included in the rate filing. Indicate the rolling rate periods of the rate tables used to develop this percentage change. If the percentage change between two corresponding rate tables is not uniform, indicate the minimum, maximum and average percentage change between those two rate tables. This comparison is to be done for each first table of a rolling rate structure included in the rate filing. (Example: The rate filing includes four quarterly rolling rate tables beginning 3rd quarter 2012. The change from each of the 2nd quarter 2012 rolling rate tables to the corresponding 3rd quarter 2012 rolling rate table is to be indicated.) The proposed percentage change between each succeeding rolling rate table is also to be indicated. (iii) For the 24 month period prior to the effective date of the earliest rate table included in the rate adjustment submission, indicate the aggregate (medical plus riders) percentage change between the successive non-rolling rate tables.	All items are addressed in the Supporting Documentation and Rate/Rule Schedule.

		For a rolling rate structure, indicate the aggregate (medical plus riders) percentage change between each of the successive rolling rate tables (e.g., for a quarterly rolling rate structure, the percentage change between each of the successive quarterly rate tables). (iv) The percentage change due to any change in the expected loss ratio incorporated into the proposed rate tables from the prior rate filing for such base medical policy form or rider. Indicate the expected loss ratio incorporated into the current rate tables, the expected loss ratio incorporated into the proposed rate tables, the impact on the percentage change in items (i) and (ii) above due to this revision in the expected loss ratio, and the reason(s) and justification for the change in the pricing expected loss ratio. (v) The percentage change due to any change to the tier structure relationships included in this rate filing and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes. (vi) The percentage change due to any change to the factor used to convert per member per month results to per single employee results included in this rate filing, and the impact of such change on the percentage changes in items (i) and (ii) above. Include justification for such changes. (vii) The percentage change due to variance in the prior incurred claim cost per member per month estimate and the impact of such variance on the percentage changes in items (i) and (ii) above. Discuss the reasons contributing to this variance and include an exhibit showing how this variance and the percentage impact of this variance were developed. (viii) Changes to any of the rating differentials between the various rating regions included in this rate filing. If the rating differential between the rating regions was changed, include (a) a listing of the composition of each rating region, (b) the percentage change impact on each such rating region, and (c) justification for each such change between the rating region differentials. If the composition of any rating region is being changed with this filing, indicate (a) the current and proposed composition of the affected rating regions, (b) the percentage change impact on each of the affected rating regions, and (c) justification for the proposed change in the rating region composition. b. If new benefit options are being added to an existing rate table (such as additional copays or deductibles): (a) clearly indicate the additions being made, (b) include in the actuarial memorandum, a statement that the already approved contract language includes the new benefit options being added, (c) provide appropriate actuarial justification for the additional rating factors, and (d) submit a copy of the approved contract language pages and a copy of the Department's approval letter and clearly indicate how the approved contract language covers the new benefit options being added to the existing rate table.	

		c. Include the following (year over year exhibit): (i) For each non-rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission. (ii) For each rolling rate table: the current rate for each rating tier, the proposed rate for each rating tier, and the dollar and percentage change for each renewal cohort from the current rate to the proposed rate for each rate table, rating tier, and benefit option for each policy form and rider form included in the rate submission. (Example: the rate submission includes new rate tables for third and fourth quarter 2012 and first and second quarter 2013. Rates are for 12 month periods. Show the rates for the third quarter 2011, the proposed rates for the third quarter 2012, and the dollar and percentage change from third quarter 2011 to the proposed third quarter 2012 rates. Show a similar table for the proposed fourth quarter 2012, and first and second quarter 2013 rates as well.) d. Discuss the standard premium development used in Standard Exhibit 7. See discussion above on Standard Exhibit 7. e. Discuss the source data used to develop the projected incurred claims for the renewal rate applicability period. (i) If the source data is actual claims experience, the experience period is to be at least 12 months long, and the unpaid claim reserve is to be based on at least 3 months of claims run-out beyond the end of the experience period. (ii) If the source data is other than the actual claims experience, indicate the source of this data (e.g., from what publication, prepared by what organization), and the applicability of this source data. (iii) Discuss the credibility of such source data. (iv) Include an exhibit showing the source data and indicate all adjustments made to this source data to develop the projected incurred claims for the renewal rate applicability period. Provide this detail for each non-rolling rate table included in the rate filing, and/or for the first rate table of each rolling rate structure included in the rate filing (for base medical rate tables and for rider rate tables) for each permitted aggregation of policy forms (i.e., rating pool). Provide justification for each such adjustment. f. Indicate the assumed annualized claim trend projection factors used to project the source data to the renewal rate applicability period (for the non-rolling rate tables and/or the first rate tables of a rolling rate structure) for each product within each permitted policy form aggregation (i.e., rating pool). (i) Indicate the assumed annualized composite trend factors used for each base medical policy form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. Indicate the	

		assumed composite annual trend factors used for each rider form (or permitted aggregation) and separately for the utilization and unit cost components of the composite trend. (ii) Provide justification for the assumed utilization, unit cost and composite annual trend factors. Discuss the impact and provide justification for any case mix change, intensity of service change, population/demographic change, adverse selection, or deductible leveraging component incorporated into the utilization and/or unit cost trend factor components. (iii) Clearly discuss how the annualized trend factors were applied to the source data to develop the projected data for the renewal rate applicability period. g. Provide an actuarial justification of the proposed rate changes for each base medical policy form and each rider form, or permitted aggregation, included in the rate submission. (i) Clearly show how the percentage change from the current rate table was developed, or how the revised premium rate was developed, for the non-rolling rate tables and/or the first rate tables of a rolling rate structure. (Example: for a rolling rate structure, how the percentage change from the existing 2nd quarter 2012 rate table to the proposed 3rd quarter 2012 rate table was developed for each rating element in the proposed rate table.) This demonstration must clearly show how the proposed rate change was developed from the projected source data, current rate level, and expected loss ratio. Provide justification for the percentage change proposed. (ii) For each subsequent rate table of a rolling rate structure, show how the change between each of the successive rate tables was developed (e.g., the change from the 3rd quarter 2012 rate table to the 4th quarter 2012 rate table). Provide justification for these changes between the rolling rate tables. (iii) Clearly show how the proposed rate development, as applicable, reflects recoveries from the standard direct pay and Healthy New York stop loss pools (New York Insurance Law Sections 4321-a, 4322-a, and 4327), and discuss how the recovery amounts used were developed. (iv) Clearly show how the proposed rate development, as applicable, reflects payments to, or receipts from, the Department Regulation 146 (11 NYCRR 361) and New York Insurance Law Section 3233 marketing stabilization pool. Clearly discuss how the corporation has been complying with 11 NYCRR 361 (Regulation 146), Section 361.6(g), and include in the rate application any new plan pursuant to Section 361.6(g)(2)(i). Such discussion should include an exhibit showing how all monies received from the Regulation 146 pool from calendar years 2007 to date have been used to benefit consumers pursuant to the requirements of Section 361.6(g). (v) Discuss if the source data includes any very large claims on an individual, how	

		such large claims have been handled, and any internal mechanism to pool large claims across more than the rating pool that contained the large claim. Clearly show how the rate development, if applicable, reflects this internal mechanism for pooling large claims. h. If the percentage rate change by benefit option differs within a particular policy form (or rider form), include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option. Any assumed variation in utilization by benefit option within a particular policy form (or rider form) must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the policy form, and cannot be based on differences due to age, sex, health status or industry among the members selecting the different benefit options. i. If the percentage rate change by policy form differs within a permitted aggregation of policy forms, include an actuarial demonstration that the rate changes were developed assuming the same insured population selects each of the available benefit options among the aggregated policy forms, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members selecting a particular benefit option within the aggregated policy forms. Any assumed variation in utilization between policy forms within a permitted aggregation of policy forms must be based solely on the benefit differential, must assume that the same population of insureds selects each benefit option within the permitted aggregation of policy forms, and cannot be based on differences due to age, sex, health status or industry among the members selecting a particular benefit option within the aggregated policy forms. j. If the percentage rate change by rating region differs, the default assumption is that the rating regions are not aggregated for rate setting purposes. In order for a company to claim that certain rating regions are aggregated for rate setting purposes, it is necessary to include an actuarial demonstration that the rate changes were developed assuming the same insured population in each of the aggregated rating regions, and that the differences in the percentage rate changes are not due to differences in the age, sex, health status, or industry distributions of the members in each of the aggregated rating regions. k. Discuss any significant change in the non claim expense components indicated on Standard Exhibit 2 between the prior rate adjustment filing and this rate adjustment filing, including any item where the $pmpm value exceeds $1and where the $pmpm value changed by more than 10% between the prior filing and the current filing. Discuss the source for the non-claim expense components indicated on	

		Standard Exhibit 2 for the current rate filing and, for the percentage of gross premium values, how the proposed rate change was reflected in the development of those percentage of gross premium factors. Discuss any revision to the expense allocation basis that has occurred since the last rate adjustment filing.	
Minimum Loss Ratio Requirements	§3231(e)(1)(B) §4308(c)(3) 11NYCRR52.45(i) 11NYCRR59.5(b)	a. The minimum loss ratio for community rated products, other than the official Medicare Supplemental products, is as specified in Section 3231(e)(1)(B) or 4308(c)(3)(A) of the New York Insurance Law, as amended by Chapter 107 of the Laws of 2010. b. The minimum loss ratio for the official Medicare Supplemental products is: (i) Article 43 companies: as specified in Section 4308(c)(3)(B) of the Insurance Law, as amended by Chapter 107 of the Laws of 2010; and (ii) Article 42 companies: as specified in Section 52.45(i) of Regulation 62 (11 NYCRR 52).	Supporting Documentation NY SG AHIC Act Cert. pdf Rate/Rule schedule NY SG AHIC Rate Manual 4q12-3q13.pdf
Actuarial Certification	11NYCRR 52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”. c. The expected loss ratio incorporated into the proposed rate tables meets the minimum requirement of the State of New York by permitted aggregation of policy forms within each permitted aggregation of rating regions. Specify the expected loss ratio incorporated into the proposed rate tables for each permitted aggregation of policy forms within each permitted aggregation of rating regions. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory.	Supporting Documentation NY SG AHIC Act Cert. pdf
REVISED RATE MANUAL PAGES	11NYCRR 52.40(e)(2) 11NYCRR 52.45(f) 11NYCRR 59.5(b)	**Rate Manual.** a. Table of contents. b. Rate pages, including a page indicating the composition of each rating region. c. Insurer/corporation name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts, as applicable. g. Examples of rate calculations, i.e., how the rate tables and formulas included in the rate manual are used to calculate the final rate for a given benefit design. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual, to the extent applicable. j. Expected loss ratio(s).	Rate/Rule schedule NY SG AHIC Rate Manual 4q12-3q13.pdf

