Filing at a Glance

Company: Aetna Health Inc. (NY)

Product Name: NY SG AHI

SERFF Tr Num: AETN-127389963

State: New York

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

SERFF Status: Closed-APPR Approved

State Tr Num: 2011090021

Sub-TOI: HOrg02G.004F Small Group Only - HMO

Co Tr Num:

State Status:

Filing Type: Rate Adjustment pursuant to Section 4308(c)

Reviewer(s): [redacted]

Authors: [redacted]

Disposition Date: 10/28/2011

Date Submitted: 09/02/2011

Disposition Status: APPR Approved

Implementation Date Requested: 01/01/2012

Implementation Date: 01/01/2012

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type:

Group Market Type: Employer

Filing Status Changed: 10/31/2011

State Status Changed:

Created By: [redacted]

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

New York Small Group AHI rate filing 1q12-3q12

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: [redacted]

Company and Contact

Filing Contact Information

[redacted]

[redacted]

151 Farmington Ave
Hartford, CT 06156

Filing Company Information

Aetna Health Inc. (NY)
60 Charles Lindbergh Boulevard
Suite 105
Uniondale, NY 11553-3645
(999) 999-9999 ext. [Phone]

CoCode: 95234
Group Code: 1
Group Name:
FEIN Number: 22-2663623

State of Domicile: New York
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Health Inc. (NY)	$0.00		

State Specific

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 - AHIC (AETN-127389996)
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: HMO
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, "File and Use" Rate Adjustment, 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

SERFF Tracking Number:	*AETN-127389963*	*State:*	*New York*
Filing Company:	*Aetna Health Inc. (NY)*	*State Tracking Number:*	*2011090021*
Company Tracking Number:			
TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)*	*Sub-TOI:*	*HOrg02G.004F Small Group Only - HMO*
Product Name:	*NY SG AHI*		
Project Name/Number:	*/*		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	-2.000%
Effective Date of Last Rate Revision:	01/01/2012
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Aetna Health Inc. (NY)	Decrease	-2.000%	-2.000%	$1,171,704	836	$24,294,422	%	%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								3,974
Policy Holders:								836

Rate Review Details

COMPANY:

Company Name:	Aetna Health Inc. (NY)
HHS Issuer Id:	50138
Product Names:	Aetna Health Maintenance Organization
Trend Factors:	

FORMS:

New Policy Forms:	
Affected Forms:	
Other Affected Forms:	HI NY ASTATHCRGrp 01 NY

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Quarterly
Member Months:	51,556
Benefit Change:	None
Percent Change Requested:	Min: -2.0 Max: -2.0 Avg: -2.0

PRIOR RATE:

Total Earned Premium:	24,294,421.85
Total Incurred Claims:	20,112,455.77
Annual $:	Min: 259.25 Max: 1,263.62 Avg: 386.64

REQUESTED RATE:

Projected Earned Premium:	25,466,125.87
Projected Incurred Claims:	24,205,380.68

SERFF Tracking Number:	*AETN-127389963*	*State:*	*New York*
Filing Company:	*Aetna Health Inc. (NY)*	*State Tracking Number:*	*2011090021*
Company Tracking Number:			
TOI:	*HOrg02G Group Health Organizations - Health Maintenance (HMO)*	*Sub-TOI:*	*HOrg02G.004F Small Group Only - HMO*
Product Name:	*NY SG AHI*		
Project Name/Number:	*/*		

Annual $: Min: 284.16 Max: 1,286.62 Avg: 386.91

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)

Comments:

Attachment:

AHI Checklist.pdf

Item Status: **Status Date:**

Satisfied - Item: Actuarial Memorandum/Actuarial Certification

Comments:

Attachments:

NY SG AHI Act Cert.pdf

NY SG AHI Standard Exhibits Act Memo.pdf

NY SG AHI Standard Exhibits Act Memo - REDACTED.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 1 - General Information

Comments:

Attachment:

NY SG AHI Standard Exhibits - Ex 1.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 2 - FOIL Exemption Request

Comments:

Attachment:

NY SG AHI Standard Exhibits - Ex 2.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 3 - Narrative Summary

Comments:

Revised exhibit 3 per DOI comments.

Attachment:

NY SG AHI Standard Exhibits - Ex 3.pdf

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 4 - Summary of Proposed Percentage Rate Changes

Comments:

Attachments:

NY SG AHI Standard Exhibits - Ex 4.pdf
NY SG AHI Standard Exhibits - Ex 4.xls

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 5 - Distribution of Contracts Affected by Proposed Rate Adjustments

Comments:

Attachments:

NY SG AHI Standard Exhibits - Ex 5.pdf
NY SG AHI Standard Exhibits - Ex 5.xls

Item Status: **Status Date:**

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

Comments:

Attachments:

NY SG AHI Standard Exhibits - Ex 6.pdf
NY SG AHI Standard Exhibits - Ex 6.xls

Item Status: **Status Date:**

Satisfied - Item: Standard Exhibit 7 - Historical Data

Comments:

Attachments:

NY SG AHI Standard Exhibits - Ex 7 - REDACTED.pdf
NY SG AHI Standard Exhibits - Ex 7 - REDACTED.xls
NY SG AHI Standard Exhibits - Ex 7.pdf
NY SG AHI Standard Exhibits - Ex 7.xls

Item Status: **Status Date:**

Satisfied - Item: Initial Notice of Proposed Rate Adjustment

Comments:

Attachment:

NY SG AHI Notification - initial.pdf

Item Status: **Status Date:**

Satisfied - Item: Final Notice of Proposed Rate Adjustment

Comments:

Attachment:

NY SG AHI Notification - final.pdf

Item Status: **Status Date:**

Satisfied - Item: Rate Manual

Comments:

Attached revised rate manual

Attachments:

NY SG AHI Rate Manual - 1q12-3q12.pdf

NY SG AHI Rate Manual - 1q12-3q12 - revised.PDF

Item Status: **Status Date:**

Satisfied - Item: Cover Letter

Comments:

Attachment:

NY SG AHI Standard Exhibits Cover Letter.pdf

NEW YORK INSURANCE DEPARTMENT

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 5/24/2011

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 as described in Section 4317(a) of the Insurance Law. 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 as described in Section 4317(a) of the Insurance Law. 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 recent 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 2011; a benefit revision is submitted January 2011 to be effective July 1, 2011; this form and rate filing can include rolling rate tables for third and fourth quarter 2011, but not beyond fourth quarter 2011).

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.

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	N/A

lives assessments, and the HCRA surcharge. Incurred claims do not include any administrative expenses. Earned premiums do not include 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.

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 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 2011 and 1st and 2nd quarters 2012. The 2nd quarter 2011 rates have already been approved. Therefore, the 2nd quarter 2011 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 2011 rate level. If the 2nd quarter 2011 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, 2011 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 2010 rate for plan design A is $100, the first quarter 2011 rate is $116.99, and the second quarter 2011 rate is $121.67. These increases reflect

		no revision to the underlying covered benefits. The second quarter 2011 rate table is the standard rate level. Contract X was paying $100 per month for January-December 2010. At renewal January 1, 2011, 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 2011 and later. The second quarter 2011 rate for plan design A is $121.67 and the second quarter 2011 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 2010 is standardized to the second quarter 2011 level by adjusting by 121.67/100.00, and the January 2011 earned premium is standardized to the second quarter 2011 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. 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).	Supporting Documentation - NY SG AHI Rate Manual - 1q12-3q12.pdf
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)	Supporting Documentation - NY SG AHI Rate Manual - 1q12-3q12.pdf

		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 2011. The company can not revise the 1st and 2nd quarter 2011 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 2011 and 1st and 2nd quarter 2012.) The Department may waive these requirements if the company can demonstrate to the Superintendent's satisfaction that the solvency of the corporation is threatened.	
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.	
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.	Supporting Documentation - NY SG AHI Standard Exhibits - Ex 1.pdf
Exhibit 2		**FOIL Exemption Request.** a. A request that the Department exempt from public disclosure any information included in this rate submission, pursuant to New York Public Officers Law Section 87(2)(d) (the "Trade Secret/Competitive Injury Exemption"), must be made by completing this exhibit. b. A request that the Department apply the Trade Secret/Competitive Injury	Supporting Documentation - NY SG AHI Standard Exhibits - Ex 2.pdf

		Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department. c. In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure. The Department will accept the redacted version of the original document within one week after the original rate filing was submitted. d. The exhibit format is illustrative but the company must include the information indicated in sections A, B, C, D and E. The exhibit may be submitted as a Word document file, an Adobe PDF file, or an Excel file. e. Enter in section A the insurer information requested. f. Enter in section B the information requested regarding the FOIL contact person at the company. g. Enter in section C the list of documents, exhibits and attachments separately, including the file names of the computer files that are included with the application. Indicate with an asterisk (*) those documents that the company believes contains information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document. h. Enter in section D the list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public. i. Enter in section E the statement of necessity. A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that: (i) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied; (ii) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and (iii) where applicable, indicates where redactions would suffice to protect the exempt information.	
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. 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 on its website. Any changes to the narrative summary subsequent to the posting are to be submitted to the Department. 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. This can be a range as long as the range is consistent with the range(s) stated in the initial notice to policyholders for the various products and rating regions. A range can be no wider than five percentage points. (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. (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]).	Supporting Documentation - NY SG AHI Standard Exhibits - Ex 3.pdf

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 even if it is also submitted 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 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. e. The weighted averages may be based on membership 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	Supporting Documentation - NY SG AHI Standard Exhibits - Ex 4.pdf Supporting Documentation - NY SG AHI Standard Exhibits - Ex 4.xls

		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 even if it is also submitted 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. The same basis is to be used for all products within a given rate adjustment submission. The company should indicate the distribution basis used (number of contracts or number of members). 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. 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, even if it is submitted 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 AHI Standard Exhibits - Ex 6.pdf Supporting Documentation - NY SG AHI Standard Exhibits - Ex 6.xls
Exhibit 7		**Historical Data by Each Policy Form Included in the Rate Adjustment Filing (formerly the Summary Template).** a. This exhibit must be submitted as an Excel file even if it is also submitted 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 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	Supporting Documentation - NY SG AHI Standard Exhibits - Ex 7.pdf Supporting Documentation - NY SG AHI Standard Exhibits - Ex 7.xls

		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 based on members. 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 two 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 prior period is the immediately prior 12 month experience period (or shorter period if a new form). (iv) The incurred claims for each of the two 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 annual composite medical trend assumption used 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. 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 is to be included as part of the actuarial memorandum. The same standard rate level is used for both 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 Exhibit 7 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 AHI Act Memo.pdf Supporting
Justification of Rates	§3231(e) §4308(c) 11NYCRR 52.40 11NYCRR 52.42 (HMOs) 11NYCRR 52.45 11NYCRR 59.5(b)	a. Description of proposed changes in rates, including the following: (i) The member 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	All items are addressed in the supporting documentation.

	11NYCRR 360.11	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 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 2011. The change from each of the 2nd quarter 2011 rolling rate tables to the corresponding 3rd quarter 2011 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. 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: (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 2011 and first and second quarter 2012. Rates are for 12 month periods. Show the rates for the third quarter 2010, the proposed rates for the third quarter 2011, and the dollar and percentage change from third quarter 2010 to the proposed third quarter 2011 rates. Show a similar table for the proposed fourth quarter 2011, and first and second quarter 2012 rates as well.) d. Discuss the standard premium development used in Exhibit 7. See discussion above on 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. Since the NAIC and HHS have adopted for the federal MLR rebate calculation 75,000 life years (900,000 member months) as required for full credibility and less than 1,000 life years (12,000 member months) as non credible, the credibility of the source data should be discussed consistent with these parameters. (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 2011 rate table to the proposed 3rd quarter 2011 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 2011 rate table to the 4th quarter 2011 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). 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. Indicate for each permitted policy form aggregation, within each rating region aggregation, the non-claim expense components incorporated into the current premium rates and into the proposed premium rates as a percentage of gross premiums and as $pmpm. This is to be shown for the non-rolling rate tables and/or the first rate table of each rolling rate structure. Include the following components: (i) Regulatory authority licenses and fees, including New York State 332 assessment expenses; (ii) Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplemental Health Care Exhibit; (iii) Commissions and broker fees; (iv) Premium taxes; (v) Other administrative expenses; (vi) After-tax underwriting margin (profit/contribution to surplus); (vii) State income taxes (and applicable state income tax rate); (viii) Federal income taxes (and applicable federal income tax rate); (ix) Reduction for net investment income, if any; and (x) Net of the above. Discuss how administrative expenses are allocated to the various market segments and product lines.	
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	Supporting Documentation - NY SG AHI Rate Manual - 1q12-3q12.pdf Supporting

		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).	
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).	Supporting Documentation - NY SG AHIC Rate Manual - 1q12-3q12.pdf
NOTICES TO POLICYHOLDERS **Initial & Final** Circular Letter No. XX (2011) Pending	§3231(e)(1)(A) §4308(c)(2)	a. A sample copy of the initial written notice sent to policyholders and subscribers/contract holders of the proposed rate adjustment submitted to the Insurance Department. (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 Insurance Department. (ii) A range can be used to indicate the rate change provided that the range is no wider than 5 percentage points. (iii) 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.	Supporting Documentation - Initial Notice of Proposed Rate Adjustment Supporting Documentation - Final Notice of Proposed Rate Adjustment

		b. A sample copy of the final written notice to be sent to policyholders after the proposed rates are finalized.	
RATE FILINGS THAT ARE SUBJECT TO REVIEW	PPACA §1003	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 all documentation required to be submitted to HHS for such rate filing.	Not subject to HHS review.

Aetna Health Inc.

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 new 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]

[redacted]

September 2, 2011

Aetna Health Inc.
Actuarial Memorandum

This filing pertains to Aetna Health Inc. form: HI ASTATHCRGrp 01 NY. Its purpose is to provide the benefit descriptions and Small Group premium rates for the various plan options offered under this product.

In light of recent favorable experience, we are submitting this filing to revise the previously filed and approved rate increase for 1Q12 through 3Q12. The new Federal disclosure requirements do not apply to this filing since this filing is not requesting a rate increase above 10%.

Notifications of this proposed filing have been sent to our customers and members in the NY OA POS 21-10 plans. The remaining customers and members in the community rated pool are in plans that are being withdrawn from the market as part of a Department-approved product withdrawal, beginning with renewals on December 1, 2011. These customers and members will receive information about available plan options and specific rate information in their renewal packets.

We have attached copies of all pages of our small group rate manual. Please note that pages containing rates have been provided for all 3 quarters governed by this filing. The rates filed include all previously approved PPACA adjustments. The following table is a summary of the revised proposed quarterly and annual rate adjustments that apply to all products governed in this filing and will be effective on the policyholder's next anniversary occurring on or after the effective dates shown:

Effective Date	Proposed Rate Increases	
	Quarterly	Annual
01/01/2012	-2%	0.9%
04/01/2012	2%	3.0%
07/01/2012	2%	2.0%

*This filing includes rates for plans discontinued in 4Q10 in the event we are required to continue to offer these plans to certain existing members. As approved in our previous filing, these plans received a 3% increase in 4Q11. As a result they will have a 5% annual increase for 3Q12.

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 6/1/10 through 5/31/11 with run-out through 6/30/11 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 one month lagged annual experience period weighted average PMPM is calculated and projected forward

with trend and seasonality.

- The medical trend assumptions are based on our large group experience.
- 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	83.3%
Expenses	5.3%
Premium Taxes	1.0%
Commissions	4.0%
FIT + Profit	6.4%
Total	100.0%

FIT = Federal Income Tax

The expense assumptions are consistent with the 2010 expense ratio from the New York Data requirements. Administrative expenses are based on the Aetna Health Inc. of New York reported financial results and are allocated to the various market segments and product lines based upon membership in the segments and lines. Due to Aetna's legal entity structure, actual administrative expenses may be somewhat higher than illustrated above.

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

Company Name: Aetna Health Inc. (NY)
NAIC Code: 95234
SERFF Tracking Number: AETN-127389963

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	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10	NYC Community PlanSM 1-10	HMO
6403621	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10	NYC Community PlanSM 5-10	HMO
6403622	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10	NYC Community PlanSM 6-10	HMO
6403890	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10 MHP	NYC Community PlanSM 1-10 MHP	HMO
6403891	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10 MHP	NYC Community PlanSM 5-10 MHP	HMO
6403892	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10 MHP	NYC Community PlanSM 6-10 MHP	HMO
6405803	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11	NYC Community PlanSM 1-11	HMO
6405804	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11	NYC Community PlanSM 6-11	HMO
6405805	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11 MHP	NYC Community PlanSM 1-11 MHP	HMO
6405806	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11 MHP	NYC Community PlanSM 6-11 MHP	HMO
6403895	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	POS - HMO based
6403896	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	POS - HMO based
6404920	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	POS - HMO based
6404921	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	POS - HMO based

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

Company Name: Aetna Health Inc. (NY)
NAIC Code: 95234
SERFF Tracking Number: AETN-127389963

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	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10	NYC Community PlanSM 1-10	HMO
6403621	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10	NYC Community PlanSM 5-10	HMO
6403622	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10	NYC Community PlanSM 6-10	HMO
6403890	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10 MHP	NYC Community PlanSM 1-10 MHP	HMO
6403891	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10 MHP	NYC Community PlanSM 5-10 MHP	HMO
6403892	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10 MHP	NYC Community PlanSM 6-10 MHP	HMO
6405803	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11	NYC Community PlanSM 1-11	HMO
6405804	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11	NYC Community PlanSM 6-11	HMO
6405805	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11 MHP	NYC Community PlanSM 1-11 MHP	HMO
6405806	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11 MHP	NYC Community PlanSM 6-11 MHP	HMO
6403895	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	POS - HMO based
6403896	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	POS - HMO based
6404920	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	POS - HMO based
6404921	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	POS - HMO based

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A. Insurer Information:

Aetna Health Inc. (NY)
Company submitting the rate adjustment request

HMO
Type of insurer

☑ For Profit
☐ Non Profit

95234
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):

Actuary name, title

Actuary phone number

Actuary Email address

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

January 1, 2012 to September 30, 2012
New rate applicability period

01/01/2012
New rate effective date

AETN-127389963
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).	Yes All Small Group NY policyholders. Notification sent September 2, 2011
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

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. The Department reserves the right to reject any rate submission that has not been submitted at least 120 days prior to the proposed effective date.

(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: FOIL EXEMPTION REQUEST

Instructions:

1. **A request that the New York State Insurance Department ("Department") exempt from public disclosure any information included in this submission, pursuant to New York Public Officers Law § 87(2)(d) (the "Trade Secret/Competitive Injury Exemption"), must be made by completing this exhibit.**
2. **A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information contained in this submission that is not included in this exhibit may not be honored by the Department.**
3. **A request that the Department apply the Trade Secret/Competitive Injury Exemption to any information included in this submission must be accompanied by a written statement of necessity that:**
   - **(a) identifies the specific parts of the submission for which the Company believes the Trade Secret/Competitive Injury Exemption should be applied;**
   - **(b) specifies the reasons why the submission, or parts thereof, should be exempt from disclosure pursuant to the Trade Secret/Competitive Injury Exemption; and**
   - **(c) where applicable, indicates where redactions would suffice to protect the exempt information.**
4. **In light of the open government purpose underlying FOIL, the Department favors redacting portions of documents, and disclosing the balance of such documents, as opposed to withholding documents in their entirety, where such redactions will suffice to protect the exempt information. Therefore, the Company should submit to the Department both the original document and a redacted version of the original document, which omits or blocks the information it wishes to exempt from disclosure.**

A. Insurer Information:

Aetna Health Inc. (NY)	95234	AETN-127389963
Company submitting the rate adjustment request	Company NAIC Code	SERFF tracking number

B. FOIL Contact Person:

[redacted]	[redacted]	
Name, title	Phone number	Email address
~~100 Park Ave - 12th Floor, New York, NY 10017~~	[redacted]	
Mailing address	Fax number	

C. List all documents, exhibits, and attachments separately, including the file names of computer files that are included with the application. Please indicate with an asterisk (*) those documents that you believe contain information subject to the Trade Secret/Competitive Injury Exemption. Any document without an asterisk will be deemed to be a public document.

Cover Letter	PDF	NY SG AHI Cover Letter.pdf
Actuarial Memorandum	PDF	NY SG AHI Act Memo.pdf NY SG AHI Act Memo - REDACTED.pdf
Actuarial Certification	PDF	NY SG AHI Act Cert.pdf
Table of Contents		NY SG AHI Rate Manual - 1q12-3q12.pdf
General Information		NY SG AHI Rate Manual - 1q12-3q12.pdf
Premium Rate Manual		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 1 – Medical Plan Benefit and Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2a – Prescription Drug Rider Benefit and Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2b – Durable Medical Equipment Rider Benefit and Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2c – Lens Reimbursement Rider Benefit and Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Plan Benefit Summary Ammendment		NY SG AHI Rate Manual - 1q12-3q12.pdf
Premium Rates		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 1(i) - Medical Plans - 1Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 1(ii) - Medical Plans - 2Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 1(iii) - Medical Plans - 3Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2a(i) - Pharmacy Plans - 1Q12 Rate Summary	PDF	NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2a(ii) - Pharmacy Plans - 2Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2a(iii) - Pharmacy Plans - 3Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2b(i) - Durable Medical Equipment - 1Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2b(ii) - Durable Medical Equipment - 2Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2b(iii) - Durable Medical Equipment - 3Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2c(i) - Lens Reimbursement - 1Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2c(ii) - Lens Reimbursement - 2Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Table 2c(iii) - Lens Reimbursement - 3Q12 Rate Summary		NY SG AHI Rate Manual - 1q12-3q12.pdf
Rate Summary Ammendment		NY SG AHI Rate Manual - 1q12-3q12.pdf
Index of Applicable Forms		NY SG AHI Rate Manual - 1q12-3q12.pdf
Loss Ratio Exhibit		NY SG AHI Rate Manual - 1q12-3q12.pdf
Underwriting and Marketing Guidelines		NY SG AHI Rate Manual - 1q12-3q12.pdf
Exhibit 1: General Information about the Rate Adjustment Submission	PDF	NY SG AHI Standard Exhibits - Ex 1.pdf
Exhibit 2: FOIL Exemption Request	PDF	NY SG AHI Standard Exhibits - Ex 2.pdf
Exhibit 3: Narrative Summary	PDF	NY SG AHI Standard Exhibits - Ex 3.pdf
Exhibit 4: Summary of Proposed Percentage Rate Change to Existing Rate	PDF & XLS	NY SG AHI Standard Exhibits - Ex 4.pdf NY SG AHI Standard Exhibits - Ex 4.xls
Exhibit 5: Distribution of Contracts Affected by Proposed Rate Adjustments	PDF & XLS	NY SG AHI Standard Exhibits - Ex 5.pdf NY SG AHI Standard Exhibits - Ex 5.xls
Exhibit 6: Summary of Policy Form and Product Changes	PDF & XLS	NY SG AHI Standard Exhibits - Ex 6.pdf NY SG AHI Standard Exhibits - Ex 6.xls
Exhibit 7: Historical Data by Each Policy Form Included in Rate Adjustment Filing	PDF & XLS	NY SG AHI Standard Exhibits - Ex 7.pdf NY SG AHI Standard Exhibits - Ex 7.xls NY SG AHI Standard Exhibits - Ex 7 - REDACTED.pdf NY SG AHI Standard Exhibits - Ex 7 - REDACTED.xls

D. Provide a separate list of all documents, exhibits, and attachments, of which a portion has been redacted, including the file names of computer files that are included with the application. The unredacted portion(s) of the redacted documents may be deemed to be public.

