



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

<Date>

<Plan sponsor>  
<Contact name>  
<Address>  
<City>, <ST> <ZIP>  
<Group ID>

**RE: Notice of Proposed Rate Increase Filing (Revised)**

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Dear Plan Sponsor:

Aetna is revising the previous rate increase we filed with the New York State Insurance Department. Please disregard our prior proposed rate increase notice dated March 31, 2011.

We are requesting a smaller increase than we previously communicated. However, to comply with NY law, we are sending you notice of our revised rate filing and providing you with another opportunity to submit comments on the proposed rate change for your plan.

### Proposed Rates

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

<u>Renewal Date</u>	<u>Increase</u>	<u>Renewal Date</u>	<u>Increase</u>
1 <sup>st</sup> Quarter, 2012:	0.9%	2 <sup>nd</sup> Quarter, 2012:	3.0%
3 <sup>rd</sup> Quarter, 2012:	2.0%		

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 selected upon renewal.

### 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. Specifically, Aetna's request is based upon:

- increased reimbursement rates paid to our network providers,
- higher pharmacy costs paid to drug companies,
- increased utilization of services by members, and
- the availability and increased use of more complicated high-technology or other expensive health care equipment and procedures.

These changes have required us to request a rate increase with New York State for all current and new community rated small group HMO and POS plans.

### **Additional Information**

Please note that Aetna and the Insurance Department will place a narrative on the web that provides a more detailed explanation on the reason for the rate change. You can access the narrative at the following locations:

<http://www.aetna.com/individuals-families-health-insurance/member-guidelines/stateprocess.html>.

[http://www.ins.state.ny.us/health/prior\\_app/prior\\_app\\_rate\\_change\\_details.htm](http://www.ins.state.ny.us/health/prior_app/prior_app_rate_change_details.htm)

### **30 Day Comment Period**

Plan Sponsors and subscribers have the opportunity to submit written comments to the Insurance Department on Aetna's rate filing application and the proposed rate changes. **If you are interested in submitting comments, you must do so by October 3, 2011.** Comments can be submitted to the Insurance Department at:

Health Bureau-Premium Rate Adjustments

New York State Insurance Department

25 Beaver Street

New York, NY 10004

<http://www.ins.state.ny.us>

Email: [PremiumRateIncreases@ins.state.ny.us](mailto:PremiumRateIncreases@ins.state.ny.us)

1-800-342-3736

Comments should clearly identify you are commenting on the proposed rate increase for the Open Access Point of Service Plan (NY OA 21-10) offered by Aetna Health Inc and Aetna Health Insurance Company of New York. All submitted comments will be posted on the Insurance Department website and with personal identifying information removed.

Aetna will also review any comments and answer any questions you may have concerning these proposed rate changes. 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 may also contact the Insurance Department for additional information. You can also reach us at the following email addresses:

Metro NY: [ASGNEMetroNY@aetna.com](mailto:ASGNEMetroNY@aetna.com)

Upstate NY: [ASGNECT-UpstateNY@aetna.com](mailto:ASGNECT-UpstateNY@aetna.com)

### **Prior Notice of Rate Change Action**

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

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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3 Independence Way, Suite 400  
Princeton, NJ 08540

<Date>

<Member name >

<Address>

<City>, <ST> <ZIP>

<Member ID>

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Dear <member name>:

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Aetna will also review any comments and answer any questions you may have concerning these proposed rate changes. 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](http://www.aetna.com). You may also contact the Insurance Department for additional information.

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.

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