NOTICES TO POLICYHOLDERS Initial & Final	§3231(e)(1)(A) §4308(c)(2) Circular Letter No. 12 (2011)	a. As indicated in Circular Letter No. 12 (2011), a draft of the initial notice should be submitted for review by the Department prior to the rate adjustment submission. This draft should be submitted via SERFF using the "Prior Approval Prefiling" filing type code. (It is strongly recommended that the company also include a draft of the Narrative Summary in this prefiling submission.) b. Include with the rate adjustment submission a sample copy of the initial written notice sent to policyholders and subscribers/contract holders of the proposed rate adjustment submitted to the Department of Financial Services. (i) Section 3231(e)(1) and Section 4308(c) of the New York Insurance Law require that the initial notice be sent on or before the date the rate application is submitted to the Department. (ii) If different notices are used for different products or different rating regions, submit a sample for each such product and/or each such rating region. c. Include with the rate adjustment submission a sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.	Support Documentation SG HMO Subscriber INSERT Proposed Rate Filing Notification.pdf SG HMO Subscriber Proposed Rate Filing Notification.pdf SG Plan Sponsor HMO Proposed Rate Filing Notification.pdf NY PS Letter-SG Customer ALL PLANS.pdf
RATE FILINGS THAT ARE SUBJECT TO REVIEW	PPACA §1003	a. The U.S. Department of Health and Human Services (HHS) has defined a "rate filing that is subject to review" as any rate filing where the rate increase over the prior 12 months equals or exceeds a stated threshold. For rate filings that HHS has defined to be a "rate filing that is subject to review", submit a copy of Parts I and II of the Preliminary Justification that are required to be submitted to HHS for such filing.	N/A
PUBLIC DISCLOSURE OF THE RATE APPLICATION		**Posting a Redacted Version of the Rate Adjustment Application to the Department's Website.** a. A redacted version of this rate application will be posted to the Department's website to aid consumers' understanding of the reason(s) for the requested rate change(s). b. The Department will accept redaction of only the following information in the rate application: (i) personally identifiable information, including names and contact information of actuaries or other individuals, including those who work for the health plan, a consulting firm, or the Department, that are contained in the application; and (ii) information that identifies in reasonably precise terms specific provider reimbursement rates contained in contracts between the health plan and a particular provider or formally affiliated provider group. Information that discloses trend, even specific trend, will *not* qualify for redaction. For example, if an insurer has a single pharmacy benefit manager (PBM), information about generic, brand and specialty drug costs per member will be disclosed. However, information about per unit dispensing fees paid to the	N/A

		PBM, or the level of rebates received, may be redacted. c. In order to expedite the posting of the redacted application to the Department's website, the company is to attach within SERFF as a PDF file the redacted version of each document submitted with the application, including the completed checklist, all of the standard exhibits, the actuarial memorandum plus any attachments or appendices, the rate manuals and year over year exhibits, as well as any other documentation submitted. A redacted attachment/file should be clearly labeled as a redacted version. d. The redacted version of the application that will be posted to the Department's website will be constructed by the Department and will not be submitted to the insurer for prior review. *Where a document is attached to SERFF without a clearly labeled redacted version in PDF format, it will be assumed that no redactions are requested and the unredacted version of the document will be posted to the website as filed.*	

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>

Attention New York Plan Sponsor:

Notice of approved rate increase
We previously requested a rate increase from the New York Department of Financial Services (formerly the New York State Insurance Department) for your Small Group plan(s) offered by Aetna Health Inc. and Aetna Health Insurance Company of New York. The Insurance Department reviewed our request and approved a rate increase.

We've attached a summary of renewal rates
The resulting monthly premium is shown in the attached summary of renewal rates. The summary includes current monthly rates, renewal rates and the percentage change between the two, and the effective date of the rate change.

While we try to give you the most accurate information possible, your final rate may differ, based on the enrollment census, benefits plan design and other features you select upon renewal.

What you need to do next
Many factors are considered in the request and approval of health insurance premium rates. You have the right to shop around.

If you choose to continue your Aetna coverage, there's nothing you need to do now. We will include the new rates in your renewal bill.

For more information, please contact your insurance broker of record. If you do not use a broker, contact our Renewal Specialist Team at 1-888-277-1053 (option 5). We can review your approved rate or help you explore other health insurance options.

Thank you for choosing us for your health insurance needs.

Enclosure: Subscriber letter

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Health Inc and Aetna Health Insurance Company of New York
14 32 148 1-NY

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

Dear Aetna Member:

Notice of approved rate increase
We previously requested a rate increase from the New York Department of Financial Services (formerly the New York State Insurance Department) for your **Small Group plan(s)** offered by Aetna Health Inc. and Aetna Health Insurance Company of New York. The Insurance Department reviewed our request and approved a rate increase.

We've attached a summary of renewal rates
The resulting monthly premium charge to your employer is shown in the attached summary of renewal rates. Your employer determines how much you contribute towards these premium amounts. These monthly premiums will be effective <October 1, 2012>.

While we try to give you the most accurate information possible, your final rate may differ, based on the enrollment census, benefits plan design and other features your employer selects upon renewal.

What you need to do next
If you have questions about your contribution amounts (e.g., payroll deductions), please feel free to contact Member Services at the number located on your ID card. Plan representatives are available to assist you from 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.

Thank you for choosing us for your health insurance needs.

Enclosure: Summary of renewal rates

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Health Inc and Aetna Health Insurance Company of New York
14 32 338 1-NY

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

<Date>

<Subscriber first> <Subscriber last>
<Address>
<City>, <ST> <ZIP>

<Group ID>

Dear Aetna Member:

Notice of approved rate increase
We previously requested a rate increase from the New York Department of Financial Services (formerly the New York State Insurance Department) for your **Small Group plan(s)** offered by Aetna Health Inc. and Aetna Health Insurance Company of New York. The Insurance Department reviewed our request and approved a rate increase.

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Thank you for choosing us for your health insurance needs.

Enclosure: Summary of renewal rates

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14 32 338 1-NY

Aetna Small Business Health Plan Options
Summary of Renewal Rates

<Rating areas listed>

RATES EFFECTIVE <00/00/00 - 00/00/00>

Plan Options	Current Monthly Premium - Pharmacy Plan $15/$35/$70 Mail Order: $30/$70/$140					
	Single:	Employee/ Spouse:	Parent/Child (26 dep age):	Family (26 dep age):	Parent/Child (30 dep age):	Family (30 dep age):
<Plan Name>	<$0.00>	<$0.00>	<$0.00>	<$0.00>	<$0.00>	<$0.00>

RATES EFFECTIVE <00/00/00 - 00/00/00>

Plan Options	Renewal Monthly Premium - Pharmacy Plan $15/$35/$70 Mail Order: $30/$70/$140					
	Single:	Employee/ Spouse:	Parent/Child (26 dep age):	Family (26 dep age):	Parent/Child (30 dep age):	Family (30 dep age):
<Plan Name>	<$0.00>	<$0.00>	<$0.00>	<$0.00>	<$0.00>	<$0.00>

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

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

RE: Notice of proposed rate increase

Dear Aetna Member:

New York law requires that we send you 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 2012 and 2013 rates with the Department of Financial Services for plans renewing from October, 1 2012 through September 30, 2013.

Proposed Rates
The following table reflects the rate increases we have requested for plans renewing during each of the following quarters for your community rated small group HMO and POS plans offered by Aetna Health Inc. and Aetna Health Insurance Company of New York. These rate increases are intended to be effective upon your renewal on or after October 1, 2012.

Renewal Date	Increase	Renewal Date	Increase
4th Quarter, 2012:	1.9%	2nd Quarter, 2013:	9.9%
1st Quarter, 2013:	9.1%	3rd Quarter, 2013:	10.8%

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 your employer selects 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 HMO and POS customers.

30 Day Comment Period
You 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 04/16/2012. **If you are interested in submitting comments, you must do so by 05/16/2012.** Comments can be submitted to the Department of Financial Services online at:
http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online or by contacting:

Health Bureau-Premium Rate Adjustments
Department of Financial Services
25 Beaver Street, New York, NY 10004

Phone: 1-800-342-3736

Email: PremiumRateIncreases@dfs.ny.gov

Comments should clearly identify you are commenting on the proposed rate increase for the community rated small group HMO and POS plans offered by Aetna Health Inc. and Aetna Health Insurance Company of New York. 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 Member Services at the number located on your ID card. Plan representatives are available to assist you from 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.

Also, your employer sets any contributions, in the form of payroll deductions, to your health plan. If you have questions about your plan's renewal or your payroll deductions, please contact your employer.

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
http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_rate_change_details.htm

Sincerely,
Aetna

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©2011 Aetna Inc

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

<Date>

<Subscriber first> <Subscriber last>
<Address>
<City>, <ST> <ZIP>

<Group ID>

RE: Notice of proposed rate increase

Dear <Subscriber name>:

New York law requires that we send you 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 2012 and 2013 rates with the Department of Financial Services for plans renewing from October, 1 2012 through September 30, 2013.