*Actuarial Memorandum	PDF	NY SG AHI Act Memo - REDACTED.pdf
*Exhibit 7: Historical Data by Each Policy Form Included in Rate Adjustment Filing	PDF	NY SG AHI Standard Exhibits - Ex 7 - REDACTED.pdf
*Exhibit 7: Historical Data by Each Policy Form Included in Rate Adjustment Filing	XLS	NY SG AHI Standard Exhibits - Ex 7 - REDACTED.xls

E. Statement of necessity as discussed in Instructions # 3, above.

We are requesting that the documents identified above with an asterisk (*) be exempted from public disclosure and that only the redacted versions be publicly released on request.
The documents contain certain non-public, confidential and/or proprietary company information relating to our historical medical cost and premium information and forward looking medical cost trend, earnings other information that we deem could give our competitors insights into our future pricing and other strategies and allow them to unfairly target our customers.

EXHIBIT 3: NARRATIVE SUMMARY

Company Name: Aetna Health Inc. (NY)
NAIC Code: 95234
SERFF Tracking #: AETN-127389963

Aetna Health, Inc. is revising the previous rate increase filed for its Small Group HMO/QPOS market segment for the state of New York.

The following is a summary of the revised proposed rate increases to be effective on the policyholder's next anniversary occurring on or after the effective dates shown:

Effective Date	Previous Proposed Rate Increases	Revised Proposed Rate Increases	Policyholders	Members
01/01/2012	5.1%	0.9%	**1,190**	**1,590**
04/01/2012	7.2%	3.0%	**1,030**	**1,453**
07/01/2012	6.1%	2.0%	**659**	**931**

The total number of policyholders affected by the proposed rate adjustment is 2,879 as of 6/30/2011.

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 August 2009 – March 2011. The table below reflects our cost trends:

Utilization trend	Unit Cost Trend	Total Trend
6.9%	4.6%	11.5%

Utilization represents the number of services per member per year and includes a 0.3% adjustment for leap year in 2012. 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 11.5% as the projected the change in medical cost.

Our pricing projection and the resulting rate increases assume that 83.3% 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 16.7% are used for administrative expenses, profit, and taxes. These 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 relationships with health care providers that provide incentives 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 Inc. (NY)
Company submitting the rate adjustment request

95234
Company NAIC Code

AETN-127389963
SERFF tracking number

=> This Exhibit will be considered as a supplement to the Summary Narrative (Exhibit 3). It will be a public document, posted on the Department's website and made available to the public by the Department upon request.

=> This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

=> Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
Submit separate exhibits by rating region if the rate changes differ by rating region.
Submit separate exhibits for each rolling rate table of a rolling rate structure.

=> The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.

=> 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).

=> The format of this exhibit is discussed below and should be tailored to the specific rate filing submission. Extend the worksheet to add more rows or tabs as needed.

A. BASE MEDICAL PLAN

Market Segment: Small Group

Rating Region: All

=> Provide a list of proposed rate changes for each base medical plan type, by product name/street name.

=> The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
- Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
- The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Rolling Rate Product

Policy Form #	Product Name	Product Street Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10	NYC Community PlanSM 1-10	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10	NYC Community PlanSM 5-10	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10	NYC Community PlanSM 6-10	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10 MHP	NYC Community PlanSM 1-10 MHP	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10 MHP	NYC Community PlanSM 5-10 MHP	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10 MHP	NYC Community PlanSM 6-10 MHP	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11	NYC Community PlanSM 1-11	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11	NYC Community PlanSM 6-11	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11 MHP	NYC Community PlanSM 1-11 MHP	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11 MHP	NYC Community PlanSM 6-11 MHP	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	Jan - Mar 2012	0.9%	0.9%	0.9%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10	NYC Community PlanSM 1-10	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10	NYC Community PlanSM 5-10	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10	NYC Community PlanSM 6-10	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10 MHP	NYC Community PlanSM 1-10 MHP	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10 MHP	NYC Community PlanSM 5-10 MHP	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10 MHP	NYC Community PlanSM 6-10 MHP	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11	NYC Community PlanSM 1-11	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11	NYC Community PlanSM 6-11	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11 MHP	NYC Community PlanSM 1-11 MHP	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11 MHP	NYC Community PlanSM 6-11 MHP	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	Apr - Jun 2012	3.0%	3.0%	3.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10	NYC Community PlanSM 1-10	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10	NYC Community PlanSM 5-10	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10	NYC Community PlanSM 6-10	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10 MHP	NYC Community PlanSM 1-10 MHP	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10 MHP	NYC Community PlanSM 5-10 MHP	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10 MHP	NYC Community PlanSM 6-10 MHP	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11	NYC Community PlanSM 1-11	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11	NYC Community PlanSM 6-11	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11 MHP	NYC Community PlanSM 1-11 MHP	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11 MHP	NYC Community PlanSM 6-11 MHP	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	Jul - Sept 2012	2.0%	2.0%	2.0%
HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	Jul - Sept 2012	2.0%	2.0%	2.0%

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

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

Aetna Health Inc. (NY)
Company submitting the rate adjustment request

95234
Company NAIC Code

AETN-127389963
SERFF tracking number

=> This Exhibit will be considered as a supplement to the Summary Narrative (Exhibit 3). It will be a public document, posted on the Department's website and made available to the public by the Department upon request.

=> This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

=> Submit separate exhibits by market segment such as Large Group, Small Group, Sole Proprietor, Individual, etc. If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported.
Submit separate exhibits by rating region if the rate changes differ by rating region.
Submit separate exhibits for each rolling rate table of a rolling rate structure.

=> The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.

B. DRUG RIDERS

Market Segment: Small Group

Rating Region: All

=> Provide a list of proposed rate changes for drug riders available with base medical products.

=> The "proposed percentage rate change" is just for the drug riders available with the indicated base medical product and excludes the impact of the base medical plan rates and non-drug riders.
The lowest, highest, and weighted average are just among the drug riders available to the indicated base medical product.

=> This is for the traditional drug riders, but not for minor drug related riders such as, the inclusion of oral contraceptives.

Rolling Rate Product

Drug Rider	Base Medical Policy Form #	Base Medical Product Name	Effective Period of New Rolling Rate *	Proposed Percentage Rate Change		
				Lowest	Highest	Weighted Avg
RX (HMO) $15/$45/$70 THREE TIER 30	RX (HMO) $15/$45/$70 THREE TIER 30D	NYC Community Plan	Jan - Mar 2012	0.9%	0.9%	0.9%
RX (HMO) $15/$35/$70 THREE TIER 30	RX (HMO) $15/$35/$70 THREE TIER 30D	NY OA POS	Jan - Mar 2012	0.9%	0.9%	0.9%
RX (HMO) $15/50% TWO TIER 30D Un	RX (HMO) $15/50% TWO TIER 30D Unlin	NYC Community Plan	Jan - Mar 2012	0.9%	0.9%	0.9%
RX (HMO) $15/100% TWO TIER 30D	RX (HMO) $15/100% TWO TIER 30D	NYC Community Plan	Jan - Mar 2012	0.9%	0.9%	0.9%
RX (HMO) $15/$45/$70 THREE TIER 30	RX (HMO) $15/$45/$70 THREE TIER 30D	NYC Community Plan	Apr - Jun 2012	3.0%	3.0%	3.0%
RX (HMO) $15/$35/$70 THREE TIER 30	RX (HMO) $15/$35/$70 THREE TIER 30D	NY OA POS	Apr - Jun 2012	3.0%	3.0%	3.0%
RX (HMO) $15/50% TWO TIER 30D Un	RX (HMO) $15/50% TWO TIER 30D Unlin	NYC Community Plan	Apr - Jun 2012	3.0%	3.0%	3.0%
RX (HMO) $15/100% TWO TIER 30D	RX (HMO) $15/100% TWO TIER 30D	NYC Community Plan	Apr - Jun 2012	3.0%	3.0%	3.0%
RX (HMO) $15/$45/$70 THREE TIER 30	RX (HMO) $15/$45/$70 THREE TIER 30D	NYC Community Plan	Jul - Sept 2012	2.0%	2.0%	2.0%
RX (HMO) $15/$35/$70 THREE TIER 30	RX (HMO) $15/$35/$70 THREE TIER 30D	NY OA POS	Jul - Sept 2012	2.0%	2.0%	2.0%
RX (HMO) $15/50% TWO TIER 30D Un	RX (HMO) $15/50% TWO TIER 30D Unlin	NYC Community Plan	Jul - Sept 2012	2.0%	2.0%	2.0%
RX (HMO) $15/100% TWO TIER 30D	RX (HMO) $15/100% TWO TIER 30D	NYC Community Plan	Jul - Sept 2012	2.0%	2.0%	2.0%

EXHIBIT 5: DISTRIBUTION OF CONTRACTS AFFECTED BY PROPOSED RATE ADJUSTMENTS

Company Name: Aetna Health Inc. (NY)
NAIC Code: 95234
SERFF Tracking #: AETN-127389963

Instructions:

1) The percentage rate change reported in Sections A and B reflect the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
2) The distribution is by number of contracts. The "Total # of Contracts as of date" should be the date of the latest annual or quarterly statement filed with the Department and should be the same date used in Exhibit 9, *Summary of Impact of Proposed Rate Adjustments*
3) The Weighted Average percentage should be developed based on the distribution of contracts for that market segment/product and for the market segment in total.
4) The distribution table should be grouped by market segment (e.g., Large Group, Small Group, Individual, Sole Proprietor, Healthy NY). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor is to be reported. Use the drop down list for entries of Market Segment or make your own entry.
5) Under each market segment, the table should provide the distribution by broad product type (e.g., HMO, POS, EPO, PPO, indemnity, High Deductible/Consumer Driven, Medicare Supplement, etc.).
6) In Section A, provide the distribution of contracts affected by proposed rate change for all contracts (all renewal cohorts of a rolling structure affected by this rate submission are combined, by market segment/product).
7) In Section B, provide additional distribution information for each rolling rate cohort of a rolling rate structure affected by this rate submission (e.g., by quarter of renewal for a quarterly rolling rate structure).
8) Edit the worksheet to add more rows as needed.
9) This exhibit must be submitted as an Excel file, even if a version is submitted as a PDF file.

A. Distribution of Contracts by Proposed Rate Adjustment For All Contracts (including Rolling Rate and Non Rolling Rate Products)

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 06/30/2010	Number of Contracts 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
	Small Group	NY	HMO	1.9%	2650	0	0	2650	0	0	0	0	0	0	0	0
	Small Group	NY	QPOS	1.9%	229	0	0	229	0	0	0	0	0	0	0	0
	Market Segment Total:			**1.9%**	**2879**	**0**	**0**	**2879**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

B. For a Rolling Rate Structure, Distribution of Rolling Rate Contracts by Proposed Rate Adjustment by Each Rolling Rate Cohort

Effective Period of New Rolling Rate*: 01/01/2012 - 03/31/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 06/30/2010	Number of Contracts 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
	Small Group	NY	HMO	0.9%	1099	0	0	1099	0	0	0	0	0	0	0	0
	Small Group	NY	QPOS	0.9%	91	0	0	91	0	0	0	0	0	0	0	0
	Market Segment Total:			**0.9%**	**1190**	**0**	**0**	**1190**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Effective Period of New Rolling Rate*: 04/01/2012 - 06/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 06/30/2010	Number of Contracts 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
	Small Group	NY	HMO	3.0%	957	0	0	957	0	0	0	0	0	0	0	0
	Small Group	NY	QPOS	3.0%	73	0	0	73	0	0	0	0	0	0	0	0
	Market Segment Total:			**3.0%**	**1030**	**0**	**0**	**1030**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Effective Period of New Rolling Rate*: 07/01/2012 - 09/30/2012

#	Market Segment	Rating Region	Product	Weighted Avg %	Total # of Contracts as of 06/30/2010	Number of Contracts 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
	Small Group	NY	HMO	2.0%	594	0	0	594	0	0	0	0	0	0	0	0
	Small Group	NY	QPOS	2.0%	65	0	0	65	0	0	0	0	0	0	0	0
	Market Segment Total:			**2.0%**	**659**	**0**	**0**	**659**	**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., "01/01/2012 - 03/31/2012" for a quarterly rolling rate structure.)
Use the same format to provide the same information for each rolling rate cohort under each market segment.

Exhibit 6: Summary of Policy Form and Product Changes

Company Name: Aetna Health Inc. (NY)
NAIC Code: 95234
SERFF Number: AETN-127389963

- This Exhibit summarizes all benefit/rate changes filed with the Health Bureau's Albany office.
- 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.

SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
AETN - 127105836	2011040024	04/01/2011	HI NY ASTATHCRGrp 01 NY	HMO	Rate Change	06/24/2011

B. List of the rate filings that are currently pending with the Department and that 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
none					

C. List of policy forms or benefits discontinued since the prior §3231(e)(1) or §4308(c) rate filing that affected such prior §3231(e)(1) or §4308(c) rate filing.

SERFF #	NY State Tracking #	Date of Discontinuance	Policy Form #	Product/Rider Name (including Street Name)	Brief Description of Discontinued Benefits	Disposition Date
none						

D. 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 #	Product Name (including Street Name)	Brief Description of Rate Change	Rate Effective Date
none						

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

Company Name: Aetna Health Inc. (NY)
NAIC Code: 95234
SERFF Tracking Number: AETN-127389963

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	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10	NYC Community PlanSM 1-10	HMO
6403621	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10	NYC Community PlanSM 5-10	HMO
6403622	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10	NYC Community PlanSM 6-10	HMO
6403890	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10 MHP	NYC Community PlanSM 1-10 MHP	HMO
6403891	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10 MHP	NYC Community PlanSM 5-10 MHP	HMO
6403892	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10 MHP	NYC Community PlanSM 6-10 MHP	HMO
6405803	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11	NYC Community PlanSM 1-11	HMO
6405804	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11	NYC Community PlanSM 6-11	HMO
6405805	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11 MHP	NYC Community PlanSM 1-11 MHP	HMO
6405806	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11 MHP	NYC Community PlanSM 6-11 MHP	HMO
6403895	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	POS - HMO based
6403896	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	POS - HMO based
6404920	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	POS - HMO based
6404921	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	POS - HMO based

Exhibit 7: Historical Data by Each Policy Form Included in Rate Adjustment Filing

Company Name: Aetna Health Inc. (NY)
NAIC Code: 95234
SERFF Number: AETN-127389963

A. Complete a separate response for each base medical policy form included in the rate adjustment filing.
- Information requested applies to New York State business only.
- Include riders that may be available with that policy form in each policy form response.
- Submit a separate exhibit for each rating pool. Create additional tabs for each rating pool as needed.
- Append additional columns to right of the existing columns (as needed) to include all base medical policy forms included in that rating pool. Add a rightmost column with the aggregate values for that entire rating pool.

B. Product type is HMO, HMO based POS, POS-OON, EPO, PPO, Comprehensive Major Medical, Non-HMO based POS, Consumer Driven Health Plans, Hospital Only, Medical Only, Base+Supplemental, Supplementary Major Medical, Other Limited Benefit, Medicare Supplement (A, B, C, D, E, F Basic, F High, G, H, I, J Basic, J High, K, L, M, N, or Other - indicate appropriate designation for policy form), etc.

C. 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).

D. Note that many cells include a drop down list. Use the drop down list or enter applicable items.

E. If members, covered lives or member months are not known, use reasonable estimates (note methodology used).

F. This form must be submitted as an Excel file, even if a version is submitted as a PDF file.

Data Item for Specified Base Medical Policy Form	Response
1a. Base medical policy form number	
1b. Product Name as in Rate Manual	See Exhibit 7E
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)	01/01/2012, 04/01/2012, 07/01/2012
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)	1.90%
11. Number of policyholders affected by rate change	836 (Employers)
12. Number of covered lives affected by rate change	3,974
13. Expected NY statewide loss ratio for base medical policy form including associated riders	83.3%
Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)	
14.1 Beginning Date of the experience period (MM/DD/YYYY)	6/1/2010
14.2 Ending Date of the experience period (MM/DD/YYYY)	5/31/2011
14.3 Member months for experience period	51,556
14.4 Earned premiums for experience period ($)	22,004,950
14.5 Standardized earned premiums for experience period ($)	23,533,619
14.6 Paid claims for experience period ($)	18,153,268
14.7 Incurred claims for experience period ($)	17,350,467 *
14.8 Administrative expenses for experience period ($) (including commissions and premium taxes, but excluding federal and state income taxes)	2,266,510
14.9 Earned premiums for experience period ($pmpm)	426.82
14.10 Standardized premiums for experience period ($pmpm)	456.47
14.11 Paid claims for experience period ($pmpm)	352.11
14.12 Incurred claims for experience period ($pmpm)	336.54
14.13 Administrative expenses for experience period ($pmpm) (including commissions and premium taxes, but excluding federal and state income taxes)	43.96
14.14 Ratio: Incurred Claims / Earned Premiums	0.788
14.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.737
14.16 Ratio: Administration Expenses / Earned Premiums	0.103
14.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.891
Prior Experience Period (NY statewide experience, base medical policy form + associated riders)	
15.1 Beginning date of the experience period (MM/DD/YYYY)	6/1/2009
15.2 Ending Date of the experience period (MM/DD/YYYY)	5/31/2010
15.3 Member months for experience period	34,250
15.4 Earned premiums for experience period ($)	18,159,435
15.5 Standardized earned premiums for experience period ($)	22,192,278
15.6 Paid claims for experience period ($)	16,818,567
15.7 Incurred claims for experience period ($)	12,724,845 *
15.8 Administrative expenses for experience period ($) (including commissions and premium taxes, but excluding federal and state income taxes)	1,870,422
15.9 Earned premiums for experience period ($pmpm)	530.20
15.10 Standardized premiums for experience period ($pmpm)	647.95
15.11 Paid claims for experience period ($pmpm)	491.05
15.12 Incurred claims for experience period ($pmpm)	371.53
15.13 Administrative expenses for experience period ($pmpm) (including commissions and premium taxes, but excluding federal and state income taxes)	54.61
15.14 Ratio: Incurred Claims / Earned Premiums	0.701
15.15 Ratio: Incurred Claims / Standardized Earned Premiums	0.573
15.16 Ratio: Administrative Expenses / Earned Premiums	0.103
15.17 Ratio: (Incurred Claims + Admin. Exp.) / Earned Prem.	0.804

Data Item for Specified Base Medical Policy Form	Response
Annualized Medical Trend Factors (%)	
16.1 All benefits combined, composite	11.5%
16.2 Due to utilization	6.9%
16.3 Due to unit cost	4.6%
Ratios: Most Recent Experience Period to Prior Period	
17.1 Member months	1.505
17.2 Earned premiums ($pmpm)	0.805
17.3 Standardized premiums ($pmpm)	0.704
17.4 Paid claims ($pmpm)	0.717
17.5 Incurred claims ($pmpm)	0.906
17.6 Administrative expenses ($pmpm) (including commissions and premium taxes, but excluding federal and state income taxes)	0.805
Ratio: Standard Premium to Earned Premium	
18.1 Most Recent Experience Period	1.069
18.2 Prior Experience Period	1.222

*- Incurred claims include the following MSP subsidy amounts:

2010: 1,489,831

2009: 4,124,000

Exhibit 7A: Calculation of Standardized Premium

Premium PMPM

Cohort	DOS Month Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11
Jan	627.60	624.37	626.35	628.85	637.21	637.45	631.72	609.74	597.72	587.66	595.28	578.66	594.94	586.97	594.32	592.68	652.88	591.99	599.79	421.56	418.39	423.03	421.15	411.21
Feb	410.70	411.01	417.05	408.62	401.57	405.06	393.94	421.46	414.32	407.27	410.72	399.95	413.96	406.73	406.44	401.88	408.73	390.25	389.36	386.47	354.69	361.97	362.21	357.94
Mar	499.96	505.73	503.55	526.10	529.55	534.21	524.46	534.33	533.41	445.13	453.82	442.61	417.72	411.73	412.03	412.73	424.66	409.57	409.62	411.46	398.80	371.96	358.40	358.19
Apr	564.61	596.54	601.06	600.63	600.22	599.83	592.22	609.93	611.39	607.41	518.26	516.71	532.70	534.84	527.12	514.82	539.46	494.11	497.90	485.76	481.23	488.90	396.73	394.30
May	460.30	471.80	474.67	472.33	468.16	447.83	439.85	459.53	464.00	451.17	462.17	374.79	387.75	386.27	376.02	382.66	397.36	375.45	386.43	368.31	357.64	367.50	372.56	350.84
Jun	458.25	454.84	453.56	454.87	451.54	452.40	445.89	458.43	457.49	447.11	458.31	434.78	394.89	380.03	381.84	384.63	378.97	378.61	380.23	376.23	366.49	372.06	373.23	371.77
Jul	790.96	685.32	677.02	693.16	692.87	711.63	703.00	721.24	728.37	737.70	760.66	760.20	760.21	618.42	618.68	592.80	652.01	575.03	583.99	558.12	562.38	560.73	553.39	548.29
Aug	852.24	849.04	556.95	537.19	528.22	534.25	538.53	546.74	559.69	559.64	559.42	547.50	563.34	552.95	401.65	386.85	389.13	386.11	388.02	379.45	372.81	376.14	376.13	375.25
Sep	839.36	840.94	836.18	558.96	491.30	529.93	526.45	548.03	551.39	540.42	556.86	527.82	534.88	521.09	520.64	467.74	471.62	460.75	461.04	459.76	451.53	456.74	453.49	452.06
Oct	788.59	817.76	800.13	795.78	436.18	450.53	446.15	460.47	461.48	445.94	454.99	441.75	454.65	448.66	452.31	449.17	425.46	400.71	404.38	396.65	391.91	391.02	390.60	389.11
Nov	737.39	744.01	747.01	739.13	736.22	482.19	482.69	493.92	494.40	486.54	494.09	483.69	496.95	490.42	493.82	496.25	581.86	405.00	412.30	390.69	383.19	377.01	368.44	366.41
Dec	762.18	768.10	772.11	772.59	772.26	768.89	449.13	448.88	405.49	400.01	409.73	400.45	409.19	400.16	402.08	406.22	441.92	409.98	360.60	357.17	349.40	347.96	348.73	347.03
Tot	585.92	585.54	572.56	559.82	537.03	532.83	513.63	525.29	517.20	496.57	500.94	478.07	476.70	466.50	456.70	450.69	467.34	434.62	430.25	410.79	399.96	399.29	390.91	386.26