Proposed Rates
The following table reflects the rate increases we have requested for plans renewing during each of the following quarters for your community rated small group HMO and POS plans offered by Aetna Health Inc. and Aetna Health Insurance Company of New York. These rate increases are intended to be effective upon your renewal on or after October 1, 2012.

Renewal Date	Increase	Renewal Date	Increase
4th Quarter, 2012:	1.9%	2nd Quarter, 2013:	9.9%
1st Quarter, 2013:	9.1%	3rd Quarter, 2013:	10.8%

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 your employer selects 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 HMO and POS customers.

30 Day Comment Period
You 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 04/16/2012. **If you are interested in submitting comments, you must do so by 05/16/2012.** Comments can be submitted to the Department of Financial Services online at:
http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online or by contacting:

Health Bureau-Premium Rate Adjustments
Department of Financial Services
25 Beaver Street, New York, NY 10004

Phone: 1-800-342-3736

Email: PremiumRateIncreases@dfs.ny.gov

Comments should clearly identify you are commenting on the proposed rate increase for the community rated small group HMO and POS plans offered by Aetna Health Inc. and Aetna Health Insurance Company of New York. 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 Member Services at the number located on your ID card. Plan representatives are available to assist you from 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.

Also, your employer sets any contributions, in the form of payroll deductions, to your health plan. If you have questions about your plan's renewal or your payroll deductions, please contact your employer.

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
http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_rate_change_details.htm

Sincerely,
Aetna

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©2011 Aetna Inc

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 2012 and 2013 rates with the Department of Financial Services for plans renewing from October, 1 2012 through September 30, 2013.

Proposed Rates
The following table reflects the rate increases we have requested for plans renewing during each of the following quarters for your community rated small group HMO and POS plans offered by Aetna Health Inc. and Aetna Health Insurance Company of New York. These rate increases are intended to be effective upon your renewal on or after October 1, 2012.

Renewal Date	Increase	Renewal Date	Increase
4th Quarter, 2012:	1.9%	2nd Quarter, 2013:	9.9%
1st Quarter, 2013:	9.1%	3rd Quarter, 2013:	10.8%

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 HMO and POS 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 04/16/2012. **If you are interested in submitting comments, you must do so by 05/16/12.** Comments can be submitted to the Department of Financial Services online at:
http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_comment.htm#online or by contacting:

Health Bureau-Premium Rate Adjustments
Department of Financial Services
25 Beaver Street, New York, NY 10004

Phone: 1-800-342-3736

Email: PremiumRateIncreases@dfs.ny.gov

Comments should clearly identify you are commenting on the proposed rate increase for the community rated small group HMO and POS plans offered by Aetna Health Inc. and Aetna Health Insurance Company of New York. 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
http://www.dfs.ny.gov/insurance/health/prior_app/prior_app_rate_change_details.htm

Sincerely,
Aetna

Enclosure: Subscriber letter

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Health Inc , Aetna Health Insurance Company of New York, and its affiliates (Aetna)
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EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:

Aetna Health Insurance Company of New York
Company submitting the rate adjustment request

Article 42
Type of insurer

☑ For Profit
☐ Non Profit

84450
Company NAIC Code

151 Farmington Ave. Hartford, CT 06156
Company mailing address

B. Contact Person:

[redacted]
Rate filing contact person name, title

[redacted]
Contact phone number

[redacted]
Contact Email address

C. Actuarial Contact (If different from above):

[redacted]
Actuary name, title

[redacted]
Actuary phone number

[redacted]
Actuary Email address

D. New Rate Information (See Note #1):

October 1, 2012 to September 30, 2013
New rate applicability period

10/01/2012
New rate effective date

AETN-128159581
SERFF Tracking Number

E. Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): Small Group

F. Provide responses for the following questions:

	Response
1. Does this filing include any revision to contract language that is not yet approved? See note (2).	NO
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	NO
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	All Small Group NY HMO and POS policyholders. Notification sent April 16, 2012
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	YES
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefiling.	Yes, AETN-128244716; State Tracking Number: 2012040042

Notes:

(1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date.
It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date.
It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.

(2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.

Use the following SERFF filing types for rate adjustment filings:

* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
* For all other prior approval filings: Normal Pre-Approval

(3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Number: AETN-128159581

Data Item for Specified Rating Pool	Response
1. Market Segment	Small Group
2. Description of rating pool within the market segment	SG HMO & POS
For the period included in this rate adjustment filing	
3. Period assumed - beginning date (MM/DD/YYYY)	10/1/12
4. Period assumed - ending date (MM/DD/YYYY)	9/30/13
5. Average annual claim trend assumed	10.90%
6.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	2.68%
6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	0.43%
6.3 Commissions and broker fees - as a % of gross premium	3.00%
6.4 Premium Taxes - as a % of gross premium	1.91%
6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	0.004%
6.6 Other administrative expenses - as a % of gross premium	5.71%
6.7 Subtotal lines 6.1 through 6.6	13.73%
7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	-0.10%
8. State income tax component - as a % of gross premium	-0.01%
8.1 State income tax rate assumed (eg 3%)	8.85%
9. Federal income tax component - as a % of gross premium	-0.04%
9.1 Federal income tax rate assumed (eg 30%)	35.00%
10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	-2.00%
11. Subtotal lines 6.7 + 7 + 8 + 9 + 10	11.59%
12.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as $pmpm	12.11
12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as $pmpm	1.95
12.3 Commissions and broker fees - as $pmpm	13.52
12.4 Premium Taxes - as $pmpm	8.60
12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as $pmpm	0.02
12.6 Other administrative expenses - as $pmpm	25.74
12.7 Subtotal lines 12.1 through 12.6	61.93
13. After tax underwriting margin (profit/contribution to surplus) - as $pmpm	(0.45)
14. State income tax component - as $pmpm	(0.04)
15. Federal income tax component - as $pmpm	(0.16)
16. Reduction for assumed net investment income - as $pmpm (enter as a negative value)	(9.01)
17. Subtotal lines 12.7 through 16	52.28

EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Number: AETN-128159581

Data Item for Specified Rating Pool	Response
1. Market Segment	Small Group
2. Description of rating pool within the market segment	SG HMO & POS
For the rate period included in the immediately prior rate adjustment filing (or initial form & rate filing)	
18. Period assumed - beginning date (MM/DD/YYYY)	10/1/11
19. Period assumed - ending date (MM/DD/YYYY)	9/30/12
20. Average annual claim trend assumed	10.90%
21.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as a % of gross premium	2.68%
21.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	0.43%
21.3 Commissions and broker fees - as a % of gross premium	3.00%
21.4 Premium Taxes - as a % of gross premium	1.91%
21.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as a % of gross premium	0.004%
21.6 Other administrative expenses - as a % of gross premium	5.71%
21.7 Subtotal lines 21.1 through 21.6	13.73%
22. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8.27%
23. State income tax component - as a % of gross premium	0.73%
23.1 State income tax rate assumed (eg 3%)	8.85%
24. Federal income tax component - as a % of gross premium	2.89%
24.1 Federal income tax rate assumed (eg 30%)	35.00%
25. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	-2.00%
26. Subtotal lines 21.7 + 22 + 23 + 24 + 25	23.63%
27.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as $pmpm	11.22
27.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as $pmpm	1.81
27.3 Commissions and broker fees - as $pmpm	12.53
27.4 Premium Taxes - as $pmpm	7.97
27.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessment) - as $pmpm	0.02
27.6 Other administrative expenses - as $pmpm	23.85
27.7 Subtotal lines 27.1 through 27.6	57.39
28. After tax underwriting margin (profit/contribution to surplus) - as $pmpm	34.54
29. State income tax component - as $pmpm	3.06
30. Federal income tax component - as $pmpm	12.09
31. Reduction for assumed net investment income - as $pmpm (enter as a negative value)	(8.35)
32. Subtotal lines 27.7 through 31	98.74

EXHIBIT 3: NARRATIVE SUMMARY

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Tracking #: AETN-128159581

Aetna Health Insurance Company of New York is submitting rate increases for its Small Group market segment for the state of New York.

The following is a summary of the proposed rate increases for policyholders' existing benefit plans, to be effective on the policyholder's next anniversary occurring on or after the effective dates shown:

Effective Date	Proposed Rate Increases		Policyholders	Members
	Incremental	Annual		
10/01/2012	2.0%	1.9%	1,328	1,760
01/01/2013	2.8%	9.1%	1,086	1,468
04/01/2013	2.8%	9.9%	1,211	1,683
07/01/2013	2.8%	10.8%	878	1,151

The total number of policyholders affected by the proposed rate adjustment is 4,503 as of December 2011.

The requested rates for Aetna's Small Group HMO/QPOS plans are directly related to medical claim trend due to changes in unit costs and utilization. Since our Small Group data has too few members to be a fully credible indication of future medical cost trend, trends were based on a review of large group data over the period December 2009 – November 2011. The table below reflects our cost trends:

Utilization trend	Unit Cost Trend	Total Trend
7.0%	3.9%	10.9%

Utilization represents the number of services per member per year. Increase in Unit Cost represents the change in dollar amount per claim. Increases in Unit Cost reflect changes in our contracted rates and prescription drug costs as well as the price escalation due to usage of more intensive services or expensive technologies. For this rate filing, we have used 10.9% as the projected change in medical cost.

Our pricing projection and the resulting rate increases assume that 86% of premium is used for medical care. New York state law requires that at least 82% of premium must be used to pay medical member costs. The remaining 14% are used for administrative expenses, profit, and taxes. Administrative costs include (but are not limited to) customer service, processing and paying claims, medical management programs, maintaining our provider networks, and complying with State and Federal regulations.

Aetna takes our commitment to our customers seriously. We have taken a number of steps to try to keep our products as affordable as possible, such as:

- Reducing our administrative costs by cutting back on the number of plan designs we offer, focusing only on the most popular plans that meet the needs of the majority of our members.
- Developing innovative new relationships with health care providers that compensate them for the quality of care they provide, and not the quantity.
- Creating medical management programs which address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services.

We are also dedicated to increasing transparency within the health care system, as well as helping our members best utilize the plans that they have. Members can also access Aetna Navigator, our secure member website, which allows members to research their specific plan benefits, health care providers in a given area, and in some locations, the cost of certain health care services. Additionally, Aetna's Plan for Your Health website aims to educate all consumers—not just Aetna members—on how to take advantage of their health care benefits.

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

Aetna Health Insurance Company of New York
Company submitting the rate adjustment request

84450
Company NAIC Code

AETN-128159581
SERFF tracking number

A. BASE MEDICAL PLAN

Rolling Rate Product

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NYC Community PlanSM 1 OON	NYC Community PlanSM 1 OON	Q4 2012	1.9%	1.9%	1.9%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NYC Community PlanSM 5 OON	NYC Community PlanSM 5 OON	Q4 2012	1.9%	1.9%	1.9%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NYC Community PlanSM 6 OON	NYC Community PlanSM 6 OON	Q4 2012	1.9%	1.9%	1.9%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NY OA POS 21-10 OON	NY OA POS 21-10 OON	Q4 2012	1.9%	1.9%	1.9%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NYC Community PlanSM 1 OON	NYC Community PlanSM 1 OON	Q1 2013	9.1%	9.1%	9.1%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NYC Community PlanSM 6 OON	NYC Community PlanSM 6 OON	Q1 2013	9.1%	9.1%	9.1%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NY OA POS 21-10 OON	NY OA POS 21-10 OON	Q1 2013	9.1%	9.1%	9.1%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NYC Community PlanSM 1 OON	NYC Community PlanSM 1 OON	Q2 2013	9.9%	9.9%	9.9%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NYC Community PlanSM 6 OON	NYC Community PlanSM 6 OON	Q2 2013	9.9%	9.9%	9.9%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NY OA POS 21-10 OON	NY OA POS 21-10 OON	Q2 2013	9.9%	9.9%	9.9%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NYC Community PlanSM 1 OON	NYC Community PlanSM 1 OON	Q3 2013	10 8%	10.8%	10.8%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NYC Community PlanSM 6 OON	NYC Community PlanSM 6 OON	Q3 2013	10 8%	10.8%	10.8%
HO ASTAHCRGrp 01 NY	**Small Group**	**RA01**	NY OA POS 21-10 OON	NY OA POS 21-10 OON	Q3 2013	10 8%	10.8%	10.8%

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "Q1 2012" for a quarterly rolling rate structure.)

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Tracking #: AETN-128159581

Instructions:

B. FOR A ROLLING RATE STRUCTURE - Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort

(The effective period of a new rolling rate may vary depending on the rolling structure. e.g., Q1 2012 for a quarterly rolling rate structure.)

#	Effective Period	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Members as of 12/31/2011	Total # of Contract as of 12/31/2011	Number of (*) with Proposed Percentage Rate Change at Renewal										
								Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Q4 2012	Small Group	RA01	HMO	1.88%	N/A	1278	0	0	1278	0	0	0	0	0	0	0	0
	Q4 2012	Small Group	RA02	HMO	0.00%	N/A	0	0	0	0	0	0	0	0	0	0	0	0
	Q4 2012	Small Group	RA01	QPOS	1.88%	N/A	50	0	0	50	0	0	0	0	0	0	0	0
	Q4 2012	Small Group	RA02	QPOS	0.00%	N/A	0	0	0	0	0	0	0	0	0	0	0	0
	Q4 2012	Market Segment Total:			1.88%	N/A	1328	0	0	1328	0	0	0	0	0	0	0	0

(The effective period of a new rolling rate may vary depending on the rolling structure. e.g., Q1 2012 for a quarterly rolling rate structure.)

#	Effective Period	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Members as of 12/31/2011	Total # of Contract as of 12/31/2011	Number of (*) with Proposed Percentage Rate Change at Renewal										
								Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Q1 2013	Small Group	RA01	HMO	9.09%	N/A	1017	0	0	0	1017	0	0	0	0	0	0	0
	Q1 2013	Small Group	RA02	HMO	0.00%	N/A	0	0	0	0	0	0	0	0	0	0	0	0
	Q1 2013	Small Group	RA01	QPOS	9.09%	N/A	69	0	0	0	69	0	0	0	0	0	0	0
	Q1 2013	Small Group	RA02	QPOS	0.00%	N/A	0	0	0	0	0	0	0	0	0	0	0	0
	Q1 2013	Market Segment Total:			9.09%	N/A	1086	0	0	0	1086	0	0	0	0	0	0	0

(The effective period of a new rolling rate may vary depending on the rolling structure. e.g., Q1 2012 for a quarterly rolling rate structure.)

#	Effective Period	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Members as of 12/31/2011	Total # of Contract as of 12/31/2011	Number of (*) with Proposed Percentage Rate Change at Renewal										
								Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Q2 2013	Small Group	RA01	HMO	9.95%	N/A	1135	0	0	0	1135	0	0	0	0	0	0	0
	Q2 2013	Small Group	RA02	HMO	0.00%	N/A	0	0	0	0	0	0	0	0	0	0	0	0
	Q2 2013	Small Group	RA01	QPOS	9.95%	N/A	76	0	0	0	76	0	0	0	0	0	0	0
	Q2 2013	Small Group	RA02	QPOS	0.00%	N/A	0	0	0	0	0	0	0	0	0	0	0	0
	Q2 2013	Market Segment Total:			9.95%	N/A	1211	0	0	0	1211	0	0	0	0	0	0	0

(The effective period of a new rolling rate may vary depending on the rolling structure. e.g., Q1 2012 for a quarterly rolling rate structure.)

#	Effective Period	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Members as of 12/31/2011	Total # of Contract as of 12/31/2011	Number of (*) with Proposed Percentage Rate Change at Renewal										
								Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher
	Q3 2013	Small Group	RA01	HMO	10.81%	N/A	768	0	0	0	0	768	0	0	0	0	0	0
	Q3 2013	Small Group	RA02	HMO	0.00%	N/A	0	0	0	0	0	0	0	0	0	0	0	0
	Q3 2013	Small Group	RA01	QPOS	10.81%	N/A	110	0	0	0	0	110	0	0	0	0	0	0
	Q3 2013	Small Group	RA02	QPOS	0.00%	N/A	0	0	0	0	0	0	0	0	0	0	0	0
	Q3 2013	Market Segment Total:			10.81%	N/A	878	0	0	0	0	878	0	0	0	0	0	0

EXHIBIT 6: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Aetna Health Insurance Company of New York

NAIC Code: 84450

SERFF Number: AETN-128159581

Instructions:

- This Exhibit summarizes all benefit/rate changes filed with the Health Bureau's Albany office that impact the rate tables in this filing.
- The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- Extend the worksheet to add more rows as needed.

A. List of rate filings that have been approved since the prior §3231(e)(1) or §4308(c) rate filing, which impact the rate tables in this filing

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
AENX-G126820809	2010090134	03/15/2011	HI NY DISCLOSURE V001	HMO	HMO Disclosure amendment/No impact	03/10/2011
AENX-G127193858	2011060021	06/17/2011	HI NY A DIALYSIS V001	HMO	Compliance with S-1803/No impact	08/15/2011
AENX-G127384519	2011080171	08/24/2011	HI NY AGpAgrHCRPolProv 01	HMO	Premium Termination and Rebate Allocation and Distribution/No impact	10/05/2011

B. List of the rate filings that are currently pending with the Department, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Name (including	Brief Description of Benefit/Rate Change
None					

C. List of remnants of the "file and use" submissions, which impact the rate tables in this filing.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Name (including Street Name)	Brief Description of Benefit/Rate Change	Change Effective Date
None						

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Number: AETN-128159581

Data Item for Specified Base Medical Policy Form	Response
1a. Base medical policy form number	See Exhibit 7E
1b. Product Name as in Rate Manual	
1c. Product Street Name as indicated to consumers	
2. Aggregated for rate development with these base medical policy form numbers	n/a
3. Effective date of rate change (MM/DD/YYYY)	10/01/2012, 01/01/2013, 04/01/2013, 07/01/2013
4. Market Segment (large group, small group, individual, or sole proprietor) [drop down menu]	Small Group
5. Product type (see above for examples) [drop down menu]	See Exhibit 7E
6. Is a rolling rate structure used for this base medical policy form? (Yes or No) [drop down menu]	Yes
7. Has base medical policy form aggregation changed from previous filing? (Yes or No) [drop down menu]	No
8. Is base medical policy form open (new sales allowed) or closed (no new sales) [drop down menu]	Open
9. Rate guarantee period incorporated into rate tables (months) (e.g., 12, for a 12 month rate guarantee period; or 0, if no rate guarantee period.)	12
10. Weighted average rate change % proposed across base medical policy form from current rate charged policyholder (including all associated riders)	7.53%
11. Number of policyholders affected by rate change. For group business this is number of groups.	1,284 (Employers)
12. Number of covered lives affected by rate change	6,062 (Members)
13. Expected NY statewide loss ratio for base medical policy form including associated riders	86.7%