Member Months

	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11
Jan	347	349	345	346	328	328	322	368	350	348	339	333	335	329	313	313	308	312	313	491	479	465	456	455
Feb	248	246	230	231	231	230	234	225	333	326	309	301	298	297	286	286	290	293	295	292	501	491	489	478
Mar	435	428	421	394	386	377	366	366	371	547	533	533	496	488	488	478	467	472	475	448	439	681	679	657
Apr	260	234	235	231	231	231	229	228	227	220	385	371	371	356	361	334	349	350	354	341	331	321	599	602
May	225	220	217	221	221	242	242	240	238	239	238	399	394	384	377	363	373	369	364	365	367	341	329	461
Jun	317	312	303	312	313	312	311	319	325	323	321	319	487	464	450	446	439	441	441	439	429	399	395	390
Jul	169	204	203	182	182	173	173	170	165	163	169	171	172	246	249	263	256	258	256	268	266	271	267	267
Aug	116	114	175	167	169	169	168	166	159	153	153	153	151	148	362	344	338	331	331	317	310	309	309	302
Sep	132	128	125	250	312	265	265	261	256	256	250	263	269	268	269	391	368	355	361	365	354	355	363	362
Oct	66	62	61	60	196	186	190	189	183	185	184	188	191	194	190	197	383	381	374	380	374	381	368	367
Nov	89	88	86	83	82	192	190	178	177	176	177	177	175	177	175	171	159	344	335	327	326	317	307	306
Dec	84	84	83	83	83	82	228	238	227	218	218	213	213	213	210	206	200	199	545	538	538	544	537	534
BoB	2,488	2,469	2,484	2,560	2,734	2,787	2,918	2,948	3,011	3,154	3,276	3,421	3,552	3,564	3,730	3,792	3,930	4,105	4,444	4,571	4,714	4,875	5,098	5,181

Cumulative Rate Increase

	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11
Jan	1.338	1.338	1.338	1.338	1.338	1.338	1.338	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.030	1.030	1.030	1.030	1.030
Feb	1.338	1.338	1.338	1.338	1.338	1.338	1.338	1.338	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.030	1.030	1.030	1.030
Mar	1.338	1.338	1.338	1.338	1.338	1.338	1.338	1.338	1.338	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.114	1.030	1.030	1.030
Apr	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.03	1.03
May	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.03
Jun	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.264	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082	1.082
Jul	1.231	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030
Aug	1.231	1.231	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030
Sep	1.231	1.231	1.231	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030
Oct	1.231	1.231	1.231	1.231	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030
Nov	1.231	1.231	1.231	1.231	1.231	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.030	1.030	1.030	1.030	1.030	1.030	1.030
Dec	1.231	1.231	1.231	1.231	1.231	1.231	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.159	1.030	1.030	1.030	1.030	1.030	1.030

Historical Rate Increases		
QTR	QRTLY	To 3Q11
3Q08	1.030	1.231
4Q08	1.000	1.231
1Q09	0.920	1.338
2Q09	1.058	1.264
3Q09	1.091	1.159
4Q09	1.000	1.159
1Q10	1.040	1.114
2Q10	1.030	1.082
3Q10	1.050	1.030
4Q10	1.000	1.030
1Q11	1.000	1.030
2Q11	1.000	1.030
3Q11	1.030	1.000
4Q11	1.000	1.000

	Billed Premium*	Std Premium**	Std/Billed
6/2009-5/2010	18,159,435	22,192,278	1.222
6/2010-5/2011	22,004,950	23,533,619	1.069

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

Exhibit 7B: Development of Rate Action

	Period	Most Recent Experience
Earned Premium	6/1/2010 - 5/31/2011	22,004,950
Standardized Premium	to 4Q11	23,533,619
Completed Paid Claims	6/1/2010 - 5/31/2011	18,840,297
MSP Subsidy	6/1/2010 - 5/31/2011	1,489,831
MSP Adjusted Claims	6/1/2010 - 5/31/2011	17,350,467

	Rate Level Action Projection		
	1Q12	2Q12	3Q12
Quarterly Premium Trend	-2.0%	2.0%	2.0%
Cumulative Premium Trend	0.9800	0.9996	1.0196
Claims Trend	1.1145	1.1145	1.1145
Claim Trend Months	20.50	23.50	26.50
ProjPrem	23,062,946	23,524,205	23,994,689
ProjPaidClaims	22,674,974	23,298,142	23,938,436
ProjMSP%	15.0%	15.0%	15.0%
ProjMSP	3,459,442	3,528,631	3,599,203
ProjMSPClaims	19,215,532	19,769,511	20,339,233
LossRatio	83.3%	84.0%	84.8%
Expenses	5.3%	5.3%	5.3%
Premium Taxes	1.0%	1.0%	1.0%
Commissions	4.0%	4.0%	4.0%
Total Administrative Expenses	10.3%	10.3%	10.3%
Profit	6.4%	5.7%	4.9%
Total	100.0%	100.0%	100.0%

Exhibit 7C: Large Group Trend

	Large Group Trend				STRAIGHT AVERAGE																	
					AVG 3		AVG 6		AVG 12		Monthly			3m			6m			12m		
	Med MM	Rx MM	Medical PMPM	Rx PMPM	Medical PMPM	Rx PMPM	Medical PMPM	Rx PMPM	Medical PMPM	Rx PMPM	Med	RX	Tot	Med	RX	Tot	Med	RX	Tot	Med	RX	Tot
Jan-08	88,624	56,422	297.50	45.68																		
Feb-08	88,017	55,869	279.42	41.32																		
Mar-08	87,792	55,700	279.34	46.07	285.42	44.36																
Apr-08	87,540	55,527	278.90	43.38	279.22	43.59																
May-08	87,610	55,633	283.47	44.26	280.57	44.57																
Jun-08	87,100	55,167	277.71	44.87	280.03	44.17	282.72	44.26														
Jul-08	86,304	54,469	301.00	43.65	287.39	44.26	283.31	43.93														
Aug-08	85,409	53,560	274.95	44.19	284.55	44.24	282.56	44.40														
Sep-08	85,361	53,505	299.87	45.21	291.94	44.35	285.98	44.26														
Oct-08	85,274	53,496	378.58	49.80	317.80	46.40	302.60	45.33														
Nov-08	83,931	52,190	282.77	44.85	320.40	46.62	302.48	45.43														
Dec-08	83,702	52,041	295.57	49.23	318.97	47.96	305.46	46.15	294.09	45.21												
Jan-09	75,178	47,026	331.04	46.89	303.13	46.99	310.46	46.69	296.88	45.31	11.3%	2.7%	**10.6%**									
Feb-09	74,555	46,445	280.06	44.85	302.22	46.99	311.31	46.81	296.94	45.60	0.2%	8.5%	**1.0%**									
Mar-09	74,172	46,085	341.10	51.06	317.40	47.60	318.19	47.78	302.08	46.02	22.1%	10.8%	**21.2%**	11.2%	7.3%	**10.9%**						
Apr-09	72,451	44,429	331.62	50.37	317.59	48.76	310.36	47.88	306.48	46.60	18.9%	16.1%	**18.7%**	13.7%	11.9%	**13.6%**						
May-09	72,148	44,169	332.91	50.40	335.21	50.61	318.72	48.80	310.60	47.11	17.4%	13.9%	**17.1%**	19.5%	13.6%	**19.0%**						
Jun-09	71,211	43,250	357.46	52.20	340.66	50.99	329.03	49.30	317.24	47.73	28.7%	16.3%	**27.7%**	21.7%	15.4%	**21.1%**	16.4%	11.4%	**16.0%**			
Jul-09	70,354	42,516	355.82	51.54	348.73	51.38	333.16	50.07	321.81	48.38	18.2%	18.1%	**18.2%**	21.3%	16.1%	**20.9%**	17.6%	14.0%	**17.3%**			
Aug-09	70,006	42,255	316.00	49.73	343.09	51.16	339.15	50.88	325.23	48.84	14.9%	12.5%	**14.7%**	20.6%	15.6%	**20.2%**	20.0%	14.6%	**19.6%**			
Sep-09	68,116	40,431	303.81	51.13	325.21	50.80	332.93	50.90	325.56	49.34	1.3%	13.1%	**2.4%**	11.4%	14.5%	**11.7%**	16.4%	15.0%	**16.3%**			
Oct-09	67,370	39,742	336.94	54.00	318.91	51.62	333.82	51.50	322.09	49.69	-11.0%	8.4%	**-9.3%**	0.4%	11.3%	**1.3%**	10.3%	13.6%	**10.6%**			
Nov-09	65,528	37,915	287.01	51.91	309.25	52.34	326.17	51.75	322.44	50.28	1.5%	15.7%	**2.8%**	-3.5%	12.3%	**-2.1%**	7.8%	13.9%	**8.4%**			
Dec-09	65,255	37,695	296.76	62.19	306.90	56.03	316.06	53.42	322.54	51.36	0.4%	26.3%	**3.2%**	-3.8%	16.8%	**-1.8%**	3.5%	15.7%	**4.6%**	9.7%	13.6%	**10.0%**
Jan-10	53,517	30,489	308.01	59.46	297.26	57.85	308.09	54.73	320.62	52.40	-7.0%	26.8%	**-3.6%**	-1.9%	23.1%	**0.6%**	-0.8%	17.2%	**0.9%**	8.0%	15.7%	**8.7%**
Feb-10	52,874	29,854	306.87	45.55	303.88	55.73	306.57	54.04	322.86	52.46	9.6%	1.6%	**9.0%**	0.5%	18.6%	**2.3%**	-1.5%	15.5%	**0.1%**	8.7%	15.0%	**9.3%**
Mar-10	52,473	29,478	382.35	63.41	332.41	56.14	319.66	56.09	326.30	53.49	12.1%	24.2%	**13.1%**	4.7%	17.9%	**5.9%**	0.5%	17.4%	**2.0%**	8.0%	16.2%	**8.7%**
Apr-10	52,396	29,427	344.44	65.43	344.55	58.13	320.91	57.99	327.36	54.75	3.9%	29.9%	**6.4%**	8.5%	19.2%	**9.4%**	3.4%	21.1%	**5.1%**	6.8%	17.5%	**7.8%**
May-10	52,121	29,158	346.94	57.80	357.91	62.22	330.89	58.97	328.53	55.36	4.2%	14.7%	**5.1%**	6.8%	22.9%	**8.2%**	3.8%	20.8%	**5.4%**	5.8%	17.5%	**6.8%**
Jun-10	51,691	28,759	395.89	57.76	362.42	60.33	347.41	58.24	331.74	55.83	10.7%	10.7%	**10.7%**	6.4%	18.3%	**7.4%**	5.6%	18.1%	**6.7%**	4.6%	17.0%	**5.7%**
Jul-10	51,441	28,183	356.83	53.28	366.55	56.28	355.55	57.21	331.82	55.97	0.3%	3.4%	**0.5%**	5.1%	9.5%	**5.5%**	6.7%	14.3%	**7.3%**	3.1%	15.7%	**4.2%**
Aug-10	50,779	27,845	347.45	55.38	366.72	55.47	362.31	58.85	334.44	56.44	10.0%	11.4%	**10.1%**	6.9%	8.4%	**7.0%**	6.8%	15.6%	**7.6%**	2.8%	15.6%	**4.0%**
Sep-10	49,784	27,217	364.19	54.55	356.16	54.40	359.29	57.37	339.47	56.73	19.9%	6.7%	**18.9%**	9.5%	7.1%	**9.3%**	7.9%	12.7%	**8.3%**	4.3%	15.0%	**5.2%**
Oct-10	49,249	26,754	339.61	53.99	350.42	54.64	358.48	55.46	339.70	56.73	0.8%	0.0%	**0.7%**	9.9%	5.9%	**9.6%**	7.4%	7.7%	**7.4%**	5.5%	14.2%	**6.2%**
Nov-10	48,838	26,435	321.55	51.78	341.78	53.44	354.25	54.46	342.57	56.72	12.0%	-0.2%	**11.1%**	10.5%	2.1%	**9.9%**	8.6%	5.2%	**8.3%**	6.2%	12.8%	**6.8%**
Dec-10	48,678	26,407	329.75	60.01	330.30	55.26	343.23	54.83	345.32	56.53	11.1%	-3.5%	**9.8%**	7.6%	-1.4%	**6.9%**	8.6%	2.7%	**8.1%**	7.1%	10.1%	**7.3%**
Jan-11	39,993	21,706	371.72	57.74	341.01	56.51	345.71	55.58	350.63	56.39	20.7%	-2.9%	**18.9%**	14.7%	-2.3%	**13.3%**	12.2%	1.5%	**11.4%**	9.4%	7.6%	**9.2%**
Feb-11	39,917	21,722	351.33	52.49	350.93	56.75	346.36	55.09	354.34	56.97	14.5%	15.2%	**14.5%**	15.5%	1.8%	**14.4%**	13.0%	2.0%	**12.1%**	9.7%	8.6%	**9.7%**
Mar-11	38,830	20,691	413.47	64.58	378.84	58.27	354.57	56.77	356.93	57.07	8.1%	1.8%	**7.7%**	14.0%	3.8%	**13.2%**	10.9%	1.2%	**10.1%**	9.4%	6.7%	**9.2%**

Average	11.2%
Leap year	0.3%
	11.5%

Exhibit 7D: Unit Cost Trend

Line Of Business	Product	Reimbursement Type	DOS
CP	HMO/HNO	ALL	Feb-11

	Reimb. Type Facility	2011 Latest Estimate	2012 Latest Estimate	Average Estimate
New York	Total	6.47%	6.73%	6.60%

	Reimb. Type Physician	2011 Latest Estimate	2012 Latest Estimate	Average Estimate
New York	Total	1.34%	1.58%	1.46%

	Reimb. Type Total	2011 Latest Estimate	2012 Latest Estimate	Average Estimate
New York	Total	4.47%	4.72%	4.59%

Weights

Facility:	63%
Physician:	37%

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

Company Name: Aetna Health Inc. (NY)
NAIC Code: 95234
SERFF Tracking Number: AETN-127389963

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	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10	NYC Community PlanSM 1-10	HMO
6403621	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10	NYC Community PlanSM 5-10	HMO
6403622	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10	NYC Community PlanSM 6-10	HMO
6403890	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-10 MHP	NYC Community PlanSM 1-10 MHP	HMO
6403891	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 5-10 MHP	NYC Community PlanSM 5-10 MHP	HMO
6403892	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-10 MHP	NYC Community PlanSM 6-10 MHP	HMO
6405803	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11	NYC Community PlanSM 1-11	HMO
6405804	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11	NYC Community PlanSM 6-11	HMO
6405805	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 1-11 MHP	NYC Community PlanSM 1-11 MHP	HMO
6405806	Small Group	HI ASTATHCRGrp 01 NY	NYC Community PlanSM 6-11 MHP	NYC Community PlanSM 6-11 MHP	HMO
6403895	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	POS - HMO based
6403896	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	POS - HMO based
6404920	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10	NY OA POS 21-10	POS - HMO based
6404921	Small Group	HI ASTATHCRGrp 01 NY	NY OA POS 21-10 MHP	NY OA POS 21-10 MHP	POS - HMO based

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)

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.

Renewal Date	Increase	Renewal Date	Increase
1st Quarter, 2012:	0.9%	2nd Quarter, 2012:	3.0%
3rd 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

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
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

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

Aetna

<Date>

<Member name >
<Address>
<City>, <ST> <ZIP>
<Member ID>

RE: Notice of Proposed Rate Increase Filing (Revised)

Dear <member name>:

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.

Renewal Date	Increase	Renewal Date	Increase
1st Quarter, 2012:	0.9%	2nd Quarter, 2012:	3.0%
3rd 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

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
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 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**. 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.

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.

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).
©2011 Aetna Inc.

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

September 1, 2011

Attention New York Plan Sponsor:

Notice of approved rate increase
We previously requested a rate increase from the New York State Insurance Department for your Small Group plan(s) offered by Aetna Health Inc., Aetna Health Insurance Company of New York and Aetna Life Insurance Company. 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., Aetna Health Insurance Company of New York, Aetna Life Insurance Company and its affiliates (Aetna).
14.32.148.1-NY

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

September 1, 2011

Dear Aetna Member:

Notice of approved rate increase
We previously requested a rate increase from the New York State Insurance Department for your **Small Group plan(s)** offered by Aetna Health Inc., Aetna Health Insurance Company of New York and Aetna Life Insurance Company. 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 <January 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 contact your employer. You may also call the Member Services 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 in at our secure website at **www.aetna.com**.

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., Aetna Health Insurance Company of New York, Aetna Life Insurance Company and its affiliates (Aetna).
14.32.338.1-NY

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

September 1, 2011

[Type Addressee Name here]
[Type Addressee Title here]
[Type Addressee Company here]
[Type Addressee Street Address here]
[Type Addressee City, State, Zip+4 here]

Dear Aetna Member:

Notice of approved rate increase
We previously requested a rate increase from the New York State Insurance Department for your **Small Group plan(s)** offered by Aetna Health Inc., Aetna Health Insurance Company of New York and Aetna Life Insurance Company. 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 <January 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 contact your employer. You may also call the Member Services 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 in at our secure website at **www.aetna.com**.

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., Aetna Health Insurance Company of New York, Aetna Life Insurance Company and its affiliates (Aetna).
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	Single:	Employee/ Spouse:	Current Monthly Premium - Pharmacy Plan <RX Plan> Mail Order: <RX MO Plan> 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	Single:	Employee/ Spouse:	Renewal Monthly Premium - Pharmacy Plan <RX Plan> Mail Order: <RX MO Plan> 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).

(Rating Area <00 - Plan)
14.32.339.1-NY

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

September 2, 2011

[redacted]
New York State Insurance Department
25 Beaver Street - Health Bureau
New York, NY 10004-2319

Re: Aetna Health Inc. – Small Group
HI ASTATHCRGrp 01 NY

[redacted]

Aetna Health, Inc. is revising the previous rate increase filed for its Small Group HMO/QPOS market segment for the state of New York.

The following is a summary of the revised proposed rate increases to be effective on the policyholder's next anniversary occurring on or after the effective dates shown:

Effective Date	Proposed Rate Increases	Policyholders	Members
01/01/2012	0.9%	1,190	1,590
04/01/2012	3.0%	1,030	1,453
07/01/2012	2.0%	659	931

The total number of policyholders affected by the proposed rate adjustment is 2,879 as of 6/30/2011.

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 August 2009 – March 2011. The table below reflects our cost trends:

Utilization trend	Unit Cost Trend	Total Trend
6.9%	4.6%	11.5%

Utilization represents the number of services per member per year and includes a 0.3% adjustment for leap year in 2012. 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 11.5% as the projected the change in medical cost.

Our pricing projection and the resulting rate increases assume that 83.3% 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 16.7% are used for administrative expenses, profit, and taxes. These 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.

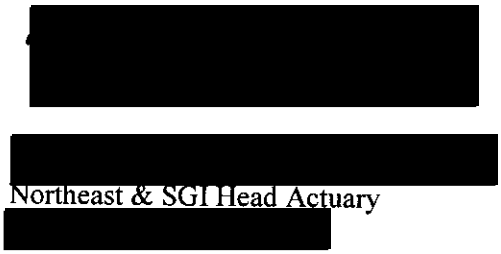
Aetna takes our commitment to our customers seriously. We have taken a number of steps to try to keep our products as affordable as possible, such as:

- 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 relationships with health care providers that provide incentives 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,



Northeast & SGI Head Actuary

Enclosures

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	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/01/2011	Supporting Document	Rate Manual	10/28/2011	NY SG AHI Rate Manual - 1q12-3q12.pdf
08/29/2011	Supporting Document	Standard Exhibit 3 - Narrative Summary	09/02/2011	NY SG AHI Standard Exhibits - Ex 3.pdf (Superceded)

EXHIBIT 3: NARRATIVE SUMMARY

Company Name: Aetna Health Inc. (NY)
NAIC Code: 95234
SERFF Tracking #: AETN-127389963

Aetna Health, Inc. is revising the previous rate increase filed for its Small Group HMO/QPOS market segment for the state of New York.

The following is a summary of the revised proposed rate increases to be effective on the policyholder's next anniversary occurring on or after the effective dates shown:

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- Developing relationships with health care providers that provide incentives 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.

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General

The attached pages contain worksheets and instructions for calculating the community rates for the plans available from Aetna Health Inc. (The Health Maintenance Organization of New York, Inc.). This filing is made in accordance with Insurance Law Section 4308 (c) Rate Applications. They include tables of adjustments for certain benefit variations and copayment options.

Premium Rate Manual

The following steps are used to calculate premium rates.

1. **Medical Rates Table** – table of premium rates for all base plans.