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Number: AETN-128159581

Data Item for Specified Base Medical Policy Form	Response
Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)	
14.1 Beginning Date of the experience period (MM/DD/YYYY)	10/1/2010
14.2 Ending Date of the experience period (MM/DD/YYYY)	09/30/2011
14.3 Member months for experience period	58,761
14.4 Earned premiums for experience period ($)	23,885,036
14.5 Standardized earned premiums for experience period ($)	24,912,483
14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	18,049,872
14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	18,190,341
14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	0
14.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	(1,444,181)
14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	3,279,440
14.11 Earned premiums for experience period ($pmpm)	406.48
14.12 Standardized premiums for experience period ($pmpm)	423.96
14.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	307.17
14.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	309.56
14.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($pmpm)	0.00
14.16 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($pmpm)	(24.58)
14.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($pmpm)	55.81
14.18 Ratio: L 14.7/L 14.4 = Incurred Claims / Earned Premiums	0.762
14.19 Ratio: L 14.7/L 14.5 = Incurred Claims / Standardized Earned Premiums	0.730
14.20 Ratio: L 14.10/L 14.4 = Administration Expenses / Earned Premiums	0.137
14.21 Ratio: (L 14.7 + L 14.8 + L 14.9 + L 14.10) / L 14.4	0.838

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Number: AETN-128159581

Data Item for Specified Base Medical Policy Form	Response
First Prior Experience Period (NY statewide experience, base medical policy form + associated riders)	
15.1 Beginning date of the experience period (MM/DD/YYYY)	10/1/2009
15.2 Ending Date of the experience period (MM/DD/YYYY)	09/30/2010
15.3 Member months for experience period	38,887
15.4 Earned premiums for experience period ($)	19,430,663
15.5 Standardized earned premiums for experience period ($)	22,655,972
15.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	18,146,508
15.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	18,179,499
15.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	0
15.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	(4,317,000)
15.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	2,667,850
15.11 Earned premiums for experience period ($pmpm)	499.67
15.12 Standardized premiums for experience period ($pmpm)	582.61
15.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	466.65
15.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	467.50
15.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($pmpm)	0.00
15.16 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($pmpm)	(111.01)
15.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($pmpm)	68.61
15.18 Ratio: L 15.7/L 15.4 = Incurred Claims / Earned Premiums	0.936
15.19 Ratio: L 15.7/L 15.5 = Incurred Claims / Standardized Earned Premiums	0.802
15.20 Ratio: L 15.10/L 15.4 = Administration Expenses / Earned Premiums	0.137
15.21 Ratio: (L 15.7 + L 15.8 + L 15.9 + L 15.10) / L 15.4	0.851

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Number: AETN-128159581

Data Item for Specified Base Medical Policy Form	Response
Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)	
16.1 Beginning date of the experience period (MM/DD/YYYY)	10/1/2008
16.2 Ending Date of the experience period (MM/DD/YYYY)	09/30/2009
16.3 Member months for experience period	27,322
16.4 Earned premiums for experience period ($)	18,482,075
16.5 Standardized earned premiums for experience period ($)	23,577,027
16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	17,431,947
16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($)	17,441,017
16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($)	0
16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($)	(4,324,000)
16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($)	2,537,608
16.11 Earned premiums for experience period ($pmpm)	676.45
16.12 Standardized premiums for experience period ($pmpm)	862.93
16.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	638.02
16.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	638.35
16.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) ($pmpm)	0.00
16.16 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) ($pmpm)	(158.26)
16.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) ($pmpm)	92.88
16.18 Ratio: L 16.7/L 16.4 = Incurred Claims / Earned Premiums	0.944
16.19 Ratio: L 16.7/L 16.5 = Incurred Claims / Standardized Earned Premiums	0.740
16.20 Ratio: L 16.10/L 16.4 = Administration Expenses / Earned Premiums	0.137
16.21 Ratio: (L 16.7 + L 16.8 + L 16.9 + L 16.10) / L 16.4	0.847

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Number: AETN-128159581

Data Item for Specified Base Medical Policy Form	Response
Annualized Medical Trend Factors Assumed in Rate Development (%)	
17.1 All benefits combined, composite	10.90%
17.2 Due to utilization	7.0%
17.3 Due to unit cost	3.94%
17.4 Due to case mix/intensity/other	0.00%
Ratios: Most Recent Experience Period to First Prior Period	
18.1 Member months	1.511
18.2 Earned premiums ($pmpm)	0.813
18.3 Standardized premiums ($pmpm)	0.728
18.4 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	0.658
18.5 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	0.662
18.6 Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) ($pmpm)	0.813
Ratios: First Prior Period to Second Prior Period	
19.1 Member months	1.423
19.2 Earned premiums ($pmpm)	0.739
19.3 Standardized premiums ($pmpm)	0.675
19.4 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	0.731
19.5 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool ($pmpm)	0.732
19.6 Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) ($pmpm)	0.739
Ratio: Standard Premium to Earned Premium	
20.1 Most Recent Experience Period	1.043
20.2 First Prior Experience Period	1.166
20.3 Second Prior Experience Period	1.276

Exhibit 7A: Calculation of Standardized Premium

Premium PMPM

Cohort	DOS Month Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09
Jan	630.82	831.15	766.14	665.40	655.62	655.22	648.18	648.69	658.61	655.38	657.36	659.86
Feb	657.64	665.25	389.10	629.07	459.14	447.49	445.23	431.29	441.71	442.02	448.06	439.63
Mar	872.91	869.28	646.34	888.32	878.94	519.84	515.57	520.89	530.97	536.74	534.56	557.12
Apr	797.22	778.85	543.36	762.43	767.91	766.77	590.66	588.62	596.15	627.86	631.60	631.09
May	802.67	798.89	578.79	796.86	793.23	775.85	775.20	521.58	491.31	502.61	505.68	503.34
Jun	721.04	718.43	645.96	718.30	713.11	709.74	704.65	708.46	489.26	485.85	484.56	485.88
Jul	856.30	869.24	618.61	851.04	858.45	863.17	850.47	837.30	832.33	719.58	711.74	729.18
Aug	889.53	884.27	845.04	886.75	884.39	883.03	886.24	875.32	883.25	880.05	587.96	568.20
Sep	866.31	863.70	762.35	853.10	843.14	851.79	862.48	858.31	870.37	871.96	867.19	589.97
Oct	823.39	825.94	541.28	838.15	834.89	834.26	831.53	818.08	819.60	848.78	831.14	826.79
Nov	759.10	766.93	549.59	769.44	765.26	765.74	777.31	766.69	768.40	775.02	778.02	770.15
Dec	837.56	837.56	591.29	809.72	813.25	802.81	820.92	807.90	793.19	799.11	803.12	803.60
Tot	639.06	639.06	639.06	773.74	741.21	691.66	661.91	638.80	618.93	616.55	603.57	590.83

Member Months

	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09
Jan	354	353	347	370	367	363	356	353	347	349	345	346
Feb	146	143	149	141	260	252	246	249	248	246	230	231
Mar	219	216	215	203	209	471	461	442	435	428	421	394
Apr	260	227	218	204	201	199	276	270	268	242	243	239
May	149	146	144	143	141	143	144	259	225	220	217	221
Jun	211	209	209	195	193	186	184	171	317	312	303	312
Jul	185	179	167	167	162	162	166	162	161	196	195	174
Aug	135	136	129	125	123	121	118	117	116	114	175	167
Sep	166	163	154	149	149	143	131	130	132	128	125	250
Oct	84	84	74	74	73	68	68	66	66	62	61	60
Nov	103	111	110	102	101	101	92	93	89	88	86	83
Dec	100	100	112	107	106	101	94	91	84	84	83	83
BoB	2,112	2,067	2,026	1,980	2,065	2,310	2,336	2,403	2,468	2,469	2,484	2,560

Cumulative Rate Increase

	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09
Jan	1.329	1.329	1.329	1.336	1.336	1.336	1.336	1.336	1.336	1.336	1.336	1.336
Feb	1.329	1.329	1.329	1.329	1.336	1.336	1.336	1.336	1.336	1.336	1.336	1.336
Mar	1.329	1.329	1.329	1.329	1.329	1.336	1.336	1.336	1.336	1.336	1.336	1.336
Apr	1.266	1.266	1.266	1.266	1.266	1.266	1.262	1.262	1.262	1.262	1.262	1.262
May	1.266	1.266	1.266	1.266	1.266	1.266	1.266	1.262	1.262	1.262	1.262	1.262
Jun	1.266	1.266	1.266	1.266	1.266	1.266	1.266	1.266	1.262	1.262	1.262	1.262
Jul	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.157	1.157	1.157
Aug	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.157	1.157
Sep	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.157
Oct	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229
Nov	1.400	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229
Dec	1.400	1.400	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229	1.229

Historical Rate Increases		
QTR	QRTLY	To 3Q12
4Q07	1.050	1.400
1Q08	1.053	1.329
2Q08	1.050	1.266
3Q08	1.030	1.229
4Q08	1.000	1.229
1Q09	0.920	1.336
2Q09	1.058	1.262
3Q09	1.091	1.157
4Q09	1.000	1.157
1Q10	1.040	1.113
2Q10	1.030	1.080
3Q10	1.050	1.029
4Q10	1.000	1.029
1Q11	1.000	1.029
2Q11	1.000	1.029
3Q11	1.030	0.999
4Q11	1.000	0.999
1Q12	0.960	1.040
2Q12	1.020	1.020
3Q12	1.020	1.000

	Billed Premium*	Std Premium**	Std/Billed
10/2008-09/2009	18,482,075	23,577,027	1.276
10/2009-09/2010	19,430,663	22,655,972	1.166
10/2010-09/2011	23,885,036	24,912,483	1.043