2. **Rider Rate Tables** – table of premium rates for all riders.
   a. **Prescription Drug Rider Table** – table of premium rates for all pharmacy benefit options.
   b. **Durable Medical Equipment (DME) Rider Table** – table of premium rates for all DME benefit options.
   c. **Lens Reimbursement Rider Table** – table of premium rates for all Lens Reimbursement benefit options.
   d. **Dental Rider Table** – table of premium rates for all Dental benefit options.

3. **Area Factor Table** - rate factor to reflect differences in cost by geographic area.
   (Medical Rate + Rider Rates) x Area Factor = Rate for that Plan for that Rating Area

County	Area Factor
Nassau	1.00
Suffolk	1.00
Westchester	1.00
Bronx	1.00
Kings	1.00
New York	1.00
Queens	1.00
Richmond	1.00
Sullivan	1.00
Ulster	1.00
Rockland	1.00
Dutchess	1.00
Orange	1.00
Putnam	1.00
Onondaga	0.9044
Oswego	0.9044
Cayuga	0.9044
Broome	0.9044
Tioga	0.9044
Other	0.9044

4. **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.

5. **Rate Sheets** ([1 + 2a + 2b + 2c + 2d] x 3 x 4 steps above) rounded to the nearest dollar.

Other coverage adjustment factor

1. QPOS Adjustment Factor – HMO reduction factor applied to medical rates (Applied to Medical Rates Table) for plans with a POS out of network benefit. [Factor = .95]
2. NYC Community Plan adjustment factor(applied to medical rates table)[Factor = .85]

Benefit Summary

Table 1 - Medical Plans

PPID	Open Access	PCP Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay	Routine GYN Exam Copay	Chiro Rider (Copay)	I/P MH Copay	I/P Non-Bio MH Day Limit	O/P SA Rehab Copay	O/P SA Rehab Visits	O/P MH Copay	O/P Non-Bio MH Visits	Unltd Bio MH?	Single	Parent & Child(ren)	Couple	Family
6403895	Yes	$20	$20	$75	$500/A	$50	$0	$20	$500/A	30	$20	60	$20	20	Yes				
6404920	Yes	$20	$20	$75	$500/A	$50	$0	$20	$500/A	30	$20	60	$20	20	Yes	Rates for 1q2012 to 3q2012 provided in section B			
6403896 *	Yes	$20	$20	$75	$500/A	$50	$0	$20	$500/A	Unlimited	$20	Unlimited	$20	Unlimited	Yes				
6404921 *	Yes	$20	$20	$75	$500/A	$50	$0	$20	$500/A	Unlimited	$20	Unlimited	$20	Unlimited	Yes				
NYC Community Plans																			
6403620	No	$20	$40	$150	$750/A	$150	$0	$40	$750/A	30	$20	60	$40	20	Yes				
6403621	No	$20	$40	$150	$250/D	$150	$0	$40	$250/D	30	$20	60	$40	20	Yes				
6403622	No	$30	$50	$150	$250/D	$150	$0	$50	$250/D	30	$20	60	$50	20	Yes				
6405803	No	$20	$40	$150	$750/A	$150	$0	$40	$750/A	30	$20	60	$40	20	Yes				
6405804	No	$30	$50	$150	$300/D, 3 day max	$150	$0	$50	$300/D, 3 day max	30	$20	60	$50	20	Yes	Rates for 1q2012 to 3q2012 provided in section B			
6403890 *	No	$20	$40	$150	$750/A	$150	$0	$40	$750/A	Unlimited	$20	Unlimited	$40	Unlimited	Yes				
6403891 *	No	$20	$40	$150	$250/D	$150	$0	$40	$250/D	Unlimited	$20	Unlimited	$40	Unlimited	Yes				
6403892 *	No	$30	$50	$150	$250/D	$150	$0	$50	$250/D	Unlimited	$20	Unlimited	$50	Unlimited	Yes				
6405805 *	No	$20	$40	$150	$750/A	$150	$0	$40	$750/A	Unlimited	$20	Unlimited	$40	Unlimited	Yes				
6405806 *	No	$30	$50	$150	$300/O, 3 day max	$150	$0	$50	$300/D, 3 day max	Unlimited	$20	Unlimited	$50	Unlimited	Yes				

* Includes Mental Health Parity

Benefit Summary

Table 2a - Prescription Drug Riders

Plan Number	Plan Name	Single	Parent & Child(ren)	Couple	Family
Rx 56	RX (HMO) $15/$35/$70 THREE TIER 30D				
Rx 57	RX (HMO) $15/50% TWO TIER 30D Unlimited	Rates for 1q2012 to 3q2012 provided in section B			
Rx 54	RX (HMO) $15/100% TWO TIER 30D				
Rx 58	RX (HMO) $15/$45/$70 THREE TIER 30D				

Benefit Summary

Table 2 (cont.) - Other Riders

Table 2b - Durable Medical Equipment

Plan Number	Plan Name	Single	Parent & Child(ren)	Couple	Family
DME 4	50% Copay $2500 Cal Yr Max	Rates for tq2012 to 3q2012 provided in section B			

Table 2c - Lens Reimbursement

Plan Number	Plan Name	Single	Parent & Child(ren)	Couple	Family
Lens Reimb 3	$100 Lens Reimbursment	Rates for 1q2012 to 3q2012 provided in section B			

Benefit Summary

Table 1 - Medical Plans

PPID	Open Access	PCP Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay	Routine GYN Exam Copay	Chiro Rider (Copay)	I/P MH Copay	I/P Non-Bio MH Day Limit	O/P SA Rehab Copay	O/P SA Rehab Visits	O/P MH Copay	O/P Non-Bio MH Visits	Unltd Bio MH?	Single	Parent & Child(ren)	Couple	Family
649357	No	$10	$15	$75	$500/A	$30	$15	$15	$500/A	35	$15 / $0	1-33 / 34-60	$25	20	No				
842172	No	$10	$10	$0	$0/A	$50	$10	$10	$0/A	35	$10	60	$25	20	No				
945096	No	$10	$15	$100	$240/A	$30	$15	$15	$240/A	35	$15	60	$25	20	No				
954766	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
1550450	No	$10	$15	$75	$500/A	$30	$15	$15	$500/A	35	$15 / $0	1-33 / 34-60	$25	20	No				
1637470	No	$10	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
3257045	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
3263146	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3266474	No	$5	$5	$0	$0/A	$25	$5	$5	$0/A	35	$5	60	$25	20	No				
3266737	No	$10	$10	$0	$0/A	$35	$10	$10	$0/A	35	$10	60	$25	20	No				
3269262	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3297371	No	$10	$10	$0	$0/A	$35	$10	$10	$0/A	35	$10	60	$25	20	No				
3315719	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3336121	No	$10	$10	$0	$0/A	$35	$10	$10	$0/A	35	$10	60	$25	20	No				
3392254	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
3456379	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3456867	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3565573	No	$10	$10	$0	$0/A	$35	$10	$10	$0/A	35	$10	60	$25	20	No	Rates for 1q2012 to 3q2012 provided in section B			
3597977	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3655752	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
3656716	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
3661333	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
3729002	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3737394	No	$10	$10	$0	$0/A	$35	$10	$10	$0/A	35	$10	60	$25	20	No				
3742316	No	$10	$10	$0	$0/A	$35	$10	$10	$0/A	35	$10	60	$25	40	No				
3743474	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3763956	No	$10	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3764277	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3612586	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
3612590	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
3974104	No	$10	$10	$0	$350/A	$50	$10	$10	$350/A	35	$10	60	$25	20	No				
4106274	No	$10	$10	$0	$350/A	$50	$10	$10	$350/A	35	$10	60	$25	20	No				
4107226	No	$10	$10	$0	$0/A	$50	$10	$10	$0/A	35	$10	60	$25	20	No				
4203435	No	$10	$10	$0	$0/A	$50	$10	$10	$0/A	35	$10	60	$25	20	No				
4314415	No	$5	$5	$0	$0/A	$50	$5	$5	$0/A	35	$5	60	$25	20	No				
4374996	No	$5	$5	$0	$0/A	$50	$5	$5	$0/A	35	$5	60	$25	20	No				
4376302	No	$5	$5	$0	$0/A	$50	$5	$5	$0/A	35	$5	60	$25	20	No				
4377916	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	40	No				
4430472	No	$10	$15	$75	$250/A	$50	$15	$15	$250/A	35	$15	60	$25	20	No				
4719192	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
4725534	No	$2	$0	$0	$0/A	$15	$2	$0	$0/A	35	$2	60	$0 / $10 / $25	20	No				
4725542	No	$2	$0	$0	$0/A	$15	$2	$0	$0/A	35	$2	60	$0 / $10 / $25	20	No				
4725957	No	$20	$20	$0	$0/A	$50	$20	$20	$0/A	35	$20	60	$25	20	No				
4754695	No	$10	$15	$75	$500/A	$30	$15	$15	$500/A	35	$15 / $0	1-33 / 34-60	$25	20	No				
4754696	No	$10	$15	$100	$240/A	$30	$15	$15	$240/A	35	$15	60	$25	20	No				
4754613	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754615	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754616	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754617	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754620	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754627	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
4754630	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754631	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754632	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754634	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754849	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754659	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4754662	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
4755016	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755023	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No	Rates for 1q2012 to 3q2012 provided in section B			
4755029	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
4755030	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755056	No	$10	$10	$0	$0/A	$35	$10	$10	$0/A	35	$10	60	$25	20	No				
4755082	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755066	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755093	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755119	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
4755123	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755166	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755203	No	$5	$0	$0	$0/A	$35	$5	$0	$0/A	35	$2	60	$25	20	No				
4755230	No	$15	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
4755233	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755452	No	$2	$0	$0	$0/A	$15	$2	$0	$0/A	35	$2	60	$0 / $10 / $25	20	No				
4755630	No	$2	$0	$0	$0/A	$15	$2	$0	$0/A	35	$2	60	$0 / $10 / $25	20	No				
4755640	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755645	No	$2	$0	$0	$0/A	$15	$2	$0	$0/A	35	$2	60	$0 / $10 / $25	20	No				
4755665	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4755724	No	$10	$10	$0	$0/A	$35	$10	$10	$0/A	35	$10	60	$25	20	No				
4755783	No	$20	$20	$75	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
4765795	No	$10	$15	$75	$500/A	$30	$15	$15	$500/A	35	$15 / $0	1-33 / 34-60	$25	20	No				
4792955	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4617279	No	$10	$15	$100	$240/A	$30	$15	$15	$240/A	35	$15	60	$25	20	No				
4617776	No	$5	$5	$0	$0/A	$35	$5	$5	$0/A	35	$5	60	$25	20	No				
4617796	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				

Benefit Summary

Table 1 - Medical Plans

PPID	Open Access	PCP Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay	Routine GYN Exam Copay	Chiro Rider (Copay)	I/P MH Copay	I/P Non-Bio MH Day Limit	O/P SA Rehab Copay	O/P SA Rehab Visits	O/P MH Copay	O/P Non-Bio MH Visits	Unltd Bio MH?	Single	Parent & Child(ren)	Couple	Family
4817810	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4817836	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4817850	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4817855	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4817987	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4818122	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4819831	No	$5	$0	$0	$0/A	$35	$5	$0	$0/A	35	$2	60	$25	20	No				
4819876	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4819909	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4819973	Yes	$15	$20	$0	$250/A	$50	$20	$20	$250/A	35	$20	60	$25	20	No				
4819974	No	$10	$20	$0	$250/A	$50	$20	$20	$250/A	35	$20	60	$25	20	No				
4920017	No	$20	$20	$75	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
4861196	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4860954	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4860988	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4861016	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4861017	No	$15	$20	$0	$0/A	$35	$20	$20	$0/A	35	$20	60	$25	20	No				
4861028	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4861090	No	$2	$0	$0	$0/A	$15	$2	$0	$0/A	35	$2	60	$0 / $10 / $25	20	No	Rates for 1q2012 to 3q2012 provided in section B			
4861093	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4861134	Yes	$20	$20	$0	$0/A	$50	$20	$20	$0/A	35	$20	60	$25	20	No				
4861171	No	$15	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
4891604	No	$20	$20	$75	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
4912988	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4912971	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4912994	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4913018	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4913019	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4913065	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4913144	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4913148	Yes	$20	$20	$0	$0/A	$50	$20	$20	$0/A	35	$20	60	$25	20	No				
4913149	Yes	$15	$20	$0	$0/A	$50	$20	$20	$0/A	35	$20	60	$25	20	No				
4913150	Yes	$20	$20	$0	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
4913151	No	$10	$20	$75	$250/A	$50	$20	$20	$250/A	35	$20	60	$25	20	No				
4913153	Yes	$20	$20	$75	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
4913167	No	$15	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
4913212	No	$20	$20	$75	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
4920065	No	$10	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
4940306	No	$2	$0	$0	$0/A	$25	$2	$0	$0/A	35	$2	60	$0 / $10 / $25	20	No				
4940365	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4940452	Yes	$20	$20	$0	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
4940453	No	$15	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
4940456	Yes	$15	$20	$0	$250/A	$50	$20	$20	$250/A	35	$20	60	$25	20	No				
4940462	No	$20	$20	$75	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
4940467	Yes	$20	$20	$0	$0/A	$50	$20	$20	$0/A	35	$20	60	$25	20	No				
4940523	No	$10	$20	$75	$250/A	$50	$20	$20	$250/A	35	$20	60	$25	20	No				
4940530	No	$10	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
4957196	No	$10	$15	$75	$150/A	$50	$15	$15	$150/D; $750/A	35	$15	60	$25	20	No				
4957227	Yes	$10	$20	$75	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
4965764	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
4965801	Yes	$15	$20	$0	$0/A	$35	$20	$20	$0/A	35	$20	60	$25	20	No				
4965806	No	$10	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
4965813	No	$15	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
4997096	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5016473	No	$2	$0	$0	$0/A	$15	$2	$0	$0/A	35	$2	60	$25	20	No				
5016500	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5016544	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5016578	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5016588	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5016601	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5016611	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No	Rates for 1q2012 to 3q2012 provided in section B			
5016614	No	$2	$0	$0	$0/A	$15	$2	$0	$0/A	35	$2	60	$0 / $10 / $25	20	No				
5018745	No	$20	$20	$50	$100/A	$50	$20	$20	$100/A	35	$20	60	$25	20	No				
5037972	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5058332	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5074447	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5074485	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5074532	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5074540	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5074551	No	$15	$15	$0	$0/A	$50	$15	$15	$0/A	35	$15	60	$25	20	No				
5094169	No	$10	$15	$75	$150/A	$50	$15	$15	$150/D; $750/A	35	$15	60	$25	20	No				
5094206	No	$10	$15	$0	$100/A	$50	$15	$15	$100/A	35	$15	60	$25	20	No				
5133617	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5133625	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5133640	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	$25	20	No				
5133648	No	$15	$15	N/A	$500/A	$30	$15	$15	$500/A	35	$15	60	$25	20	No				
5146392	Yes	$10	$20	$0	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
5148399	No	$10	$20	$75	$500/A	$50	$20	$20	$500/A	35	$20	60	$25	20	No				
5289599	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	N/A	N/A	No				
5289625	No	$15	$20	$0	$0/A	$35	$20	$20	$0/A	35	$20	60	N/A	N/A	No				
5289629	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	N/A	N/A	No				
5289635	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	N/A	N/A	No				
5289637	No	$15	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	N/A	N/A	No				
5289642	No	$10	$15	$0	$0/A	$30	$15	$15	$0/A	35	$15	60	N/A	N/A	No				
3401660	Yes	$20	$20	$0	$500/A	$50	$20	$20	$500/A	30	$20	60	$20	30	No				
3401676	Yes	$20	$20	$75	$500/A	$50	$20	$20	$500/A	30	$20	60	$20	30	No				
3401684	Yes	$20	$20	$75	$500/A	$50	$20	$20	$500/A	30	$20	60	$20	30	No				
5289647	Yes	$20	$20	$0	$500/A	$50	$20	$20	$500/A	35	$20	60	$20	30	No				

Benefit Summary

Table 2a - Prescription Drug Riders

Plan Number	Plan Name	Single	Parent & Child(ren)	Couple	Family
Rx 2	RX (HMO) $ 2.50				
Rx 3	RX (HMO) $ 5				
Rx 4	RX (HMO) $ 7.50				
Rx 5	RX (HMO) $10				
Rx 6	RX (HMO) $15				
Rx 7	RX (HMO) $ 2.50/ 7.50 QUAL				
Rx 8	RX (HMO) $ 5/10 QUAL	Rates for tq2012 to 3q2012 provided in section B			
Rx 9	RX (HMO) $10/15 QUAL				
Rx 10	RX (HMO) $ t5/20 QUAL				
Rx 11	RX (HMO) 50/50%				
Rx 13	RX (HMO) $ 5/ t0/25 TRIPLE				
Rx 14	RX (HMO) $10/15/30 TRIPLE				
Rx 28	RX (HMO)(2000) $15/20/35 THREE TIER 30O				
Rx 39	RX (HMO)(2000) $10/20/35 THREE TIER 30O				

Benefit Summary

Table 2 (cont.) - Other Riders

Table 2b - Durable Medical Equipment

Plan Number	Plan Name	Single	Parent & Child(ren)	Couple	Family
DME 1	$0 Copay	Rates for 1q2012 to 3q2012 provided in section B			
DME 2	20% Copay				
DME 3	50% Copay				

Table 2c - Lens Reimbursement

Plan Number	Plan Name	Single	Parent & Child(ren)	Couple	Family
Lens Reimb 1	$35 Lens Reimbursment	Rates for 1q2012 to 3q2012 provided in section B			
Lens Reimb 2	$70 Lens Reimbursement				
Lens Reimb 4	$125 Lens Reimbursment				
Lens Reimb 5	$200 Lens Reimbursment				

Table 2d - Dental

Plan Number	Plan Name	Single	Parent & Child(ren)	Couple	Family
Dental 1	$2 Copay	Rates for 1q2012 to 3q2012 provided in section B			
Dental 2	$5 Copay				

Premium Rates

The effective date of all rate changes will be January 1, 2012.

Pages B-2 through B-28 display year over year increases for 1st Quarter 2012 through 3rd Quarter of 2012 small group premium rates, dollar difference and percent increase for all plans and riders for the four tier structures.

All riders are also listed. None of the riders are offered on a "stand alone" basis.

1Q12 Rate Summary

Table 1(i) - Medical Plans

PPID	tq2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q10)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q10)	Percent Increase Couple Premium Rate (1q12 / 1q10)	Percent Increase Family Premium Rate (1q12 / 1q10)	Dollar Increase Single Premium Rate (1q12 - 1q10)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q10)	Dollar Increase Couple Premium Rate (1q12 - 1q10)	Dollar Increase Family Premium Rate (1q12 - 1q10)
6403895	$902.80	$1,689.49	$1,922.53	$2,750.07	$892.67	$1,670.54	$1,900.97	$2,719.23	-1.12%	-1.12%	-1.12%	-1.12%	($10.12)	($18.95)	($21.56)	($30.84)
6404920	$902.80	$1,689.49	$1,922.53	$2,750.07	$892.67	$1,670.54	$1,900.97	$2,7 t9.23	-1.12%	-1.12%	-1.12%	-1.12%	($10.12)	($18.95)	($21.56)	($30.84)
6403896 *	$906.43	$1,696.29	$1,930.27	$2,761.14	$896.27	$1,677.27	$1,908.62	$2,730.17	-1.12%	-1.12%	-1.12%	-1.12%	($10.17)	($19.02)	($21.65)	($30.97)
6404921 *	$906.43	$1,696.29	$1,930.27	$2,761.14	$896.27	$1,677.27	$1,908.62	$2,730.17	-1.12%	-1.12%	-1.12%	-1.12%	($10.17)	($19.02)	($21.65)	($30.97)
NYC Community Plans																
6403620	$355.97	$666.45	$757.58	$1,083.99	$351.98	$658.38	$748.52	$1,072.05	-1.12%	-1.21%	-1.20%	-1.10%	($3.99)	($8.07)	($9.06)	($11.94)
6403621	$351.52	$658.15	$748.99	$1,071.28	$347.31	$650.83	$740.63	$1,059.83	-1.20%	-1.11%	-1.12%	-1.07%	($4.22)	($7.32)	($8.37)	($11.45)
6403622	$340.54	$637.50	$725.59	$1,038.44	$337.50	$630.19	$717.24	$1,027.01	-0.89%	-1.15%	-1.15%	-1.10%	($3.03)	($7.31)	($8.35)	($11.43)
6405803	N/A	N/A	N/A	N/A	$352.59	$660.02	$750.54	$1,073.79	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6405804	N/A	N/A	N/A	N/A	$334.19	$626.45	$711.57	$1,018.84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6403890 *	$357.14	$668.80	$759.93	$1,087.52	$353.16	$660.73	$752.05	$1,075.58	-1.12%	-1.21%	-1.04%	-1.10%	($3.99)	($8.07)	($7.88)	($11.94)
6403891 *	$352.70	$660.51	$751.34	$1,074.81	$348.48	$653.19	$742.98	$1,063.36	-1.20%	-1.11%	-1.11%	-1.07%	($4.22)	($7.32)	($8.37)	($11.45)
6403892 *	$341.72	$639.86	$727.95	$1,041.97	$338.68	$632.55	$719.59	$1,030.54	-0.89%	-1.14%	-1.15%	-1.10%	($3.03)	($7.31)	($8.35)	($11.43)
6405805 *	N/A	N/A	N/A	N/A	$353.76	$662.37	$752.89	$1,077.32	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6405806 *	N/A	N/A	N/A	N/A	$335.37	$628.81	$713.92	$1,022.37	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Includes Mental Health Parity