* - Sumproduct of Premium PMPM and Member Months

** - Sumproduct of Premium PMPM, Member Months, and Cumulative Rate Increase

Exhibit 7A: Calculation of Standardized Premium

Premium PMPM

Cohort	DOS Month Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
Jan	668.22	668.46	662.86	609.74	597.72	587.66	595.28	578.66	594.94	586.97	594.32	592.68
Feb	432.58	436.07	425.08	421.46	414.32	407.27	410.72	399.95	413.96	406.73	406.44	401.88
Mar	560.56	565.22	555.60	534.33	533.41	445.13	453.82	442.61	417.72	411.73	412.03	412.73
Apr	630.72	630.28	622.41	608.82	610.30	606.52	521.86	520.52	536.23	538.49	530.93	519.27
May	499.17	478.85	470.99	459.53	464.00	451.17	462.17	374.79	387.75	386.27	376.02	382.66
Jun	482.55	483.41	477.03	458.43	457.49	447.11	458.31	434.78	394.89	380.03	381.84	384.63
Jul	728.85	748.88	740.86	728.36	735.96	745.73	763.92	763.27	763.15	615.65	615.88	589.29
Aug	559.24	565.26	569.67	546.74	559.69	559.64	559.42	547.50	563.34	552.95	401.65	386.85
Sep	522.31	560.95	557.58	548.03	551.39	540.42	556.86	527.82	534.88	521.09	520.64	457.74
Oct	467.19	481.54	477.29	460.47	461.48	445.94	454.99	441.75	454.65	448.66	452.31	449.17
Nov	787.23	513.20	513.83	493.92	494.40	486.54	494.09	483.69	496.95	490.42	493.82	496.25
Dec	803.27	799.90	478.65	448.88	405.49	400.01	409.73	400.45	409.19	400.16	402.08	406.22
Tot	568.04	563.64	544.84	525.29	517.20	496.57	500.94	476.07	476.70	466.50	450.70	450.69

Member Mont

	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
Jan	328	328	322	368	350	348	339	333	335	329	313	313
Feb	231	230	234	225	333	326	309	301	298	297	286	286
Mar	386	377	366	366	371	547	533	533	496	488	486	478
Apr	239	239	237	236	235	228	393	379	379	364	369	342
May	221	242	242	240	238	239	238	399	394	384	377	363
Jun	313	312	311	319	325	323	321	319	487	464	450	446
Jul	174	165	165	162	157	155	161	163	164	238	241	255
Aug	169	169	168	166	159	153	153	153	151	148	362	344
Sep	312	265	265	261	256	256	250	263	269	268	269	391
Oct	196	186	190	189	183	185	184	188	191	194	190	197
Nov	82	192	190	178	177	176	177	177	175	177	175	171
Dec	83	82	228	238	227	218	218	213	213	213	210	206
BoB	2,734	2,787	2,918	2,948	3,011	3,154	3,276	3,421	3,552	3,564	3,730	3,792

Cumulative R

	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10
Jan	1.336	1.336	1.336	1.113	1.113	1.113	1.113	1.113	1.113	1.113	1.113	1.113
Feb	1.336	1.336	1.336	1.336	1.113	1.113	1.113	1.113	1.113	1.113	1.113	1.113
Mar	1.336	1.336	1.336	1.336	1.336	1.113	1.113	1.113	1.113	1.113	1.113	1.113
Apr	1.262	1.262	1.262	1.262	1.262	1.262	1.080	1.080	1.080	1.080	1.080	1.080
May	1.262	1.262	1.262	1.262	1.262	1.262	1.262	1.080	1.080	1.080	1.080	1.080
Jun	1.262	1.262	1.262	1.262	1.262	1.262	1.262	1.262	1.080	1.080	1.080	1.080
Jul	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.029	1.029	1.029
Aug	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.029	1.029
Sep	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.029
Oct	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157
Nov	1.229	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157
Dec	1.229	1.229	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157	1.157

Exhibit 7A: Calculation of Standardized Premium

Premium PMPM

DOS Month

Cohort	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Jan	645.43	587.36	590.87	425.09	422.55	428.81	427.58	419.13	414.24	387.56	361.35	363.31
Feb	401.28	392.84	389.99	391.74	361.13	370.42	371.16	368.15	372.42	369.92	369.88	371.65
Mar	417.22	412.16	410.31	413.60	405.23	380.76	367.62	367.92	368.49	369.67	365.04	366.10
Apr	542.68	501.62	504.20	496.45	493.14	502.83	410.04	407.46	401.05	405.66	402.75	395.55
May	389.91	378.03	387.12	373.75	364.07	376.01	381.57	360.35	361.89	364.31	362.90	356.97
Jun	371.52	381.21	380.93	381.68	372.93	360.59	382.25	382.06	357.08	355.29	357.95	357.84
Jul	632.83	573.11	579.27	558.69	566.01	566.44	559.25	557.78	635.49	461.00	456.69	533.17
Aug	381.68	388.70	388.72	384.90	379.25	385.42	385.92	385.55	388.23	442.79	421.51	421.75
Sep	464.17	463.34	461.73	465.21	457.97	465.26	462.51	462.35	463.13	459.11	454.79	405.81
Oct	418.02	403.29	404.87	401.90	398.16	399.36	399.33	399.05	399.12	399.26	398.10	400.12
Nov	574.41	409.45	415.35	397.94	391.67	387.50	379.15	378.55	382.09	368.30	367.43	370.62
Dec	434.47	412.56	361.24	361.36	355.99	356.52	357.82	357.34	358.16	358.23	357.11	357.92
Tot	459.89	437.20	430.92	415.61	406.51	406.03	400.13	396.46	392.56	387.54	384.16	388.55

Member Mont

	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Jan	308	321	325	502	491	479	469	468	467	442	426	419
Feb	290	293	297	295	506	497	495	485	463	470	442	432
Mar	467	472	475	446	439	677	675	658	637	623	649	642
Apr	357	358	362	349	339	329	606	609	604	594	588	601
May	373	369	364	365	367	341	329	462	456	428	424	414
Jun	439	441	441	439	429	399	395	390	826	809	771	760
Jul	248	250	248	260	256	261	257	258	193	326	335	345
Aug	338	331	331	317	310	306	306	302	300	209	289	292
Sep	368	355	361	365	354	355	363	362	361	350	349	546
Oct	383	381	375	381	375	382	370	370	374	374	373	365
Nov	159	335	325	317	315	305	295	293	282	276	274	255
Dec	200	199	541	529	525	530	523	521	520	510	504	499
BoB	3,930	4,105	4,445	4,565	4,706	4,861	5,083	5,178	5,463	5,411	5,424	5,570

Cumulative R

	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Jan	1.113	1.113	1.113	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
Feb	1.113	1.113	1.113	1.113	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
Mar	1.113	1.113	1.113	1.113	1.113	1.029	1.029	1.029	1.029	1.029	1.029	1.029
Apr	1.080	1.080	1.080	1.080	1.080	1.080	1.029	1.029	1.029	1.029	1.029	1.029
May	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.029	1.029	1.029	1.029	1.029
Jun	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.080	1.029	1.029	1.029	1.029
Jul	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	0.999	0.999	0.999
Aug	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	0.999	0.999
Sep	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	0.999
Oct	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
Nov	1.157	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029
Dec	1.157	1.157	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029	1.029

Exhibit 7B: Development of Rate Action

	Period	Most Recent Experience
Earned Premium	10/1/2010 - 09/30/2011	23,885,036
Standardized Premium	To 3Q12	24,912,483
Completed Paid Claims	10/1/2010 - 09/30/2011	18,190,341
MSP Subsidy	10/1/2010 - 09/30/2011	(1,444,181)
MSP Adjusted Claims	10/1/2010 - 09/30/2011	16,746,160

	Rate Level Action Projection			
	4Q11	1Q12	2Q12	3Q12
Quarterly Premium Trend	0.0%	-4.0%	2.0%	2.0%
Cumulative Adjustment to Standardized Premium	1.0012	0.9612	0.9804	1.0000
Claims Trend	1.1090	1.1090	1.1090	1.1090
Claim Trend Months	13.50	16.50	19.50	22.50
ProjPrem	24,942,813	23,945,101	24,424,003	24,912,483
ProjPaidClaims	20,435,667	20,971,124	21,520,611	22,084,495
ProjMSP%	15.0%	15.0%	15.0%	15.0%
ProjMSP	3,741,422	3,591,765	3,663,600	3,736,872
ProjMSPClaims	16,694,245	17,379,359	17,857,010	18,347,623
LossRatio	66.9%	72.6%	73.1%	73.6%
Expenses	8.8%	8.8%	8.8%	8.8%
Premium Taxes	1.9%	1.9%	1.9%	1.9%
Commissions	3.0%	3.0%	3.0%	3.0%
Total Administrative Expenses	13.7%	13.7%	13.7%	13.7%
Pre-tax Profit	19.3%	13.7%	13.2%	12.6%
FIT/SIT	8.5%	6.0%	5.8%	5.5%
AFIT profit	10.9%	7.7%	7.4%	7.1%
Total	100.0%	100.0%	100.0%	100.0%

	Rate Level Action Projection			
	4Q12	1Q13	2Q13	3Q13
Quarterly Premium Trend	2.0%	2.8%	2.8%	2.8%
Cumulative Premium Trend	1.0200	1.0486	1.0779	1.1081
Claims Trend	1.1090	1.1090	1.1090	1.1090
Claim Trend Months	25.50	28.50	31.50	34.50
ProjPrem	25,410,733	26,122,233	26,853,656	27,605,558
ProjPaidClaims	22,663,155	23,256,976	23,866,357	24,491,705
ProjMSP%	2.5%	2.5%	2.5%	2.5%
ProjMSP	635,268	653,056	671,341	690,139
ProjMSPClaims	22,027,887	22,603,921	23,195,016	23,801,566
LossRatio	86.7%	86.5%	86.4%	86.2%
Expenses	8.8%	8.8%	8.8%	8.8%
Premium Taxes	1.9%	1.9%	1.9%	1.9%
Commissions	3.0%	3.0%	3.0%	3.0%
Total Administrative Expenses	13.7%	13.7%	13.7%	13.7%
Pre-tax Profit	-0.4%	-0.3%	-0.1%	0.0%
FIT/SIT	-0.2%	-0.1%	0.0%	0.0%
AFIT profit	-0.2%	-0.1%	-0.1%	0.0%
Total	100.0%	100.0%	100.0%	100.0%

FIT = Federal Income Tax
SIT = State Income Tax

Exhibit 7C

Large Group Trend

	Large Group Trend				STRAIGHT AVERAGE					TOTAL MED AND Rx				
	Med MM	Rx MM	Medical PMPM	Rx PMPM	AVG 1 PMPM	AVG 3 PMPM	AVG 6 PMPM	AVG 12 PMPM	AVG 24 PMPM	1M	3M	6M	12M	24M
Jul-08	53,123	24,456	322.64	51.43	346.31									
Aug-08	52,666	24,030	299.67	52.27	323.52									
Sep-08	52,628	23,967	325.78	53.62	350.21	340.03								
Oct-08	52,413	23,823	436.45	60.22	463.82	379.06								
Nov-08	51,996	23,424	309.31	54.11	333.69	382.66								
Dec-08	51,865	23,364	320.63	58.01	346.76	381.67	360.71							
Jan-09	45,000	19,783	367.13	52.88	390.38	355.38	367.56							
Feb-09	44,569	19,389	315.93	51.68	338.41	358.01	370.98							
Mar-09	44,359	19,210	362.39	56.48	386.85	371.91	377.17							
Apr-09	43,292	18,163	389.69	58.97	414.43	379.55	366.75							
May-09	43,102	18,020	368.40	60.27	393.60	398.20	377.32							
Jun-09	42,550	17,488	409.11	63.00	435.01	414.26	392.68	375.26						
Jul-09	42,246	17,281	399.33	63.63	425.35	417.86	398.39	381.71		22.8%				
Aug-09	42,047	17,158	369.19	61.36	394.23	418.27	408.09	388.17		21.9%				
Sep-09	41,965	17,139	332.06	62.86	357.73	392.51	403.50	389.49		2.1%	15.4%			
Oct-09	41,877	17,102	376.82	66.43	403.95	385.30	401.71	383.34		-12.9%	1.6%			
Nov-09	41,676	16,900	326.95	65.91	353.68	371.81	395.16	385.90		6.0%	-2.8%			
Dec-09	41,569	16,850	329.38	85.06	363.86	373.89	383.24	388.07		4.9%	-2.0%	6.2%		
Jan-10	36,204	14,386	323.63	78.08	354.66	357.52	371.77	385.47		-9.2%	0.6%	1.1%		
Feb-10	36,174	14,364	352.04	56.69	374.55	364.33	368.25	388.89		10.7%	1.8%	-0.7%		
Mar-10	35,780	13,997	436.24	82.09	468.35	398.92	385.49	394.90		21.1%	7.3%	2.2%		
Apr-10	35,673	13,915	373.26	84.41	406.18	416.22	385.34	393.98		-2.0%	9.7%	5.1%		
May-10	35,558	13,808	399.23	77.60	429.36	434.67	398.40	396.67		9.1%	9.2%	5.6%		
Jun-10	35,391	13,667	425.32	70.76	452.65	429.33	414.02	397.42	385.16	4.1%	3.6%	5.4%	5.9%	
Jul-10	35,527	13,466	401.04	65.04	425.69	435.88	425.99	397.04	388.57	0.1%	4.3%	6.9%	4.0%	
Aug-10	35,033	13,239	370.68	71.74	397.79	425.47	430.09	397.36	392.29	0.9%	1.7%	5.4%	2.4%	
Sep-10	34,593	12,925	393.83	71.82	420.67	414.74	422.09	402.91	395.52	17.6%	5.7%	4.6%	3.4%	
Oct-10	34,538	12,943	406.38	69.32	432.35	416.85	426.47	405.13	393.15	7.0%	8.2%	6.2%	5.7%	
Nov-10	34,257	12,749	368.49	69.62	394.40	415.87	420.73	409.26	396.43	11.5%	11.9%	6.5%	6.1%	
Dec-10	34,259	12,874	386.75	79.57	416.65	414.52	414.63	414.32	399.92	14.5%	10.9%	8.2%	6.8%	
Jan-11	28,521	11,089	439.16	75.70	468.59	424.06	420.33	423.25	402.51	32.1%	18.6%	13.1%	9.8%	
Feb-11	28,469	11,115	418.67	69.01	445.61	441.92	428.08	429.13	407.02	19.0%	21.3%	16.2%	10.3%	
Mar-11	28,423	11,121	501.51	83.10	534.02	482.71	445.42	433.08	412.09	14.0%	21.0%	15.5%	9.7%	
Apr-11	28,324	11,030	456.75	78.30	487.24	488.94	454.40	439.42	414.41	20.0%	17.5%	17.9%	11.5%	
May-11	28,195	10,946	442.53	88.48	476.88	499.46	469.66	443.09	417.51	11.1%	14.9%	17.9%	11.7%	
Jun-11	28,074	10,889	439.95	86.63	473.55	479.24	480.98	444.46	418.49	4.6%	11.6%	16.2%	11.8%	8.7%
Jul-11	27,949	10,715	432.90	88.13	466.69	472.39	480.71	447.93	419.76	9.6%	8.4%	12.8%	12.8%	8.0%
Aug-11	27,898	10,703	437.39	84.41	469.77	470.01	484.82	454.44	422.79	18.1%	10.5%	12.7%	14.4%	7.8%
Sep-11	27,921	10,687	397.61	86.26	430.63	455.70	467.53	455.85	426.47	2.4%	9.9%	10.8%	13.1%	7.8%
Oct-11	27,770	10,552	409.57	85.07	441.89	447.44	459.96	457.06	428.21	2.2%	7.3%	7.9%	12.8%	8.9%
Nov-11	27,676	10,482	403.67	85.25	435.96	436.15	453.14	461.61	432.50	10.5%	4.9%	7.7%	12.8%	9.1%

Historical Average Trend	11.5%
Adjustment	-0.6%
	10.90%

Exhibit 7C

Small Group Trend

	Small Group Trend				STRAIGHT AVERAGE					TOTAL MED AND Rx				
	Med MM	Rx MM	Medical PMPM	Rx PMPM	AVG 1 PMPM	AVG 3 PMPM	AVG 6 PMPM	AVG 12 PMPM	AVG 24 PMPM	1M	3M	6M	12M	24M
Jul-08	5,325	4,880	560.32	78.61	632.36									
Aug-08	5,165	4,721	414.22	77.73	485.28									
Sep-08	5,049	4,611	458.70	73.60	525.92	548.89								
Oct-08	4,949	4,523	468.08	79.43	540.67	516.89								
Nov-08	4,832	4,404	428.97	77.35	499.47	522.23								
Dec-08	4,740	4,299	495.14	84.22	571.53	537.03	543.16							
Jan-09	4,740	4,337	465.00	67.31	526.59	532.32	524.38							
Feb-09	4,778	4,375	397.17	67.92	459.36	519.00	520.65							
Mar-09	4,963	4,534	453.82	72.38	519.94	502.13	519.61							
Apr-09	4,995	4,550	492.40	71.15	557.22	512.93	522.49							
May-09	5,064	4,606	383.42	68.52	445.74	507.32	513.01							
Jun-09	5,128	4,687	471.48	73.75	538.88	513.86	508.13	525.76						
Jul-09	5,114	4,650	509.05	72.24	574.73	520.04	516.56	520.43		-9.1%				
Aug-09	5,100	4,614	423.56	62.88	480.45	531.41	519.49	520.06		-1.0%				
Sep-09	5,139	4,645	438.11	58.94	491.39	515.51	514.69	517.08		-6.6%	-6.1%			
Oct-09	5,320	4,830	407.65	63.59	465.38	478.91	499.31	510.55		-13.9%	-7.3%			
Nov-09	5,301	4,803	438.09	66.90	498.70	485.07	507.93	510.39		-0.2%	-7.1%			
Dec-09	5,426	4,913	370.15	56.32	421.14	461.43	487.87	497.72		-26.3%	-14.1%	-10.2%		
Jan-10	5,395	4,859	413.52	58.51	466.22	461.73	470.17	492.75		-11.5%	-13.3%	-10.3%		
Feb-10	5,502	4,962	405.36	50.54	450.94	446.09	465.24	491.62		-1.8%	-14.0%	-10.6%		
Mar-10	5,615	5,098	487.93	64.96	546.91	488.57	475.19	494.31		5.2%	-2.7%	-8.5%		
Apr-10	5,733	5,208	421.56	50.56	467.48	488.55	475.44	486.98		-16.1%	-4.8%	-9.0%		
May-10	5,876	5,361	429.22	51.70	476.39	496.42	471.93	489.25		6.9%	-2.1%	-8.0%		
Jun-10	5,995	5,457	512.02	52.00	559.36	501.75	495.37	491.78	507.98	3.8%	-2.4%	-2.5%	-6.5%	
Jul-10	5,990	5,454	482.14	50.52	528.14	521.60	505.55	488.67	503.68	-8.1%	0.3%	-2.1%	-6.1%	
Aug-10	6,124	5,595	475.54	47.51	518.95	535.37	516.38	492.04	505.17	8.0%	0.7%	-0.6%	-5.4%	
Sep-10	6,175	5,644	453.75	46.73	496.46	514.37	508.18	492.49	503.93	1.0%	-0.2%	-1.3%	-4.8%	
Oct-10	6,334	5,811	478.07	50.56	524.45	513.37	517.39	497.48	503.53	12.7%	7.2%	3.6%	-2.6%	
Nov-10	6,500	5,983	372.52	46.41	415.24	478.02	506.00	489.82	499.30	-16.7%	-1.5%	-0.4%	-4.0%	
Dec-10	6,814	6,284	392.89	46.97	436.20	457.72	485.03	489.92	493.50	3.6%	-0.8%	-0.6%	-1.6%	
Jan-11	6,906	6,399	403.68	38.88	439.70	430.66	470.32	486.95	489.59	-5.7%	-6.7%	0.0%	-1.2%	
Feb-11	7,035	6,524	360.70	38.36	396.27	423.83	449.73	481.09	485.87	-12.1%	-5.0%	-3.3%	-2.1%	
Mar-11	7,203	6,693	424.25	45.15	466.21	434.28	445.57	474.87	483.65	-14.8%	-11.1%	-6.2%	-3.9%	
Apr-11	7,453	6,957	361.23	42.66	401.05	421.14	425.73	468.40	476.74	-14.2%	-13.8%	-10.5%	-3.8%	
May-11	7,542	7,063	411.22	42.56	451.08	439.19	431.77	466.18	476.48	-5.3%	-11.5%	-8.5%	-4.7%	
Jun-11	7,838	7,373	466.26	46.93	510.41	455.12	445.10	463.59	476.12	-8.7%	-9.3%	-10.1%	-5.7%	-6.3%
Jul-11	7,762	7,312	354.00	43.60	395.08	452.39	437.27	452.62	468.56	-25.2%	-13.3%	-13.5%	-7.4%	-7.0%
Aug-11	7,753	7,312	395.98	44.76	438.19	448.10	443.76	446.54	466.63	-15.6%	-16.3%	-14.1%	-9.2%	-7.6%
Sep-11	7,860	7,433	342.65	38.54	379.09	404.00	429.26	436.91	461.38	-23.6%	-21.5%	-15.5%	-11.3%	-8.4%
Oct-11	7,872	7,454	404.23	47.09	448.82	421.98	437.07	431.70	460.62	-14.4%	-17.8%	-15.5%	-13.2%	-8.5%
Nov-11	8,109	7,681	359.22	45.81	402.62	410.12	428.91	430.27	456.44	-3.0%	-14.2%	-15.2%	-12.2%	-8.6%