2Q12 Rate Summary

Table 1(ii) - Medical Plans

PPID	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
6403895	$902.80	$1,669.49	$1,922.53	$2,750.07	$910.53	$1,703.97	$1,939.00	$2,773.63	0.86%	0.86%	0.86%	0.86%	$7.73	$14.47	$16.47	$23.56
6404920	$902.80	$1,689.49	$1,922.53	$2,750.07	$910.53	$1,703.97	$1,939.00	$2,773.63	0.86%	0.86%	0.86%	0.86%	$7.73	$14.47	$16.47	$23.56
6403896 *	$906.43	$1,696.29	$1,930.27	$2,761.14	$914.20	$1,710.82	$1,946.80	$2,784.79	0.86%	0.86%	0.86%	0.86%	$7.77	$14.53	$16.54	$23.65
6404921 *	$906.43	$1,696.29	$1,930.27	$2,761.14	$914.20	$1,710.82	$1,946.80	$2,784.79	0.86%	0.86%	0.86%	0.86%	$7.77	$14.53	$16.54	$23.65
NYC Community Plans																
6403620	$355.97	$666.45	$757.58	$1,083.99	$358.95	$671.31	$763.47	$1,092.91	0.84%	0.73%	0.78%	0.82%	$2.98	$4.86	$5.89	$8.92
6403621	$351.52	$658.15	$748.99	$1,071.28	$354.68	$664.51	$755.25	$1,080.72	0.90%	0.97%	0.84%	0.88%	$3.15	$6.36	$6.26	$9.44
6403622	$340.54	$637.50	$725.59	$1,038.44	$343.69	$643.86	$731.84	$1,046.70	0.93%	1.00%	0.86%	0.80%	$3.15	$6.35	$6.25	$8.26
6405803	N/A	N/A	N/A	N/A	$359.50	$672.84	$765.36	$1,094.47	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6405804	N/A	N/A	N/A	N/A	$341.16	$639.38	$726.51	$1,039.69	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6403890 *	$357.14	$668.80	$759.93	$1,087.52	$360.12	$674.84	$767.00	$1,097.61	0.83%	0.90%	0.93%	0.93%	$2.98	$6.03	$7.06	$10.09
6403891 *	$352.70	$660.51	$751.34	$1,074.81	$355.85	$666.86	$757.60	$1,084.25	0.89%	0.96%	0.83%	0.88%	$3.15	$6.36	$6.26	$9.44
6403892 *	$341.72	$639.86	$727.95	$1,041.97	$344.87	$645.03	$734.20	$1,050.23	0.92%	0.81%	0.86%	0.79%	$3.15	$5.17	$6.25	$8.26
6405805 *	N/A	N/A	N/A	N/A	$360.68	$675.20	$767.71	$1,099.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6405806 *	N/A	N/A	N/A	N/A	$342.34	$641.73	$728.86	$1,043.22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Includes Mental Health Parity

3Q12 Rate Summary

Table 1(iii) - Medical Plans

PPID	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
6403895	$929.88	$1,740.18	$1,980.21	$2,832.57	$928.74	$1,738.05	$1,977.78	$2,829.11	-0.12%	-0.12%	-0.12%	-0.12%	($1.14)	($2.13)	($2.42)	($3.47)
6404920	$929.88	$1,740.18	$1,980.21	$2,832.57	$928.74	$1,738.05	$1,977.78	$2,829.11	-0.12%	-0.12%	-0.12%	-0.12%	($1.14)	($2.13)	($2.42)	($3.47)
6403896 *	$933.62	$1,747.18	$1,988.18	$2,843.97	$932.48	$1,745.04	$1,985.74	$2,840.50	-0.12%	-0.12%	-0.12%	-0.12%	($1.14)	($2.14)	($2.43)	($3.48)
6404921 *	$933.62	$1,747.18	$1,988.18	$2,843.97	$932.48	$1,745.04	$1,985.74	$2,840.50	-0.12%	-0.12%	-0.12%	-0.12%	($1.14)	($2.14)	($2.43)	($3.48)
NYC Community Plans																
6403620	$366.99	$686.40	$780.54	$1,116.97	$365.89	$685.37	$779.54	$1,114.86	-0.30%	-0.15%	-0.13%	-0.19%	($1.10)	($1.03)	($1.01)	($2.11)
6403621	$361.97	$678.05	$772.07	$1,103.75	$362.03	$676.98	$771.01	$1,102.74	0.02%	-0.16%	-0.14%	-0.09%	$0.05	($1.07)	($1.06)	($1.01)
6403622	$350.98	$657.38	$747.47	$1,069.70	$351.03	$656.31	$746.41	$1,067.52	0.02%	-0.16%	-0.14%	-0.20%	$0.06	($1.07)	($1.06)	($2.18)
6405803	N/A	N/A	N/A	N/A	$366.38	$686.79	$780.12	$1,117.42	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6405804	N/A	N/A	N/A	N/A	$348.10	$651.09	$740.21	$1,060.46	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6403890 *	$368.16	$688.75	$782.90	$1,120.50	$367.07	$687.72	$781.89	$1,119.56	-0.30%	-0.15%	-0.13%	-0.08%	($1.10)	($1.03)	($1.01)	($0.93)
6403891 *	$363.15	$680.40	$774.43	$1,107.28	$363.20	$679.33	$773.37	$1,106.27	0.02%	-0.16%	-0.14%	-0.09%	$0.05	($1.07)	($1.06)	($1.01)
6403892 *	$352.16	$659.73	$749.82	$1,073.23	$352.21	$658.66	$748.76	$1,071.05	0.02%	-0.16%	-0.14%	-0.20%	$0.06	($1.07)	($1.06)	($2.18)
6405805 *	N/A	N/A	N/A	N/A	$367.56	$689.15	$783.65	$1,120.95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6405806 *	N/A	N/A	N/A	N/A	$349.28	$653.44	$743.74	$1,063.99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* Includes Mental Health Parity

1Q12 Rate Summary

Table 2a(i) - Pharmacy Plans

Plan Number	Plan	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
Rx 58	RX (HMO) $15/$45/$70 THREE TIER 30D	N/A	N/A	N/A	N/A	$33.05	$61.29	$70.41	$100.13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rx 56	RX (HMO) $15/$35/$70 THREE TIER 30D	$80.94	$151.47	$172.37	$246.56	$80.03	$149.78	$170.44	$243.80	-1.12%	-1.12%	-1.12%	-1.12%	($0.91)	($1.70)	($1.93)	($2.76)
Rx 57	RX (HMO) $15/50% TWO TIER 30D Unlimited	$30.91	$57.33	$65.86	$93.66	$30.57	$56.68	$65.12	$92.61	-1.12%	-1.13%	-1.12%	-1.13%	($0.35)	($0.65)	($0.74)	($1.06)
Rx 54	RX (HMO) $15/100% TWO TIER 30D	$13.91	$25.79	$29.63	$42.14	$13.75	$25.50	$29.30	$41.67	-1.12%	-1.12%	-1.12%	-1.12%	($0.16)	($0.29)	($0.33)	($0.47)

2Q12 Rate Summary

Table 2a(ii) - Pharmacy Plans

Plan Number	Plan	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
Rx 58	RX (HMO) $15/$45/$70 THREE TIER 30D	N/A	N/A	N/A	N/A	$33.71	$62.52	$71.82	$102.14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rx 56	RX (HMO) $15/$35/$70 THREE TIER 30D	$80.94	$151.47	$172.37	$246.56	$ 81.63	$152.77	$173.85	$248.68	0.86%	0.86%	0.86%	0.86%	$0.69	$1.30	$1.48	$2.11
Rx 57	RX (HMO) $15/50% TWO TIER 30D Unlimited	$30.91	$57.33	$65.86	$93.66	$31.18	$57.82	$66.42	$94.46	0.86%	0.85%	0.85%	0.85%	$0.27	$0.49	$0.56	$0.80
Rx 54	RX (HMO) $15/100% TWO TIER 30D	$13.91	$25.79	$29.63	$42.14	$14.03	$26.01	$29.88	$42.50	0.86%	0.86%	0.86%	0.86%	$0.12	$0.22	$0.25	$0.36

3Q12 Rate Summary

Table 2a(iii) - Pharmacy Plans

Plan Number	Plan	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
Rx 58	RX (HMD) $15/$45/$70 THREE TIER 30D	N/A	N/A	N/A	N/A	$34.38	$63.77	$73.26	$104.18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rx 56	RX (HMD) $15/$35/$70 THREE TIER 30D	$83.37	$156.02	$177.54	$253.96	$ 83.27	$155.83	$177.32	$253.65	-0.12%	-0.12%	-0.12%	-0.12%	($0.10)	($0.19)	($0.22)	($0.31)
Rx 57	RX (HMD) $15/50% TWO TIER 30D Unlimited	$31.84	$59.05	$67.84	$96.47	$31.80	$58.97	$67.75	$96.35	-0.12%	-0.13%	-0.13%	-0.13%	($0.04)	($0.08)	($0.09)	($0.12)
Rx 54	RX (HMD) $15/100% TWO TIER 30D	$14.32	$26.56	$30.52	$43.40	$14.31	$26.53	$30.48	$43.35	-0.12%	-0.12%	-0.12%	-0.12%	($0.02)	($0.03)	($0.04)	($0.05)

1Q12 Rate Summary

Table 2 (cont.) - Other Riders

Table 2b(i) - Durable Medical Equipment

Plan Number	Plan	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
DME 4	50% Copay $2500 Cal Yr Max	$3.78	$7.07	$8.05	$11.51	$3.74	$8.99	$7.96	$11.38	-1.12%	-1.12%	-1.12%	-1.12%	($0.04)	($0.08)	($0.09)	($0.13)

Table 2c(i) - Lens Reimbursement

Plan Number	Plan	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
Lens Reimb 3	$100 Lens Reimbursment	$8.70	$18.28	$18.53	$26.50	$8.80	$16.10	$18.32	$26.21	-1.12%	-1.12%	-1.12%	-1.12%	($0.10)	($0.18)	($0.21)	($0.30)

2Q12 Rate Summary

Table 2 (cont.) - Other Riders

Table 2b(ii) - Durable Medical Equipment

Plan Number	Plan	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
DME 4	50% Copay $2500 Cal Yr Max	$3.78	$7.07	$8.05	$11.51	$3.81	$7.13	$8.12	$11.61	0.86%	0.86%	0.86%	0.86%	$0.03	$0.06	$0.07	$0.10

Table 2c(ii) - Lens Reimbursement

Plan Number	Plan	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
Lens Reimb 3	$100 Lens Reimbursment	$8.70	$15.28	$18.53	$26.50	$6.77	$15.42	$18.69	$26.73	0.86%	0.86%	0.86%	0.86%	$0.07	$0.14	$0.16	$0.23

3Q12 Rate Summary

Table 2 (cont.) - Other Riders

Table 2b(iii) - Durable Medical Equipment

Plan Number	Plan	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
DME 4	50% Copay $2500 Cal Yr Max	$3.89	$7.29	$8.29	$11.86	$3.89	$7.28	$8.28	$11.84	-0.12%	-0.12%	-0.12%	-0.12%	($0.00)	($0.01)	($0.01)	($0.01)

Table 2c(iii) - Lens Reimbursement

Plan Number	Plan	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
Lens Reimb 3	$100 Lens Reimbursment	$8.96	$18.77	$19.08	$27.30	$8.95	$16.75	$19.06	$27.26	-0.12%	-0.12%	-0.12%	-0.12%	($0.01)	($0.02)	($0.02)	($0.03)

1Q12 Rate Summary

Table 1(i) - Medical Plans

PPID	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
649357	$960.08	$1,796.70	$2,044.55	$2,924.62	$949.32	$1,776.57	$2,021.66	$2,891.86	-1.12%	-1.12%	-1.12%	-1.12%	($10.75)	($20.12)	($22.90)	($32.76)
842172	$985.55	$1,844.37	$2,098.80	$3,002.22	$974.51	$1,823.71	$2,075.29	$2,968.59	-1.12%	-1.12%	-1.12%	-1.12%	($11.04)	($20.66)	($23.51)	($33.62)
945098	$969.19	$1,813.75	$2,063.96	$2,952.38	$958.33	$1,793.44	$2,040.84	$2,919.31	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.31)	($23.12)	($33.07)
954786	$968.48	$1,812.43	$2,062.45	$2,950.22	$957.63	$1,792.13	$2,039.35	$2,917.18	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.30)	($23.10)	($33.04)
1550450	$962.39	$1,801.02	$2,049.48	$2,931.66	$951.61	$1,780.85	$2,026.52	$2,898.83	-1.12%	-1.12%	-1.12%	-1.12%	($10.78)	($20.17)	($22.95)	($32.83)
1837470	$834.73	$1,562.11	$1,777.61	$2,542.77	$825.38	$1,544.62	$1,757.70	$2,514.29	-1.12%	-1.12%	-1.12%	-1.12%	($9.35)	($17.50)	($19.91)	($28.48)
3257045	$964.92	$1,805.76	$2,054.86	$2,939.37	$954.11	$1,785.53	$2,031.85	$2,906.45	-1.12%	-1.12%	-1.12%	-1.12%	($10.81)	($20.22)	($23.01)	($32.92)
3263148	$1,017.07	$1,903.35	$2,165.92	$3,098.23	$1,005.68	$1,882.03	$2,141.66	$3,063.53	-1.12%	-1.12%	-1.12%	-1.12%	($11.39)	($21.32)	($24.26)	($34.70)
3266474	$1,017.35	$1,903.88	$2,166.53	$3,099.10	$1,005.96	$1,882.56	$2,142.26	$3,064.39	-1.12%	-1.12%	-1.12%	-1.12%	($11.39)	($21.32)	($24.27)	($34.71)
3266737	$992.13	$1,856.68	$2,112.82	$3,022.27	$981.02	$1,835.89	$2,089.15	$2,988.42	-1.12%	-1.12%	-1.12%	-1.12%	($11.11)	($20.79)	($23.66)	($33.85)
3289262	$1,015.55	$1,900.50	$2,162.68	$3,093.60	$1,004.17	$1,879.22	$2,138.46	$3,058.95	-1.12%	-1.12%	-1.12%	-1.12%	($11.37)	($21.29)	($24.22)	($34.65)
3297371	$991.43	$1,855.37	$2,111.33	$3,020.14	$980.33	$1,834.59	$2,087.68	$2,986.31	-1.12%	-1.12%	-1.12%	-1.12%	($11.10)	($20.78)	($23.65)	($33.83)
3315719	$1,017.17	$1,903.55	$2,166.15	$3,098.55	$1,005.78	$1,882.23	$2,141.89	$3,063.85	-1.12%	-1.12%	-1.12%	-1.12%	($11.39)	($21.32)	($24.26)	($34.70)
3336121	$991.69	$1,855.87	$2,111.89	$3,020.93	$980.59	$1,835.08	$2,088.23	$2,987.10	-1.12%	-1.12%	-1.12%	-1.12%	($11.11)	($20.79)	($23.65)	($33.83)
3392254	$980.86	$1,835.58	$2,088.80	$2,987.92	$969.87	$1,815.02	$2,065.41	$2,954.45	-1.12%	-1.12%	-1.12%	-1.12%	($10.99)	($20.56)	($23.39)	($33.46)
3456379	$1,017.22	$1,903.63	$2,166.24	$3,098.69	$1,005.83	$1,882.31	$2,141.98	$3,063.98	-1.12%	-1.12%	-1.12%	-1.12%	($11.39)	($21.32)	($24.26)	($34.71)
3456867	$1,016.79	$1,902.83	$2,165.32	$3,097.37	$1,005.40	$1,881.51	$2,141.07	$3,062.68	-1.12%	-1.12%	-1.12%	-1.12%	($11.39)	($21.31)	($24.25)	($34.69)
3585573	$992.24	$1,856.88	$2,113.04	$3,022.59	$981.12	$1,836.09	$2,089.38	$2,988.74	-1.12%	-1.12%	-1.12%	-1.12%	($11.11)	($20.80)	($23.67)	($33.85)
3597977	$1,016.73	$1,902.71	$2,165.19	$3,097.19	$1,005.34	$1,881.40	$2,140.94	$3,062.50	-1.12%	-1.12%	-1.12%	-1.12%	($11.39)	($21.31)	($24.25)	($34.69)
3655752	$969.99	$1,815.24	$2,065.66	$2,954.81	$959.12	$1,794.91	$2,042.52	$2,921.71	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.33)	($23.14)	($33.09)
3658718	$983.29	$1,840.15	$2,094.00	$2,995.35	$972.28	$1,819.54	$2,070.54	$2,961.80	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.61)	($23.45)	($33.55)
3661333	$981.49	$1,836.77	$2,090.15	$2,989.85	$970.50	$1,816.20	$2,066.74	$2,956.36	-1.12%	-1.12%	-1.12%	-1.12%	($10.99)	($20.57)	($23.41)	($33.49)
3729002	$1,017.74	$1,904.61	$2,167.36	$3,100.28	$1,006.34	$1,883.28	$2,143.08	$3,065.56	-1.12%	-1.12%	-1.12%	-1.12%	($11.40)	($21.33)	($24.27)	($34.72)
3737394	$992.12	$1,856.67	$2,112.80	$3,022.24	$981.01	$1,835.87	$2,089.13	$2,988.39	-1.12%	-1.12%	-1.12%	-1.12%	($11.11)	($20.79)	($23.66)	($33.85)
3742316	$992.47	$1,857.31	$2,113.53	$3,023.29	$981.35	$1,836.51	$2,089.86	$2,989.42	-1.12%	-1.12%	-1.12%	-1.12%	($11.12)	($20.80)	($23.67)	($33.86)
3743474	$1,017.47	$1,904.10	$2,166.77	$3,099.44	$1,006.07	$1,882.77	$2,142.50	$3,064.73	-1.12%	-1.12%	-1.12%	-1.12%	($11.40)	($21.33)	($24.27)	($34.71)
3763956	$998.29	$1,868.20	$2,125.92	$3,041.01	$987.10	$1,847.28	$2,102.11	$3,006.95	-1.12%	-1.12%	-1.12%	-1.12%	($11.18)	($20.92)	($23.81)	($34.06)
3764277	$1,017.95	$1,905.01	$2,167.81	$3,100.93	$1,006.55	$1,883.67	$2,143.53	$3,066.20	-1.12%	-1.12%	-1.12%	-1.12%	($11.40)	($21.34)	($24.28)	($34.73)
3812586	$983.52	$1,840.57	$2,094.48	$2,996.04	$972.51	$1,819.96	$2,071.03	$2,962.49	-1.12%	-1.12%	-1.12%	-1.12%	($11.02)	($20.61)	($23.46)	($33.56)
3812590	$1,017.45	$1,904.07	$2,166.74	$3,099.40	$1,006.06	$1,882.74	$2,142.47	$3,064.69	-1.12%	-1.12%	-1.12%	-1.12%	($11.40)	($21.33)	($24.27)	($34.71)
3974104	$975.21	$1,825.03	$2,076.79	$2,970.73	$964.29	$1,804.58	$2,053.53	$2,937.46	-1.12%	-1.12%	-1.12%	-1.12%	($10.92)	($20.44)	($23.26)	($33.27)
4106274	$975.21	$1,825.03	$2,076.79	$2,970.73	$964.29	$1,804.58	$2,053.53	$2,937.46	-1.12%	-1.12%	-1.12%	-1.12%	($10.92)	($20.44)	($23.26)	($33.27)
4107228	$988.39	$1,849.67	$2,104.84	$3,010.85	$977.32	$1,828.96	$2,081.26	$2,977.13	-1.12%	-1.12%	-1.12%	-1.12%	($11.07)	($20.72)	($23.57)	($33.72)
4203435	$988.56	$1,850.00	$2,105.21	$3,011.39	$977.49	$1,829.28	$2,081.63	$2,977.66	-1.12%	-1.12%	-1.12%	-1.12%	($11.07)	($20.72)	($23.58)	($33.73)
4314415	$1,013.14	$1,896.00	$2,157.56	$3,086.26	$1,001.79	$1,874.76	$2,133.39	$3,051.70	-1.12%	-1.12%	-1.12%	-1.12%	($11.35)	($21.24)	($24.16)	($34.57)
4374998	$1,014.63	$1,898.79	$2,160.73	$3,090.81	$1,003.27	$1,877.52	$2,136.53	$3,056.19	-1.12%	-1.12%	-1.12%	-1.12%	($11.36)	($21.27)	($24.20)	($34.62)
4376302	$1,011.14	$1,892.27	$2,153.31	$3,080.19	$999.82	$1,871.07	$2,129.19	$3,045.69	-1.12%	-1.12%	-1.12%	-1.12%	($11.32)	($21.19)	($24.12)	($34.50)
4377918	$968.82	$1,813.06	$2,063.17	$2,951.25	$957.97	$1,792.75	$2,040.06	$2,918.20	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.31)	($23.11)	($33.05)
4430472	$966.76	$1,809.20	$2,058.78	$2,944.97	$955.93	$1,788.93	$2,035.72	$2,911.99	-1.12%	-1.12%	-1.12%	-1.12%	($10.83)	($20.26)	($23.06)	($32.98)
4719192	$1,014.82	$1,899.14	$2,161.13	$3,091.38	$1,003.45	$1,877.87	$2,136.93	$3,056.76	-1.12%	-1.12%	-1.12%	-1.12%	($11.37)	($21.27)	($24.20)	($34.62)
4725534	$1,051.39	$1,967.58	$2,239.01	$3,202.78	$1,039.61	$1,945.54	$2,213.93	$3,166.91	-1.12%	-1.12%	-1.12%	-1.12%	($11.78)	($22.04)	($25.08)	($35.87)
4725542	$1,051.47	$1,967.73	$2,239.18	$3,203.03	$1,039.69	$1,945.69	$2,214.10	$3,167.15	-1.12%	-1.12%	-1.12%	-1.12%	($11.78)	($22.04)	($25.08)	($35.87)
4725957	$944.49	$1,767.53	$2,011.36	$2,877.14	$933.91	$1,747.73	$1,988.83	$2,844.91	-1.12%	-1.12%	-1.12%	-1.12%	($10.58)	($19.80)	($22.53)	($32.22)
4754695	$961.89	$1,800.09	$2,048.42	$2,930.15	$951.12	$1,779.93	$2,025.48	$2,897.33	-1.12%	-1.12%	-1.12%	-1.12%	($10.77)	($20.16)	($22.94)	($32.82)
4754698	$969.51	$1,814.36	$2,064.65	$2,953.37	$958.66	$1,794.04	$2,041.53	$2,920.29	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.32)	($23.12)	($33.08)
4754813	$980.12	$1,834.21	$2,087.24	$2,985.68	$969.15	$1,813.67	$2,063.87	$2,952.24	-1.12%	-1.12%	-1.12%	-1.12%	($10.98)	($20.54)	($23.38)	($33.44)
4754815	$969.15	$1,813.68	$2,063.88	$2,952.26	$958.30	$1,793.37	$2,040.76	$2,919.20	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.31)	($23.12)	($33.07)