Historical Average Trend -6.4%

Exhibit 7D: Unit Cost Trend

Line Of Business	Product	Reimbursement Type	DOS	FI Only
CP	HMO/HNO	ALL	Jan-12	

	Reimb. Type Facility	2011 Latest Estimate	2012 Latest Estimate	Average Estimate
New York	Total	6.60%	6.53%	6.57%

	Reimb. Type Physician	2011 Latest Estimate	2012 Latest Estimate	Average Estimate
New York	Total	0.50%	0.90%	0.70%

	Reimb. Type Total	2011 Latest Estimate	2012 Latest Estimate	Average Estimate
New York	Total	3.83%	4.05%	3.94%

Weights

Facility:	58%
Physician:	42%

EXHIBIT 7E: LISTING OF ALL COMMERCIAL AND MEDICARE PRODUCTS SOLD BY THE COMPANY

Company Name: Aetna Health Insurance Company of New York
NAIC Code: 84450
SERFF Tracking Number: AETN-128159581

Instructions:

- The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- Market segment is: Large Group, Small Group, Individual, Healthy New York, Medicare Supplement (official benefit designs), Medicare Advantage, and Medicare Part D Drugs.
- Product type is a broad category such as HMO, POS, EPO, PPO, Indemnity Fee For Service, Consumer Driven/High Deductible, Medicare Supplement, etc.
- Use the drop down list for entries of Market Segment and Product Type or enter other applicable items.
- Extend the worksheet to add more rows as needed.

#	Market Segment	Policy Form Number	Product Name as in Rate Manual	Product Street Name	Product Type
6403620	Small Group	HO ASTAHCRGrp 01 NY	NYC Community PlanSM 1 OON	NYC Community PlanSM 1 OON	HMO
6403621	Small Group	HO ASTAHCRGrp 01 NY	NYC Community PlanSM 5 OON	NYC Community PlanSM 5 OON	HMO
6403622	Small Group	HO ASTAHCRGrp 01 NY	NYC Community PlanSM 6 OON	NYC Community PlanSM 6 OON	HMO
6403895	Small Group	HO ASTAHCRGrp 01 NY	NY OA POS 21-10 OON	NY OA POS 21-10 OON	POS - HMO based

aetna

Aetna Inc.
151 Farmington Avenue – RS2A
Hartford, CT 06156-7400
(860) 273-6254
Fax (860) 273-1772

April 16, 2012

Mr. Gary Teitel, Assistant Chief Actuary
New York State Insurance Department
25 Beaver Street - Health Bureau
New York, NY 10004-2319

Re: Aetna Health Insurance Company of New York - Small Group Point of Service (POS)
HO ASTAHCRGrp 01 NY

Mr. Teitel:

Aetna Health Insurance Company of New York is submitting rate increases for its Small Group market segment for the state of New York.

The following is a summary of the proposed rate increases for policyholders' existing benefit plans, to be effective on the policyholder's next anniversary occurring on or after the effective dates shown:

Effective Date	Proposed Rate Increases		Policyholders	Members
	Incremental	Annual		
10/01/2012	2.0%	1.9%	**1,328**	**1,760**
01/01/2013	2.8%	9.1%	**1,086**	**1,468**
04/01/2013	2.8%	9.9%	**1,211**	**1,683**
07/01/2013	2.8%	10.8%	**878**	**1,151**

The total number of policyholders affected by the proposed rate adjustment is 4,503 as of December 2011.

The requested rates for Aetna's Small Group HMO/QPOS plans are directly related to medical claim trend due to changes in unit costs and utilization. Since our Small Group data has too few members to be a fully credible indication of future medical cost trend, trends were based on a review of large group data over the period December 2009 – November 2011. The table below reflects our cost trends:

Utilization trend	Unit Cost Trend	Total Trend
7.0%	3.9%	10.9%

Utilization represents the number of services per member per year. Increase in Unit Cost represents the change in dollar amount per claim. Increases in Unit Cost reflect changes in our contracted rates and prescription drug costs as well as the price escalation due to usage of more intensive services or expensive technologies. For this rate filing, we have used 10.9% as the projected change in medical cost.

Our pricing projection and the resulting rate increases assume that 86% of premium is used for medical care. New York state law requires that at least 82% of premium must be used to pay medical member costs. The remaining 14% are used for administrative expenses, profit, and taxes. Administrative costs include (but are not limited to) customer service, processing and paying claims, medical management programs, maintaining our provider networks, and complying with State and Federal regulations.

Aetna takes our commitment to our customers seriously. We have taken a number of steps to try to keep our products as affordable as possible, such as:

- Reducing our administrative costs by cutting back on the number of plan designs we offer, focusing only on the most popular plans that meet the needs of the majority of our members.
- Developing innovative new relationships with health care providers that compensate them for the quality of care they provide, and not the quantity.
- Creating medical management programs which address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services.

We are also dedicated to increasing transparency within the health care system, as well as helping our members best utilize the plans that they have. Members can also access Aetna Navigator, our secure member website, which allows members to research their specific plan benefits, health care providers in a given area, and in some locations, the cost of certain health care services. Additionally, Aetna's Plan for Your Health website aims to educate all consumers—not just Aetna members—on how to take advantage of their health care benefits.

If you have any questions, please do not hesitate to call me at (860) 273-6254.

Sincerely,

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/09/2012		Supporting Document	Standard Exhibit 4 - Summary of Proposed Percentage Rate Changes	04/17/2012	NY SG AHIC Standard Exhibit 4.PDF (Superceded) NY SG AHIC Standard Exhibit 4.xls (Superceded)

State:	New York	**Filing Company:**	Aetna Health Insurance Company of New York
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	NY SG AHIC 4q12-3q13		
Project Name/Number:	NY SG AHIC 4q12-3q13/		

Attachment NY SG AHIC Standard Exhibit 4.xls is not a PDF document and cannot be reproduced here.

EXHIBIT 4: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

Aetna Health Insurance Company of New York
Company submitting the rate adjustment request

84450
Company NAIC Code

AETN-128159581
SERFF tracking number

A. BASE MEDICAL PLAN

Rolling Rate Product

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
						Lowest	Highest	Weighted Avg
HO ASTAHCRGrp 01 NY	Small Group	RA01	NYC Community PlanSM 1 OON	NYC Community PlanSM 1 OON	Q4 2012	1.9%	1.9%	1.9%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NYC Community PlanSM 5 OON	NYC Community PlanSM 5 OON	Q4 2012	1.9%	1.9%	1.9%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NYC Community PlanSM 6 OON	NYC Community PlanSM 6 OON	Q4 2012	1.9%	1.9%	1.9%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NY OA POS 21-10 OON	NY OA POS 21-10 OON	Q4 2012	1.9%	1.9%	1.9%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NYC Community PlanSM 1 OON	NYC Community PlanSM 1 OON	Q1 2013	9.1%	9.1%	9.1%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NYC Community PlanSM 6 OON	NYC Community PlanSM 6 OON	Q1 2013	9.1%	9.1%	9.1%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NY OA POS 21-10 OON	NY OA POS 21-10 OON	Q1 2013	9.1%	9.1%	9.1%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NYC Community PlanSM 1 OON	NYC Community PlanSM 1 OON	Q2 2012	9.9%	9.9%	9.9%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NYC Community PlanSM 6 OON	NYC Community PlanSM 6 OON	Q2 2012	9.9%	9.9%	9.9%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NY OA POS 21-10 OON	NY OA POS 21-10 OON	Q2 2012	9.9%	9.9%	9.9%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NYC Community PlanSM 1 OON	NYC Community PlanSM 1 OON	Q3 2012	10.8%	10.8%	10.8%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NYC Community PlanSM 6 OON	NYC Community PlanSM 6 OON	Q3 2012	10.8%	10.8%	10.8%
HO ASTAHCRGrp 01 NY	Small Group	RA01	NY OA POS 21-10 OON	NY OA POS 21-10 OON	Q3 2012	10.8%	10.8%	10.8%

* The effective period of a new rolling rate may vary depending on the rolling structure (e.g., "Q1 2012" for a quarterly rolling rate structure.)