PPID	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
4754816	$969.54	$1,814.40	$2,084.70	$2,953.44	$958.68	$1,794.08	$2,041.58	$2,920.37	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.32)	($23.12)	($33.08)
4754817	$968.48	$1,812.43	$2,062.45	$2,950.22	$957.63	$1,792.13	$2,039.35	$2,917.18	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.30)	($23.10)	($33.04)
4754820	$980.49	$1,834.90	$2,088.03	$2,986.81	$969.51	$1,814.35	$2,064.64	$2,953.35	-1.12%	-1.12%	-1.12%	-1.12%	($10.98)	($20.55)	($23.39)	($33.45)
4754827	$1,014.85	$1,899.20	$2,161.19	$3,091.47	$1,003.48	$1,877.92	$2,136.99	$3,056.84	-1.12%	-1.12%	-1.12%	-1.12%	($11.37)	($21.27)	($24.21)	($34.62)
4754830	$980.54	$1,834.99	$2,088.13	$2,986.98	$969.56	$1,814.44	$2,064.74	$2,953.50	-1.12%	-1.12%	-1.12%	-1.12%	($10.98)	($20.55)	($23.39)	($33.45)
4754831	$981.24	$1,836.30	$2,089.62	$2,989.09	$970.25	$1,815.73	$2,086.22	$2,955.61	-1.12%	-1.12%	-1.12%	-1.12%	($10.99)	($20.57)	($23.40)	($33.48)
4754832	$982.93	$1,839.46	$2,093.22	$2,994.23	$971.92	$1,818.86	$2,089.77	$2,960.70	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.60)	($23.44)	($33.54)
4754834	$981.32	$1,836.45	$2,089.80	$2,989.34	$970.33	$1,815.89	$2,066.39	$2,955.86	-1.12%	-1.12%	-1.12%	-1.12%	($10.99)	($20.57)	($23.41)	($33.48)
4754849	$966.73	$1,809.15	$2,058.73	$2,944.90	$955.91	$1,788.89	$2,035.87	$2,911.92	-1.12%	-1.12%	-1.12%	-1.12%	($10.83)	($20.26)	($23.06)	($32.98)
4754859	$982.92	$1,839.44	$2,093.20	$2,994.20	$971.91	$1,818.84	$2,069.75	$2,960.67	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.60)	($23.44)	($33.54)
4754862	$1,014.35	$1,898.26	$2,160.13	$3,089.95	$1,002.99	$1,877.00	$2,135.94	$3,055.34	-1.12%	-1.12%	-1.12%	-1.12%	($11.36)	($21.26)	($24.19)	($34.61)
4755018	$983.19	$1,839.94	$2,093.77	$2,995.02	$972.18	$1,819.34	$2,070.32	$2,961.48	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.61)	($23.45)	($33.54)
4755023	$969.30	$1,813.96	$2,064.20	$2,952.72	$958.45	$1,793.64	$2,041.08	$2,919.65	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.32)	($23.12)	($33.07)
4755028	$1,013.98	$1,897.58	$2,159.35	$3,088.83	$1,002.63	$1,876.32	$2,135.17	$3,054.24	-1.12%	-1.12%	-1.12%	-1.12%	($11.36)	($21.25)	($24.18)	($34.59)
4755030	$966.73	$1,809.15	$2,058.73	$2,944.90	$955.91	$1,788.89	$2,035.67	$2,911.92	-1.12%	-1.12%	-1.12%	-1.12%	($10.83)	($20.28)	($23.06)	($32.98)
4755058	$991.71	$1,855.90	$2,111.93	$3,021.00	$980.61	$1,835.12	$2,088.28	$2,987.16	-1.12%	-1.12%	-1.12%	-1.12%	($11.11)	($20.79)	($23.65)	($33.84)
4755082	$966.71	$1,809.11	$2,058.68	$2,944.83	$955.88	$1,788.85	$2,035.63	$2,911.85	-1.12%	-1.12%	-1.12%	-1.12%	($10.83)	($20.26)	($23.06)	($32.98)
4755086	$981.87	$1,837.48	$2,090.97	$2,991.01	$970.87	$1,816.90	$2,067.55	$2,957.51	-1.12%	-1.12%	-1.12%	-1.12%	($11.00)	($20.58)	($23.42)	($33.50)
4755093	$966.74	$1,809.18	$2,058.75	$2,944.93	$955.92	$1,788.91	$2,035.70	$2,911.95	-1.12%	-1.12%	-1.12%	-1.12%	($10.83)	($20.26)	($23.06)	($32.98)
4755119	$1,017.57	$1,904.29	$2,187.00	$3,099.77	$1,006.18	$1,882.97	$2,142.72	$3,065.05	-1.12%	-1.12%	-1.12%	-1.12%	($11.40)	($21.33)	($24.27)	($34.72)
4755123	$967.41	$1,810.42	$2,060.18	$2,946.97	$956.58	$1,790.15	$2,037.10	$2,913.96	-1.12%	-1.12%	-1.12%	-1.12%	($10.84)	($20.28)	($23.07)	($33.01)
4755186	$980.12	$1,834.21	$2,087.24	$2,985.68	$969.15	$1,813.67	$2,063.87	$2,952.24	-1.12%	-1.12%	-1.12%	-1.12%	($10.98)	($20.54)	($23.38)	($33.44)
4755203	$1,017.88	$1,904.86	$2,167.64	$3,100.69	$1,006.48	$1,883.53	$2,143.36	$3,065.96	-1.12%	-1.12%	-1.12%	-1.12%	($11.40)	($21.33)	($24.28)	($34.73)
4755230	$965.71	$1,807.23	$2,056.55	$2,941.77	$954.89	$1,788.99	$2,033.51	$2,908.83	-1.12%	-1.12%	-1.12%	-1.12%	($10.82)	($20.24)	($23.03)	($32.95)
4755233	$969.87	$1,815.02	$2,065.41	$2,954.45	$959.01	$1,794.70	$2,042.28	$2,921.36	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.33)	($23.13)	($33.09)
4755452	$1,050.37	$1,965.67	$2,236.84	$3,199.68	$1,038.61	$1,943.66	$2,211.79	$3,163.84	-1.12%	-1.12%	-1.12%	-1.12%	($11.76)	($22.02)	($25.05)	($35.84)
4755630	$1,053.14	$1,970.86	$2,242.74	$3,208.12	$1,041.35	$1,948.79	$2,217.63	$3,172.19	-1.12%	-1.12%	-1.12%	-1.12%	($11.80)	($22.07)	($25.12)	($35.93)
4755640	$983.31	$1,840.17	$2,094.02	$2,995.38	$972.29	$1,819.56	$2,070.57	$2,961.83	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.61)	($23.45)	($33.55)
4755645	$1,057.29	$1,978.62	$2,251.58	$3,220.76	$1,045.45	$1,956.46	$2,226.36	$3,184.68	-1.12%	-1.12%	-1.12%	-1.12%	($11.84)	($22.16)	($25.22)	($36.07)
4755665	$969.48	$1,814.29	$2,064.57	$2,953.25	$958.62	$1,793.97	$2,041.45	$2,920.18	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.32)	($23.12)	($33.08)
4755724	$990.00	$1,852.69	$2,108.27	$3,015.77	$978.91	$1,831.94	$2,084.66	$2,981.99	-1.12%	-1.12%	-1.12%	-1.12%	($11.09)	($20.75)	($23.61)	($33.78)
4755783	$926.34	$1,733.58	$1,972.71	$2,821.85	$915.97	$1,714.15	$1,950.61	$2,790.25	-1.12%	-1.12%	-1.12%	-1.12%	($10.38)	($19.42)	($22.09)	($31.60)
4785795	$961.87	$1,800.06	$2,048.38	$2,930.09	$951.10	$1,779.90	$2,025.44	$2,897.27	-1.12%	-1.12%	-1.12%	-1.12%	($10.77)	($20.16)	($22.94)	($32.82)
4792955	$980.63	$1,835.17	$2,088.33	$2,987.24	$969.65	$1,814.61	$2,064.94	$2,953.78	-1.12%	-1.12%	-1.12%	-1.12%	($10.98)	($20.55)	($23.39)	($33.46)
4817279	$968.80	$1,813.02	$2,063.13	$2,951.19	$957.95	$1,792.72	$2,040.02	$2,918.14	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.31)	($23.11)	($33.05)
4817778	$1,016.79	$1,902.83	$2,165.32	$3,097.37	$1,005.40	$1,881.51	$2,141.07	$3,062.68	-1.12%	-1.12%	-1.12%	-1.12%	($11.39)	($21.31)	($24.25)	($34.69)
4817796	$967.08	$1,809.81	$2,059.47	$2,945.96	$956.25	$1,789.54	$2,038.41	$2,912.97	-1.12%	-1.12%	-1.12%	-1.12%	($10.83)	($20.27)	($23.07)	($32.99)
4817810	$969.82	$1,814.92	$2,065.29	$2,954.29	$958.95	$1,794.60	$2,042.16	$2,921.20	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.33)	($23.13)	($33.09)
4817836	$983.70	$1,840.91	$2,094.87	$2,996.59	$972.69	$1,820.29	$2,071.40	$2,963.03	-1.12%	-1.12%	-1.12%	-1.12%	($11.02)	($20.82)	($23.48)	($33.56)
4817850	$982.80	$1,839.22	$2,092.95	$2,993.84	$971.79	$1,818.62	$2,089.50	$2,960.31	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.60)	($23.44)	($33.53)
4817855	$982.93	$1,839.46	$2,093.22	$2,994.23	$971.92	$1,818.88	$2,069.77	$2,960.70	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.60)	($23.44)	($33.54)
4817967	$982.88	$1,839.38	$2,093.12	$2,994.10	$971.88	$1,818.78	$2,069.68	$2,960.56	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.60)	($23.44)	($33.53)
4818122	$982.01	$1,837.74	$2,091.26	$2,991.44	$971.01	$1,817.16	$2,067.84	$2,957.93	-1.12%	-1.12%	-1.12%	-1.12%	($11.00)	($20.58)	($23.42)	($33.50)
4819831	$1,015.12	$1,899.70	$2,161.77	$3,092.29	$1,003.75	$1,878.42	$2,137.56	$3,057.65	-1.12%	-1.12%	-1.12%	-1.12%	($11.37)	($21.28)	($24.21)	($34.63)
4819876	$970.40	$1,816.01	$2,066.53	$2,956.06	$959.53	$1,795.67	$2,043.39	$2,922.95	-1.12%	-1.12%	-1.12%	-1.12%	($10.87)	($20.34)	($23.15)	($33.11)
4819909	$970.19	$1,815.63	$2,066.10	$2,955.44	$959.33	$1,795.30	$2,042.96	$2,922.34	-1.12%	-1.12%	-1.12%	-1.12%	($10.87)	($20.34)	($23.14)	($33.10)
4819973	$975.18	$1,824.97	$2,076.72	$2,970.64	$964.26	$1,804.53	$2,053.46	$2,937.37	-1.12%	-1.12%	-1.12%	-1.12%	($10.92)	($20.44)	($23.26)	($33.27)
4819974	$962.96	$1,802.09	$2,050.70	$2,933.41	$952.18	$1,781.91	$2,027.73	$2,900.55	-1.12%	-1.12%	-1.12%	-1.12%	($10.79)	($20.18)	($22.97)	($32.85)
4820017	$928.38	$1,737.38	$1,977.05	$2,828.06	$917.98	$1,717.92	$1,954.91	$2,796.39	-1.12%	-1.12%	-1.12%	-1.12%	($10.40)	($19.46)	($22.14)	($31.67)
4861196	$968.82	$1,813.06	$2,063.17	$2,951.25	$957.97	$1,792.75	$2,040.06	$2,918.20	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.31)	($23.11)	($33.05)
4880954	$980.51	$1,834.93	$2,088.06	$2,988.86	$969.53	$1,814.38	$2,064.87	$2,953.40	-1.12%	-1.12%	-1.12%	-1.12%	($10.98)	($20.55)	($23.39)	($33.45)

PPID	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
4880988	$983.41	$1,840.36	$2,094.24	$2,995.69	$972.39	$1,819.75	$2,070.78	$2,962.14	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.61)	($23.46)	($33.55)
4881016	$983.11	$1,839.81	$2,093.61	$2,994.79	$972.10	$1,819.20	$2,070.16	$2,961.25	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.61)	($23.45)	($33.54)
4881017	$959.99	$1,796.54	$2,044.38	$2,924.37	$949.24	$1,776.42	$2,021.48	$2,891.61	-1.12%	-1.12%	-1.12%	-1.12%	($10.75)	($20.12)	($22.90)	($32.75)
4881026	$969.98	$1,815.24	$2,065.65	$2,954.80	$959.12	$1,794.91	$2,042.52	$2,921.71	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.33)	($23.14)	($33.09)
4881090	$1,048.41	$1,962.00	$2,232.66	$3,193.70	$1,036.67	$1,940.03	$2,207.68	$3,157.93	-1.12%	-1.12%	-1.12%	-1.12%	($11.74)	($21.97)	($25.01)	($35.77)
4881093	$967.18	$1,809.99	$2,059.69	$2,946.26	$956.35	$1,789.72	$2,036.62	$2,913.27	-1.12%	-1.12%	-1.12%	-1.12%	($10.83)	($20.27)	($23.07)	($33.00)
4881134	$968.38	$1,812.23	$2,062.23	$2,949.91	$957.53	$1,791.93	$2,039.13	$2,916.87	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.30)	($23.10)	($33.04)
4881171	$965.99	$1,807.76	$2,057.14	$2,942.63	$955.17	$1,787.51	$2,034.10	$2,909.67	-1.12%	-1.12%	-1.12%	-1.12%	($10.82)	($20.25)	($23.04)	($32.96)
4891604	$926.31	$1,733.50	$1,972.64	$2,821.75	$915.93	$1,714.08	$1,950.54	$2,790.14	-1.12%	-1.12%	-1.12%	-1.12%	($10.37)	($19.42)	($22.09)	($31.60)
4912968	$980.63	$1,835.16	$2,088.33	$2,987.24	$969.65	$1,814.61	$2,064.94	$2,953.78	-1.12%	-1.12%	-1.12%	-1.12%	($10.98)	($20.55)	($23.39)	($33.46)
4912971	$983.35	$1,840.24	$2,094.11	$2,995.50	$972.33	$1,819.63	$2,070.65	$2,961.95	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.61)	($23.45)	($33.55)
4912994	$983.00	$1,839.59	$2,093.36	$2,994.44	$971.99	$1,818.98	$2,069.92	$2,960.90	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.80)	($23.45)	($33.54)
4913016	$981.02	$1,835.89	$2,089.15	$2,988.42	$970.03	$1,815.33	$2,065.75	$2,954.95	-1.12%	-1.12%	-1.12%	-1.12%	($10.99)	($20.56)	($23.40)	($33.47)
4913019	$983.56	$1,840.65	$2,094.57	$2,996.18	$972.55	$1,820.03	$2,071.11	$2,962.61	-1.12%	-1.12%	-1.12%	-1.12%	($11.02)	($20.62)	($23.46)	($33.56)
4913065	$983.45	$1,840.44	$2,094.33	$2,995.83	$972.44	$1,819.83	$2,070.88	$2,962.27	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.61)	($23.46)	($33.55)
4913144	$983.48	$1,840.50	$2,094.40	$2,995.93	$972.47	$1,819.89	$2,070.95	$2,962.37	-1.12%	-1.12%	-1.12%	-1.12%	($11.02)	($20.61)	($23.46)	($33.55)
4913148	$970.47	$1,816.14	$2,066.68	$2,956.27	$959.60	$1,795.80	$2,043.53	$2,923.16	-1.12%	-1.12%	-1.12%	-1.12%	($10.87)	($20.34)	($23.15)	($33.11)
4913149	$982.93	$1,839.48	$2,093.22	$2,994.24	$971.92	$1,818.86	$2,069.78	$2,960.70	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.60)	($23.44)	($33.54)
4913150	$952.92	$1,783.30	$2,029.31	$2,902.81	$942.24	$1,763.32	$2,006.58	$2,870.30	-1.12%	-1.12%	-1.12%	-1.12%	($10.67)	($19.97)	($22.73)	($32.51)
4913151	$959.21	$1,795.08	$2,042.71	$2,921.98	$948.47	$1,774.97	$2,019.83	$2,889.26	-1.12%	-1.12%	-1.12%	-1.12%	($10.74)	($20.10)	($22.88)	($32.73)
4913153	$951.90	$1,781.39	$2,027.14	$2,899.71	$941.24	$1,761.44	$2,004.44	$2,867.23	-1.12%	-1.12%	-1.12%	-1.12%	($10.66)	($19.95)	($22.70)	($32.48)
4913187	$963.19	$1,802.53	$2,051.19	$2,934.11	$952.41	$1,782.34	$2,028.22	$2,901.25	-1.12%	-1.12%	-1.12%	-1.12%	($10.79)	($20.19)	($22.97)	($32.86)
4913212	$928.11	$1,736.87	$1,976.48	$2,827.24	$917.71	$1,717.42	$1,954.34	$2,795.58	-1.12%	-1.12%	-1.12%	-1.12%	($10.39)	($19.45)	($22.14)	($31.67)
4920065	$979.06	$1,832.21	$2,084.97	$2,982.43	$968.09	$1,811.69	$2,061.62	$2,949.03	-1.12%	-1.12%	-1.12%	-1.12%	($10.97)	($20.52)	($23.35)	($33.40)
4940306	$1,047.14	$1,959.64	$2,229.97	$3,189.85	$1,035.42	$1,937.69	$2,205.00	$3,154.12	-1.12%	-1.12%	-1.12%	-1.12%	($11.73)	($21.95)	($24.98)	($35.73)
4940385	$969.69	$1,814.69	$2,065.03	$2,953.90	$958.83	$1,794.36	$2,041.90	$2,920.82	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.32)	($23.13)	($33.08)
4940452	$955.33	$1,787.82	$2,034.45	$2,910.17	$944.63	$1,767.79	$2,011.66	$2,877.57	-1.12%	-1.12%	-1.12%	-1.12%	($10.70)	($20.02)	($22.79)	($32.59)
4940453	$963.19	$1,802.53	$2,051.19	$2,934.11	$952.41	$1,782.34	$2,028.22	$2,901.25	-1.12%	-1.12%	-1.12%	-1.12%	($10.79)	($20.19)	($22.97)	($32.86)
4940456	$975.22	$1,825.03	$2,076.80	$2,970.74	$964.30	$1,804.59	$2,053.54	$2,937.47	-1.12%	-1.12%	-1.12%	-1.12%	($10.92)	($20.44)	($23.28)	($33.27)
4940462	$928.34	$1,737.31	$1,976.98	$2,827.96	$917.95	$1,717.85	$1,954.84	$2,796.28	-1.12%	-1.12%	-1.12%	-1.12%	($10.40)	($19.46)	($22.14)	($31.67)
4940467	$968.87	$1,813.16	$2,063.29	$2,951.42	$958.02	$1,792.85	$2,040.18	$2,918.36	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.31)	($23.11)	($33.06)
4940523	$959.18	$1,795.01	$2,042.64	$2,921.88	$948.44	$1,774.91	$2,019.76	$2,889.16	-1.12%	-1.12%	-1.12%	-1.12%	($10.74)	($20.10)	($22.88)	($32.73)
4940530	$977.28	$1,828.90	$2,081.19	$2,977.03	$966.34	$1,808.41	$2,057.89	$2,943.69	-1.12%	-1.12%	-1.12%	-1.12%	($10.95)	($20.48)	($23.31)	($33.34)
4957198	$971.49	$1,818.06	$2,068.87	$2,959.40	$960.61	$1,797.70	$2,045.70	$2,926.26	-1.12%	-1.12%	-1.12%	-1.12%	($10.88)	($20.36)	($23.17)	($33.15)
4957227	$975.35	$1,825.27	$2,077.07	$2,971.13	$964.42	$1,804.83	$2,053.81	$2,937.86	-1.12%	-1.12%	-1.12%	-1.12%	($10.92)	($20.44)	($23.26)	($33.28)
4965764	$967.64	$1,810.85	$2,060.66	$2,947.66	$956.80	$1,790.57	$2,037.58	$2,914.64	-1.12%	-1.12%	-1.12%	-1.12%	($10.84)	($20.28)	($23.08)	($33.01)
4965801	$986.59	$1,846.32	$2,101.02	$3,005.39	$975.54	$1,825.64	$2,077.49	$2,971.73	-1.12%	-1.12%	-1.12%	-1.12%	($11.05)	($20.68)	($23.53)	($33.66)
4965806	$979.00	$1,832.11	$2,084.85	$2,982.27	$968.04	$1,811.59	$2,061.50	$2,948.86	-1.12%	-1.12%	-1.12%	-1.12%	($10.96)	($20.52)	($23.35)	($33.40)
4965813	$963.34	$1,802.80	$2,051.49	$2,934.55	$952.55	$1,782.60	$2,028.52	$2,901.68	-1.12%	-1.12%	-1.12%	-1.12%	($10.79)	($20.19)	($22.98)	($32.87)
4997096	$969.81	$1,814.92	$2,065.29	$2,954.29	$958.95	$1,794.59	$2,042.16	$2,921.20	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.33)	($23.13)	($33.09)
5016473	$1,051.19	$1,967.20	$2,238.58	$3,202.16	$1,039.41	$1,945.17	$2,213.51	$3,166.30	-1.12%	-1.12%	-1.12%	-1.12%	($11.77)	($22.03)	($25.07)	($35.86)
5016500	$969.12	$1,813.62	$2,063.81	$2,952.17	$958.27	$1,793.31	$2,040.70	$2,919.10	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.31)	($23.11)	($33.06)
5016544	$981.98	$1,837.68	$2,091.19	$2,991.33	$970.98	$1,817.10	$2,067.77	$2,957.83	-1.12%	-1.12%	-1.12%	-1.12%	($11.00)	($20.58)	($23.42)	($33.50)
5016578	$983.86	$1,841.21	$2,095.20	$2,997.07	$972.84	$1,820.59	$2,071.74	$2,963.51	-1.12%	-1.12%	-1.12%	-1.12%	($11.02)	($20.82)	($23.47)	($33.57)
5016588	$969.80	$1,814.89	$2,085.25	$2,954.23	$958.94	$1,794.56	$2,042.12	$2,921.14	-1.12%	-1.12%	-1.12%	-1.12%	($10.86)	($20.33)	($23.13)	($33.09)
5016601	$969.05	$1,813.50	$2,063.67	$2,951.97	$958.20	$1,793.18	$2,040.56	$2,918.90	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.31)	($23.11)	($33.06)
5016611	$967.74	$1,811.04	$2,060.88	$2,947.97	$956.90	$1,790.76	$2,037.79	$2,914.95	-1.12%	-1.12%	-1.12%	-1.12%	($10.84)	($20.28)	($23.08)	($33.02)
5016614	$1,050.80	$1,966.47	$2,237.75	$3,200.98	$1,039.03	$1,944.45	$2,212.69	$3,165.13	-1.12%	-1.12%	-1.12%	-1.12%	($11.77)	($22.02)	($25.06)	($35.85)
5016745	$939.89	$1,758.93	$2,001.57	$2,863.14	$929.37	$1,739.23	$1,979.16	$2,831.07	-1.12%	-1.12%	-1.12%	-1.12%	($10.53)	($19.70)	($22.42)	($32.07)
5037972	$983.29	$1,840.13	$2,093.98	$2,995.33	$972.27	$1,819.52	$2,070.53	$2,961.78	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.61)	($23.45)	($33.55)
5058332	$967.48	$1,810.55	$2,060.32	$2,947.17	$956.64	$1,790.27	$2,037.24	$2,914.16	-1.12%	-1.12%	-1.12%	-1.12%	($10.84)	($20.28)	($23.08)	($33.01)

PPID	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
5074447	$980.85	$1,835.56	$2,088.78	$2,987.89	$969.86	$1,815.01	$2,065.39	$2,954.43	-1.12%	-1.12%	-1.12%	-1.12%	($10.99)	($20.56)	($23.39)	($33.46)
5074485	$980.24	$1,834.42	$2,087.48	$2,986.03	$969.26	$1,813.88	$2,064.10	$2,952.59	-1.12%	-1.12%	-1.12%	-1.12%	($10.98)	($20.55)	($23.38)	($33.44)
5074532	$941.90	$1,762.69	$2,005.85	$2,869.26	$931.36	$1,742.95	$1,983.39	$2,837.13	-1.12%	-1.12%	-1.12%	-1.12%	($10.55)	($19.74)	($22.47)	($32.14)
5074540	$968.52	$1,812.49	$2,062.53	$2,950.33	$957.67	$1,792.19	$2,039.43	$2,917.29	-1.12%	-1.12%	-1.12%	-1.12%	($10.85)	($20.30)	($23.10)	($33.04)
5074551	$924.98	$1,731.01	$1,969.81	$2,817.70	$914.62	$1,711.63	$1,947.75	$2,786.14	-1.12%	-1.12%	-1.12%	-1.12%	($10.36)	($19.39)	($22.06)	($31.56)
5094169	$971.46	$1,818.00	$2,068.79	$2,959.30	$960.58	$1,797.64	$2,045.62	$2,926.15	-1.12%	-1.12%	-1.12%	-1.12%	($10.88)	($20.36)	($23.17)	($33.14)
5094206	$974.61	$1,823.90	$2,075.51	$2,968.91	$963.70	$1,803.47	$2,052.27	$2,935.65	-1.12%	-1.12%	-1.12%	-1.12%	($10.92)	($20.43)	($23.25)	($33.25)
5133617	$967.26	$1,810.14	$2,059.85	$2,946.50	$956.43	$1,789.87	$2,036.78	$2,913.50	-1.12%	-1.12%	-1.12%	-1.12%	($10.83)	($20.27)	($23.07)	($33.00)
5133625	$971.50	$1,818.07	$2,068.87	$2,959.41	$960.62	$1,797.71	$2,045.70	$2,926.26	-1.12%	-1.12%	-1.12%	-1.12%	($10.88)	($20.36)	($23.17)	($33.15)
5133640	$983.03	$1,839.65	$2,093.43	$2,994.54	$972.02	$1,819.05	$2,069.99	$2,961.00	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.60)	($23.45)	($33.54)
5133648	$949.09	$1,776.13	$2,021.15	$2,891.15	$938.46	$1,756.24	$1,998.52	$2,858.77	-1.12%	-1.12%	-1.12%	-1.12%	($10.63)	($19.89)	($22.64)	($32.38)
5146392	$974.97	$1,824.57	$2,076.28	$2,970.00	$964.05	$1,804.14	$2,053.02	$2,936.73	-1.12%	-1.12%	-1.12%	-1.12%	($10.92)	($20.44)	($23.25)	($33.26)
5146399	$954.10	$1,785.50	$2,031.82	$2,906.40	$943.41	$1,765.51	$2,009.06	$2,873.85	-1.12%	-1.12%	-1.12%	-1.12%	($10.69)	($20.00)	($22.76)	($32.55)
5289599	$967.18	$1,809.99	$2,059.68	$2,946.26	$956.35	$1,789.72	$2,036.61	$2,913.26	-1.12%	-1.12%	-1.12%	-1.12%	($10.83)	($20.27)	($23.07)	($33.00)
5289625	$962.77	$1,801.74	$2,050.29	$2,932.82	$951.99	$1,781.56	$2,027.33	$2,899.98	-1.12%	-1.12%	-1.12%	-1.12%	($10.78)	($20.18)	($22.96)	($32.85)
5289629	$982.54	$1,838.74	$2,092.39	$2,993.05	$971.54	$1,818.14	$2,068.96	$2,959.53	-1.12%	-1.12%	-1.12%	-1.12%	($11.00)	($20.59)	($23.43)	($33.52)
5289635	$983.26	$1,840.08	$2,093.92	$2,995.24	$972.25	$1,819.47	$2,070.47	$2,961.69	-1.12%	-1.12%	-1.12%	-1.12%	($11.01)	($20.61)	($23.45)	($33.55)
5289637	$970.19	$1,815.63	$2,066.10	$2,955.44	$959.33	$1,795.29	$2,042.96	$2,922.34	-1.12%	-1.12%	-1.12%	-1.12%	($10.67)	($20.34)	($23.14)	($33.10)
5289642	$983.53	$1,840.58	$2,094.50	$2,996.06	$972.51	$1,819.97	$2,071.04	$2,962.51	-1.12%	-1.12%	-1.12%	-1.12%	($11.02)	($20.61)	($23.46)	($33.56)
3401660	$1,005.45	$1,881.61	$2,141.18	$3,062.84	$994.19	$1,860.54	$2,117.20	$3,028.54	-1.12%	-1.12%	-1.12%	-1.12%	($11.26)	($21.07)	($23.98)	($34.30)
3401676	$903.90	$1,691.56	$1,924.91	$2,753.48	$893.77	$1,672.61	$1,903.35	$2,722.64	-1.12%	-1.12%	-1.12%	-1.12%	($10.12)	($18.95)	($21.56)	($30.84)
3401684	$918.24	$1,718.40	$1,955.46	$2,797.18	$907.96	$1,699.16	$1,933.56	$2,765.85	-1.12%	-1.12%	-1.12%	-1.12%	($10.28)	($19.25)	($21.90)	($31.33)
5289647	$955.04	$1,787.27	$2,033.83	$2,909.28	$944.34	$1,767.26	$2,011.05	$2,676.70	-1.12%	-1.12%	-1.12%	-1.12%	($10.70)	($20.02)	($22.78)	($32.58)

2Q12 Rate Summary

Table 1(ii) - Medical Plans

PPID	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
649357	$960.08	$1,796.70	$2,044.55	$2,924.62	$968.31	$1,812.10	$2,062.09	$2,949.70	0.86%	0.86%	0.88%	0.86%	$8.23	$15.41	$17.53	$25.08
842172	$985.55	$1,844.37	$2,098.80	$3,002.22	$994.00	$1,860.18	$2,116.80	$3,027.96	0.86%	0.86%	0.86%	0.86%	$8.45	$15.82	$18.00	$25.75
945098	$969.19	$1,813.75	$2,063.96	$2,952.38	$977.50	$1,829.30	$2,081.66	$2,977.70	0.86%	0.86%	0.86%	0.86%	$8.31	$15.55	$17.70	$25.32
954786	$968.48	$1,812.43	$2,062.45	$2,950.22	$976.79	$1,827.97	$2,080.14	$2,975.53	0.86%	0.86%	0.86%	0.86%	$8.31	$15.54	$17.69	$25.30
1550450	$962.39	$1,801.02	$2,049.48	$2,931.66	$970.64	$1,816.47	$2,067.05	$2,956.81	0.86%	0.86%	0.86%	0.86%	$8.25	$15.45	$17.58	$25.14
1837470	$834.73	$1,562.11	$1,777.61	$2,542.77	$841.88	$1,575.51	$1,792.86	$2,564.58	0.86%	0.86%	0.86%	0.86%	$7.16	$13.40	$15.24	$21.81
3257045	$964.92	$1,805.76	$2,054.86	$2,939.37	$973.19	$1,821.24	$2,072.49	$2,964.58	0.86%	0.86%	0.86%	0.86%	$8.28	$15.49	$17.62	$25.21
3263148	$1,017.07	$1,903.35	$2,165.92	$3,098.23	$1,025.79	$1,919.67	$2,184.50	$3,124.80	0.86%	0.86%	0.86%	0.86%	$8.72	$16.32	$18.57	$26.57
3266474	$1,017.35	$1,903.88	$2,166.53	$3,099.10	$1,026.08	$1,920.21	$2,185.11	$3,125.68	0.86%	0.86%	0.86%	0.86%	$8.72	$16.33	$18.58	$26.58
3266737	$992.13	$1,856.68	$2,112.82	$3,022.27	$1,000.64	$1,872.61	$2,130.94	$3,048.18	0.86%	0.86%	0.86%	0.86%	$8.51	$15.92	$18.12	$25.92
3289262	$1,015.55	$1,900.50	$2,162.68	$3,093.60	$1,024.26	$1,916.80	$2,181.23	$3,120.13	0.86%	0.86%	0.86%	0.86%	$8.71	$16.30	$18.55	$26.53
3297371	$991.43	$1,855.37	$2,111.33	$3,020.14	$999.93	$1,871.29	$2,129.43	$3,046.04	0.86%	0.86%	0.86%	0.86%	$8.50	$15.91	$18.11	$25.90
3315719	$1,017.17	$1,903.55	$2,166.15	$3,098.55	$1,025.90	$1,919.87	$2,184.72	$3,125.12	0.86%	0.86%	0.86%	0.86%	$8.72	$16.32	$18.58	$26.57
3336121	$991.69	$1,855.87	$2,111.89	$3,020.93	$1,000.20	$1,871.78	$2,130.00	$3,046.84	0.86%	0.86%	0.86%	0.86%	$8.50	$15.92	$18.11	$25.91
3392254	$980.86	$1,835.58	$2,088.80	$2,987.92	$989.27	$1,851.32	$2,106.72	$3,013.54	0.86%	0.86%	0.86%	0.86%	$8.41	$15.74	$17.91	$25.62
3456379	$1,017.22	$1,903.63	$2,166.24	$3,098.69	$1,025.94	$1,919.96	$2,184.82	$3,125.26	0.86%	0.86%	0.86%	0.86%	$8.72	$16.33	$18.58	$26.57
3456867	$1,016.79	$1,902.83	$2,165.32	$3,097.37	$1,025.51	$1,919.14	$2,183.89	$3,123.94	0.86%	0.86%	0.86%	0.86%	$8.72	$16.32	$18.57	$26.56
3585573	$992.24	$1,856.88	$2,113.04	$3,022.59	$1,000.75	$1,872.81	$2,131.16	$3,048.51	0.86%	0.86%	0.86%	0.86%	$8.51	$15.92	$18.12	$25.92
3597977	$1,016.73	$1,902.71	$2,165.19	$3,097.19	$1,025.45	$1,919.03	$2,183.76	$3,123.75	0.86%	0.86%	0.86%	0.86%	$8.72	$16.32	$18.57	$26.56
3655752	$969.99	$1,815.24	$2,065.66	$2,954.81	$978.30	$1,830.81	$2,083.37	$2,980.15	0.86%	0.86%	0.86%	0.86%	$8.32	$15.57	$17.72	$25.34
3658718	$983.29	$1,840.15	$2,094.00	$2,995.35	$991.73	$1,855.93	$2,111.95	$3,021.03	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
3661333	$981.49	$1,836.77	$2,090.15	$2,989.85	$989.91	$1,852.52	$2,108.08	$3,015.49	0.86%	0.86%	0.86%	0.86%	$8.42	$15.75	$17.93	$25.64
3729002	$1,017.74	$1,904.61	$2,167.36	$3,100.28	$1,026.47	$1,920.94	$2,185.94	$3,126.87	0.86%	0.86%	0.86%	0.86%	$8.73	$16.33	$18.59	$28.59
3737394	$992.12	$1,856.67	$2,112.80	$3,022.24	$1,000.63	$1,872.59	$2,130.92	$3,048.16	0.86%	0.86%	0.86%	0.86%	$8.51	$15.92	$18.12	$25.92
3742316	$992.47	$1,857.31	$2,113.53	$3,023.29	$1,000.98	$1,873.24	$2,131.65	$3,049.21	0.86%	0.86%	0.86%	0.86%	$8.51	$15.93	$18.13	$25.93
3743474	$1,017.47	$1,904.10	$2,166.77	$3,099.44	$1,026.19	$1,920.43	$2,185.35	$3,126.02	0.86%	0.86%	0.86%	0.86%	$8.73	$16.33	$18.58	$26.58
3763956	$998.29	$1,868.20	$2,125.92	$3,041.01	$1,006.85	$1,884.22	$2,144.15	$3,067.09	0.86%	0.86%	0.86%	0.86%	$8.56	$16.02	$18.23	$26.08
3764277	$1,017.95	$1,905.01	$2,167.81	$3,100.93	$1,026.68	$1,921.35	$2,186.40	$3,127.52	0.86%	0.86%	0.86%	0.86%	$8.73	$16.34	$18.59	$26.59
3812586	$983.52	$1,840.57	$2,094.48	$2,996.04	$991.96	$1,856.36	$2,112.45	$3,021.74	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
3812590	$1,017.45	$1,904.07	$2,166.74	$3,099.40	$1,026.18	$1,920.40	$2,185.32	$3,125.98	0.86%	0.86%	0.86%	0.86%	$8.73	$16.33	$18.58	$26.58
3974104	$975.21	$1,825.03	$2,076.79	$2,970.73	$983.58	$1,840.68	$2,094.60	$2,996.21	0.86%	0.86%	0.86%	0.86%	$8.36	$15.65	$17.81	$25.48
4106274	$975.21	$1,825.03	$2,076.79	$2,970.73	$983.58	$1,840.68	$2,094.60	$2,996.21	0.86%	0.86%	0.86%	0.86%	$8.36	$15.65	$17.81	$25.48
4107228	$988.39	$1,849.67	$2,104.84	$3,010.85	$996.86	$1,865.54	$2,122.89	$3,036.68	0.86%	0.86%	0.86%	0.86%	$8.48	$15.86	$18.05	$25.82
4203435	$988.56	$1,850.00	$2,105.21	$3,011.39	$997.04	$1,865.87	$2,123.27	$3,037.21	0.86%	0.86%	0.86%	0.86%	$8.48	$15.87	$18.05	$25.83
4314415	$1,013.14	$1,896.00	$2,157.56	$3,086.26	$1,021.83	$1,912.26	$2,176.06	$3,112.73	0.86%	0.86%	0.86%	0.86%	$8.69	$16.26	$18.50	$26.47
4374998	$1,014.63	$1,898.79	$2,160.73	$3,090.81	$1,023.33	$1,915.08	$2,179.26	$3,117.31	0.86%	0.86%	0.86%	0.86%	$8.70	$16.28	$18.53	$26.51
4376302	$1,011.14	$1,892.27	$2,153.31	$3,080.19	$1,019.82	$1,908.49	$2,171.77	$3,106.60	0.86%	0.86%	0.86%	0.86%	$8.67	$16.23	$18.47	$26.42
4377918	$968.82	$1,813.06	$2,063.17	$2,951.25	$977.13	$1,828.60	$2,080.86	$2,976.56	0.86%	0.86%	0.86%	0.86%	$8.31	$15.55	$17.69	$25.31
4430472	$966.76	$1,809.20	$2,058.78	$2,944.97	$975.05	$1,824.71	$2,076.44	$2,970.23	0.86%	0.86%	0.86%	0.86%	$8.29	$15.52	$17.66	$25.26
4719192	$1,014.82	$1,899.14	$2,161.13	$3,091.38	$1,023.52	$1,915.43	$2,179.67	$3,117.89	0.86%	0.86%	0.86%	0.86%	$8.70	$16.29	$18.53	$26.51
4725534	$1,051.39	$1,967.58	$2,239.01	$3,202.78	$1,060.40	$1,984.45	$2,258.21	$3,230.24	0.86%	0.86%	0.86%	0.86%	$9.02	$16.87	$19.20	$27.47
4725542	$1,051.47	$1,967.73	$2,239.18	$3,203.03	$1,060.49	$1,984.61	$2,258.39	$3,230.49	0.86%	0.86%	0.86%	0.86%	$9.02	$16.88	$19.20	$27.47
4725957	$944.49	$1,767.53	$2,011.36	$2,877.14	$952.59	$1,782.68	$2,028.61	$2,901.81	0.86%	0.86%	0.86%	0.86%	$8.10	$15.16	$17.25	$24.67
4754695	$961.89	$1,800.09	$2,048.42	$2,930.15	$970.14	$1,815.53	$2,065.99	$2,955.28	0.86%	0.86%	0.86%	0.86%	$8.25	$15.44	$17.57	$25.13
4754698	$969.51	$1,814.36	$2,064.65	$2,953.37	$977.83	$1,829.92	$2,082.36	$2,978.70	0.86%	0.86%	0.86%	0.86%	$8.31	$15.56	$17.71	$25.33
4754813	$980.12	$1,834.21	$2,087.24	$2,985.68	$988.53	$1,849.94	$2,105.14	$3,011.29	0.86%	0.86%	0.86%	0.86%	$8.41	$15.73	$17.90	$25.61
4754815	$969.15	$1,813.68	$2,063.88	$2,952.26	$977.46	$1,829.23	$2,081.58	$2,977.58	0.86%	0.86%	0.86%	0.86%	$8.31	$15.55	$17.70	$25.32

PPID	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
4754816	$969.54	$1,814.40	$2,064.70	$2,953.44	$977.85	$1,829.96	$2,082.41	$2,978.77	0.86%	0.86%	0.86%	0.86%	$8.31	$15.56	$17.71	$25.33
4754817	$968.48	$1,812.43	$2,062.45	$2,950.22	$976.79	$1,827.97	$2,080.14	$2,975.53	0.86%	0.86%	0.86%	0.86%	$8.31	$15.54	$17.69	$25.30
4754820	$980.49	$1,834.90	$2,088.03	$2,986.81	$988.90	$1,850.64	$2,105.93	$3,012.42	0.86%	0.86%	0.86%	0.86%	$8.41	$15.74	$17.91	$25.61
4754827	$1,014.85	$1,899.20	$2,161.19	$3,091.47	$1,023.55	$1,915.48	$2,179.73	$3,117.98	0.86%	0.86%	0.86%	0.86%	$8.70	$16.29	$18.53	$26.51
4754830	$980.54	$1,834.99	$2,088.13	$2,986.96	$988.95	$1,850.73	$2,106.04	$3,012.57	0.86%	0.86%	0.86%	0.86%	$8.41	$15.74	$17.91	$25.62
4754831	$981.24	$1,836.30	$2,089.62	$2,989.09	$989.65	$1,852.05	$2,107.54	$3,014.72	0.86%	0.86%	0.86%	0.86%	$8.42	$15.75	$17.92	$25.63
4754832	$982.93	$1,839.46	$2,093.22	$2,994.23	$991.36	$1,855.24	$2,111.17	$3,019.91	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.95	$25.68
4754834	$981.32	$1,836.45	$2,089.80	$2,989.34	$989.74	$1,852.20	$2,107.72	$3,014.97	0.86%	0.86%	0.86%	0.86%	$8.42	$15.75	$17.92	$25.64
4754849	$966.73	$1,809.15	$2,058.73	$2,944.90	$975.02	$1,824.67	$2,076.39	$2,970.15	0.86%	0.86%	0.86%	0.86%	$8.29	$15.52	$17.66	$25.26
4754859	$982.92	$1,839.44	$2,093.20	$2,994.20	$991.35	$1,855.22	$2,111.15	$3,019.88	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.95	$25.68
4754862	$1,014.35	$1,898.26	$2,160.13	$3,089.95	$1,023.05	$1,914.54	$2,178.66	$3,116.45	0.86%	0.86%	0.86%	0.86%	$8.70	$16.28	$18.53	$26.50
4755018	$983.19	$1,839.94	$2,093.77	$2,995.02	$991.62	$1,855.72	$2,111.72	$3,020.70	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
4755023	$969.30	$1,813.96	$2,064.20	$2,952.72	$977.61	$1,829.52	$2,081.90	$2,978.04	0.86%	0.86%	0.86%	0.86%	$8.31	$15.56	$17.70	$25.32
4755028	$1,013.98	$1,897.58	$2,159.35	$3,088.83	$1,022.68	$1,913.85	$2,177.87	$3,115.32	0.86%	0.86%	0.86%	0.86%	$8.70	$16.27	$18.52	$26.49
4755030	$986.73	$1,809.15	$2,058.73	$2,944.90	$975.02	$1,824.67	$2,076.39	$2,970.15	0.86%	0.86%	0.86%	0.86%	$8.29	$15.52	$17.66	$25.26
4755056	$991.71	$1,855.90	$2,111.93	$3,021.00	$1,000.22	$1,871.82	$2,130.04	$3,046.90	0.86%	0.86%	0.86%	0.86%	$8.50	$15.92	$18.11	$25.91
4755082	$966.71	$1,809.11	$2,058.68	$2,944.83	$975.00	$1,824.63	$2,076.34	$2,970.09	0.86%	0.86%	0.86%	0.86%	$8.29	$15.51	$17.66	$25.25
4755086	$981.87	$1,837.48	$2,090.97	$2,991.01	$990.29	$1,853.24	$2,108.90	$3,016.66	0.86%	0.86%	0.86%	0.86%	$8.42	$15.76	$17.93	$25.65
4755093	$966.74	$1,809.18	$2,058.75	$2,944.93	$975.04	$1,824.69	$2,076.41	$2,970.19	0.86%	0.86%	0.86%	0.86%	$8.29	$15.52	$17.66	$25.26
4755119	$1,017.57	$1,904.29	$2,167.00	$3,099.77	$1,026.30	$1,920.63	$2,185.58	$3,126.35	0.86%	0.86%	0.86%	0.86%	$8.73	$16.33	$18.58	$26.58
4755123	$967.41	$1,810.42	$2,060.18	$2,946.97	$975.71	$1,825.95	$2,077.84	$2,972.24	0.86%	0.86%	0.86%	0.86%	$8.30	$15.53	$17.67	$25.27
4755186	$980.12	$1,834.21	$2,087.24	$2,985.68	$988.53	$1,849.94	$2,105.14	$3,011.29	0.86%	0.86%	0.86%	0.86%	$8.41	$15.73	$17.90	$25.61
4755203	$1,017.88	$1,904.86	$2,167.64	$3,100.69	$1,026.61	$1,921.20	$2,186.23	$3,127.28	0.86%	0.86%	0.86%	0.86%	$8.73	$16.34	$18.59	$26.59
4755230	$965.71	$1,807.23	$2,056.55	$2,941.77	$973.99	$1,822.73	$2,074.18	$2,967.00	0.86%	0.86%	0.86%	0.86%	$8.28	$15.50	$17.64	$25.23
4755233	$989.87	$1,815.02	$2,065.41	$2,954.45	$978.19	$1,830.59	$2,083.12	$2,979.79	0.86%	0.86%	0.86%	0.86%	$8.32	$15.57	$17.71	$25.34
4755452	$1,050.37	$1,965.67	$2,236.84	$3,199.68	$1,059.38	$1,982.53	$2,256.03	$3,227.12	0.86%	0.86%	0.86%	0.86%	$9.01	$16.86	$19.18	$27.44
4755630	$1,053.14	$1,970.86	$2,242.74	$3,208.12	$1,062.17	$1,987.76	$2,261.98	$3,235.63	0.86%	0.86%	0.86%	0.86%	$9.03	$16.90	$19.23	$27.51
4755640	$983.31	$1,840.17	$2,094.02	$2,995.38	$991.74	$1,855.95	$2,111.98	$3,021.07	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
4755645	$1,057.29	$1,978.62	$2,251.58	$3,220.76	$1,066.36	$1,995.59	$2,270.89	$3,248.38	0.86%	0.86%	0.86%	0.86%	$9.07	$16.97	$19.31	$27.62
4755665	$969.48	$1,814.29	$2,064.57	$2,953.25	$977.79	$1,829.85	$2,082.28	$2,978.58	0.86%	0.86%	0.86%	0.86%	$8.31	$15.56	$17.71	$25.33
4755724	$990.00	$1,852.69	$2,108.27	$3,015.77	$998.49	$1,868.58	$2,126.36	$3,041.63	0.86%	0.86%	0.86%	0.86%	$8.49	$15.89	$18.08	$25.86
4755783	$926.34	$1,733.56	$1,972.71	$2,821.85	$934.28	$1,748.43	$1,989.63	$2,848.05	0.86%	0.86%	0.86%	0.86%	$7.94	$14.87	$16.92	$24.20
4785795	$961.87	$1,800.06	$2,048.38	$2,930.09	$970.12	$1,815.49	$2,065.94	$2,955.22	0.86%	0.86%	0.86%	0.86%	$8.25	$15.44	$17.57	$25.13
4792955	$980.63	$1,835.17	$2,088.33	$2,987.24	$989.04	$1,850.91	$2,106.24	$3,012.86	0.86%	0.86%	0.86%	0.86%	$8.41	$15.74	$17.91	$25.62
4817279	$968.80	$1,813.02	$2,063.13	$2,951.19	$977.11	$1,828.57	$2,080.82	$2,976.50	0.86%	0.86%	0.86%	0.86%	$8.31	$15.55	$17.69	$25.31
4817778	$1,016.79	$1,902.83	$2,165.32	$3,097.37	$1,025.51	$1,919.14	$2,183.89	$3,123.94	0.86%	0.86%	0.86%	0.86%	$8.72	$16.32	$18.57	$26.56
4817796	$967.08	$1,809.81	$2,059.47	$2,945.96	$975.38	$1,825.33	$2,077.13	$2,971.22	0.86%	0.86%	0.86%	0.86%	$8.29	$15.52	$17.68	$25.26
4817810	$969.82	$1,814.92	$2,065.29	$2,954.29	$978.13	$1,830.49	$2,083.01	$2,979.62	0.86%	0.86%	0.86%	0.86%	$8.32	$15.56	$17.71	$25.34
4817836	$983.70	$1,840.91	$2,094.87	$2,996.59	$992.14	$1,856.70	$2,112.83	$3,022.29	0.86%	0.86%	0.86%	0.86%	$8.44	$15.79	$17.97	$25.70
4817850	$982.80	$1,839.22	$2,092.95	$2,993.84	$991.23	$1,854.99	$2,110.89	$3,019.52	0.86%	0.86%	0.86%	0.86%	$8.43	$15.77	$17.95	$25.68
4817855	$982.93	$1,839.46	$2,093.22	$2,994.23	$991.36	$1,855.24	$2,111.17	$3,019.91	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.95	$25.68
4817967	$982.88	$1,839.38	$2,093.12	$2,994.10	$991.31	$1,855.15	$2,111.07	$3,019.77	0.86%	0.86%	0.86%	0.86%	$8.43	$15.77	$17.95	$25.68
4818122	$982.01	$1,837.74	$2,091.26	$2,991.44	$990.43	$1,853.50	$2,109.20	$3,017.09	0.86%	0.86%	0.86%	0.86%	$8.42	$15.76	$17.93	$25.65
4819831	$1,015.12	$1,899.70	$2,161.77	$3,092.29	$1,023.82	$1,915.99	$2,180.31	$3,118.81	0.86%	0.86%	0.86%	0.86%	$8.71	$16.29	$18.54	$26.52
4819876	$970.40	$1,816.01	$2,066.53	$2,956.06	$978.72	$1,831.59	$2,084.26	$2,981.41	0.86%	0.86%	0.86%	0.86%	$8.32	$15.57	$17.72	$25.35
4819909	$970.19	$1,815.63	$2,066.10	$2,955.44	$978.52	$1,831.20	$2,083.82	$2,980.79	0.86%	0.86%	0.86%	0.86%	$8.32	$15.57	$17.72	$25.35
4819973	$975.18	$1,824.97	$2,076.72	$2,970.64	$983.55	$1,840.62	$2,094.53	$2,996.11	0.86%	0.86%	0.86%	0.86%	$8.36	$15.65	$17.81	$25.48
4819974	$962.96	$1,802.09	$2,050.70	$2,933.41	$971.22	$1,817.55	$2,068.28	$2,958.56	0.88%	0.86%	0.86%	0.86%	$8.26	$15.45	$17.59	$25.16
4820017	$928.38	$1,737.38	$1,977.05	$2,828.06	$936.34	$1,752.28	$1,994.01	$2,852.32	0.86%	0.86%	0.86%	0.86%	$7.96	$14.90	$16.96	$24.25
4861196	$968.82	$1,813.06	$2,063.17	$2,951.25	$977.13	$1,828.60	$2,080.86	$2,976.56	0.86%	0.86%	0.86%	0.86%	$8.31	$15.55	$17.69	$25.31
4880954	$980.51	$1,834.93	$2,088.06	$2,986.86	$988.92	$1,850.67	$2,105.97	$3,012.47	0.86%	0.86%	0.86%	0.86%	$8.41	$15.74	$17.91	$25.62

PPID	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
4880988	$983.41	$1,840.36	$2,094.24	$2,995.69	$991.84	$1,856.14	$2,112.20	$3,021.38	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
4881016	$983.11	$1,839.81	$2,093.61	$2,994.79	$991.54	$1,855.58	$2,111.57	$3,020.48	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.95	$25.68
4881017	$959.99	$1,796.54	$2,044.38	$2,924.37	$968.23	$1,811.95	$2,061.91	$2,949.45	0.86%	0.86%	0.86%	0.86%	$8.23	$15.41	$17.53	$25.08
4881026	$969.98	$1,815.24	$2,065.65	$2,954.80	$978.30	$1,830.80	$2,083.37	$2,980.14	0.86%	0.86%	0.86%	0.86%	$8.32	$15.57	$17.72	$25.34
4881090	$1,048.41	$1,962.00	$2,232.66	$3,193.70	$1,057.40	$1,978.83	$2,251.81	$3,221.09	0.86%	0.86%	0.86%	0.86%	$8.99	$16.83	$19.15	$27.39
4881093	$967.18	$1,809.99	$2,059.69	$2,946.26	$975.48	$1,825.52	$2,077.35	$2,971.53	0.86%	0.86%	0.86%	0.86%	$8.29	$15.52	$17.66	$25.27
4881134	$968.38	$1,812.23	$2,062.23	$2,949.91	$976.68	$1,827.77	$2,079.92	$2,975.20	0.86%	0.86%	0.86%	0.86%	$8.30	$15.54	$17.69	$25.30
4881171	$965.99	$1,807.76	$2,057.14	$2,942.63	$974.27	$1,823.26	$2,074.79	$2,967.87	0.86%	0.86%	0.86%	0.86%	$8.28	$15.50	$17.64	$25.24
4891604	$926.31	$1,733.50	$1,972.64	$2,821.75	$934.25	$1,748.37	$1,989.56	$2,845.95	0.86%	0.86%	0.86%	0.86%	$7.94	$14.87	$16.92	$24.20
4912968	$980.63	$1,835.16	$2,088.33	$2,987.24	$989.04	$1,850.90	$2,106.24	$3,012.85	0.86%	0.86%	0.86%	0.86%	$8.41	$15.74	$17.91	$25.62
4912971	$983.35	$1,840.24	$2,094.11	$2,995.50	$991.78	$1,856.02	$2,112.06	$3,021.19	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
4912994	$983.00	$1,839.59	$2,093.36	$2,994.44	$991.43	$1,855.36	$2,111.32	$3,020.12	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.95	$25.68
4913016	$981.02	$1,835.89	$2,089.15	$2,988.42	$989.43	$1,851.63	$2,107.07	$3,014.05	0.86%	0.86%	0.86%	0.86%	$8.41	$15.74	$17.92	$25.63
4913019	$983.56	$1,840.65	$2,094.57	$2,996.16	$992.00	$1,856.43	$2,112.53	$3,021.86	0.86%	0.86%	0.86%	0.86%	$8.44	$15.79	$17.96	$25.70
4913065	$983.45	$1,840.44	$2,094.33	$2,995.83	$991.89	$1,856.22	$2,112.29	$3,021.52	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
4913144	$983.48	$1,840.50	$2,094.40	$2,995.93	$991.92	$1,856.29	$2,112.36	$3,021.62	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
4913148	$970.47	$1,816.14	$2,066.68	$2,958.27	$978.79	$1,831.72	$2,084.41	$2,981.63	0.86%	0.86%	0.86%	0.86%	$8.32	$15.58	$17.72	$25.35
4913149	$982.93	$1,839.46	$2,093.22	$2,994.24	$991.36	$1,855.24	$2,111.17	$3,019.92	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.95	$25.68
4913150	$952.92	$1,783.30	$2,029.31	$2,902.81	$961.09	$1,798.59	$2,046.71	$2,927.70	0.86%	0.86%	0.86%	0.86%	$8.17	$15.29	$17.40	$24.89
4913151	$959.21	$1,795.08	$2,042.71	$2,921.98	$967.44	$1,810.47	$2,060.23	$2,947.04	0.86%	0.86%	0.86%	0.86%	$8.23	$15.39	$17.52	$25.06
4913153	$951.90	$1,781.39	$2,027.14	$2,899.71	$960.06	$1,796.67	$2,044.53	$2,924.58	0.86%	0.86%	0.86%	0.86%	$8.16	$15.28	$17.38	$24.87
4913187	$963.19	$1,802.53	$2,051.19	$2,934.11	$971.45	$1,817.99	$2,068.78	$2,959.28	0.86%	0.86%	0.86%	0.86%	$8.26	$15.46	$17.59	$25.16
4913212	$928.11	$1,736.87	$1,976.48	$2,827.24	$936.07	$1,751.77	$1,993.43	$2,851.49	0.86%	0.86%	0.86%	0.86%	$7.96	$14.90	$16.95	$24.25
4920065	$979.06	$1,832.21	$2,084.97	$2,982.43	$987.45	$1,847.93	$2,102.85	$3,008.01	0.86%	0.86%	0.86%	0.86%	$8.40	$15.71	$17.88	$25.58
4940306	$1,047.14	$1,959.64	$2,229.97	$3,189.85	$1,056.13	$1,976.44	$2,249.10	$3,217.21	0.86%	0.86%	0.86%	0.86%	$8.98	$16.81	$19.12	$27.36
4940385	$969.69	$1,814.69	$2,065.03	$2,953.90	$978.01	$1,830.25	$2,082.73	$2,979.24	0.86%	0.86%	0.86%	0.86%	$8.32	$15.56	$17.71	$25.33
4940452	$955.33	$1,787.82	$2,034.45	$2,910.17	$963.53	$1,803.15	$2,051.90	$2,935.13	0.86%	0.86%	0.86%	0.86%	$8.19	$15.33	$17.45	$24.96
4940453	$963.19	$1,802.53	$2,051.19	$2,934.11	$971.45	$1,817.99	$2,068.78	$2,959.28	0.86%	0.86%	0.86%	0.86%	$8.26	$15.46	$17.59	$25.16
4940456	$975.22	$1,825.03	$2,076.80	$2,970.74	$983.58	$1,840.68	$2,094.61	$2,996.22	0.86%	0.86%	0.86%	0.86%	$8.36	$15.65	$17.81	$25.48
4940462	$928.34	$1,737.31	$1,976.98	$2,827.96	$936.31	$1,752.21	$1,993.93	$2,852.21	0.86%	0.86%	0.86%	0.86%	$7.96	$14.90	$16.95	$24.25
4940467	$968.87	$1,813.16	$2,063.29	$2,951.42	$977.18	$1,828.71	$2,080.98	$2,976.73	0.86%	0.86%	0.86%	0.86%	$8.31	$15.55	$17.69	$25.31
4940523	$959.18	$1,795.01	$2,042.64	$2,921.88	$967.40	$1,810.41	$2,060.16	$2,946.94	0.86%	0.86%	0.86%	0.86%	$8.23	$15.39	$17.52	$25.06
4940530	$977.28	$1,828.90	$2,081.19	$2,977.03	$985.66	$1,844.58	$2,099.04	$3,002.56	0.86%	0.86%	0.86%	0.86%	$8.38	$15.68	$17.85	$25.53
4957198	$971.49	$1,818.06	$2,068.87	$2,959.40	$979.83	$1,833.66	$2,086.61	$2,984.78	0.86%	0.86%	0.86%	0.86%	$8.33	$15.59	$17.74	$25.38
4957227	$975.35	$1,825.27	$2,077.07	$2,971.13	$983.71	$1,840.92	$2,094.88	$2,996.61	0.86%	0.86%	0.86%	0.86%	$8.36	$15.65	$17.81	$25.48
4965764	$967.64	$1,810.85	$2,060.66	$2,947.66	$975.94	$1,826.38	$2,078.33	$2,972.94	0.86%	0.86%	0.86%	0.86%	$8.30	$15.53	$17.67	$25.28
4965801	$986.59	$1,846.32	$2,101.02	$3,005.39	$995.05	$1,862.15	$2,119.04	$3,031.16	0.86%	0.86%	0.86%	0.86%	$8.46	$15.83	$18.02	$25.77
4965808	$979.00	$1,832.11	$2,084.85	$2,982.27	$987.40	$1,847.82	$2,102.73	$3,007.84	0.86%	0.86%	0.86%	0.86%	$8.40	$15.71	$17.88	$25.58
4965813	$963.34	$1,802.80	$2,051.49	$2,934.55	$971.60	$1,818.26	$2,069.09	$2,959.71	0.86%	0.86%	0.86%	0.86%	$8.26	$15.46	$17.59	$25.17
4997098	$969.81	$1,814.92	$2,065.29	$2,954.29	$978.13	$1,830.49	$2,083.00	$2,979.62	0.86%	0.86%	0.86%	0.86%	$8.32	$15.56	$17.71	$25.34
5016473	$1,051.19	$1,967.20	$2,238.58	$3,202.16	$1,060.20	$1,984.07	$2,257.78	$3,229.62	0.86%	0.86%	0.86%	0.86%	$9.01	$16.87	$19.20	$27.46
5016500	$969.12	$1,813.62	$2,063.81	$2,952.17	$977.43	$1,829.17	$2,081.51	$2,977.49	0.86%	0.86%	0.86%	0.86%	$8.31	$15.55	$17.70	$25.32
5016544	$981.98	$1,837.68	$2,091.19	$2,991.33	$990.40	$1,853.44	$2,109.12	$3,016.99	0.86%	0.86%	0.86%	0.86%	$8.42	$15.76	$17.93	$25.65
5016578	$983.86	$1,841.21	$2,095.20	$2,997.07	$992.30	$1,857.00	$2,113.17	$3,022.78	0.86%	0.86%	0.86%	0.86%	$8.44	$15.79	$17.97	$25.70
5016588	$969.80	$1,814.89	$2,065.25	$2,954.23	$978.11	$1,830.45	$2,082.97	$2,979.57	0.86%	0.86%	0.86%	0.86%	$8.32	$15.56	$17.71	$25.34
5016601	$969.05	$1,813.50	$2,063.67	$2,951.97	$977.36	$1,829.05	$2,081.37	$2,977.28	0.86%	0.86%	0.86%	0.86%	$8.31	$15.55	$17.70	$25.32
5016611	$967.74	$1,811.04	$2,060.88	$2,947.97	$976.04	$1,826.57	$2,078.55	$2,973.25	0.86%	0.86%	0.86%	0.86%	$8.30	$15.53	$17.67	$25.28
5016614	$1,050.80	$1,966.47	$2,237.75	$3,200.98	$1,059.81	$1,983.34	$2,256.94	$3,228.43	0.86%	0.86%	0.86%	0.86%	$9.01	$16.86	$19.19	$27.45
5016745	$939.89	$1,758.93	$2,001.57	$2,863.14	$947.96	$1,774.01	$2,018.74	$2,887.70	0.86%	0.86%	0.86%	0.86%	$8.06	$15.08	$17.17	$24.55
5037972	$983.29	$1,840.13	$2,093.98	$2,995.33	$991.72	$1,855.91	$2,111.94	$3,021.01	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
5058332	$967.48	$1,810.55	$2,060.32	$2,947.17	$975.78	$1,826.08	$2,077.99	$2,972.45	0.86%	0.86%	0.86%	0.86%	$8.30	$15.53	$17.67	$25.27

PPID	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
5074447	$980.85	$1,835.56	$2,088.78	$2,987.89	$989.26	$1,851.31	$2,106.70	$3,013.51	0.86%	0.86%	0.86%	0.86%	$8.41	$15.74	$17.91	$25.62
5074485	$980.24	$1,834.42	$2,087.48	$2,986.03	$988.64	$1,850.15	$2,105.39	$3,011.64	0.86%	0.86%	0.86%	0.86%	$8.41	$15.73	$17.90	$25.61
5074532	$941.90	$1,762.69	$2,005.85	$2,869.26	$949.98	$1,777.81	$2,023.06	$2,893.87	0.86%	0.86%	0.86%	0.86%	$8.08	$15.12	$17.20	$24.61
5074540	$968.52	$1,812.49	$2,062.53	$2,950.33	$976.82	$1,828.03	$2,080.22	$2,975.63	0.88%	0.86%	0.86%	0.86%	$8.31	$15.54	$17.69	$25.30
5074551	$924.98	$1,731.01	$1,969.81	$2,817.70	$932.91	$1,745.86	$1,986.70	$2,841.87	0.86%	0.86%	0.86%	0.86%	$7.93	$14.85	$18.89	$24.16
5094169	$971.46	$1,818.00	$2,068.79	$2,959.30	$979.79	$1,833.59	$2,086.54	$2,984.67	0.86%	0.86%	0.86%	0.86%	$8.33	$15.59	$17.74	$25.38
5094206	$974.61	$1,823.90	$2,075.51	$2,968.91	$982.97	$1,839.54	$2,093.31	$2,994.37	0.86%	0.86%	0.86%	0.86%	$8.38	$15.64	$17.80	$25.46
5133617	$967.26	$1,810.14	$2,059.85	$2,946.50	$975.56	$1,825.66	$2,077.52	$2,971.77	0.86%	0.86%	0.86%	0.86%	$8.30	$15.52	$17.67	$25.27
5133625	$971.50	$1,818.07	$2,068.87	$2,959.41	$979.83	$1,833.66	$2,086.62	$2,984.79	0.86%	0.86%	0.86%	0.86%	$8.33	$15.59	$17.74	$25.38
5133640	$983.03	$1,839.65	$2,093.43	$2,994.54	$991.46	$1,855.43	$2,111.39	$3,020.22	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.95	$25.68
5133648	$949.09	$1,776.13	$2,021.15	$2,891.15	$957.23	$1,791.37	$2,038.49	$2,915.94	0.86%	0.86%	0.86%	0.86%	$8.14	$15.23	$17.33	$24.79
5146392	$974.97	$1,824.57	$2,076.28	$2,970.00	$983.33	$1,840.22	$2,094.08	$2,995.47	0.86%	0.86%	0.86%	0.86%	$8.36	$15.65	$17.81	$25.47
5146399	$954.10	$1,785.50	$2,031.82	$2,906.40	$962.28	$1,800.82	$2,049.24	$2,931.33	0.86%	0.88%	0.86%	0.86%	$8.18	$15.31	$17.42	$24.93
5289599	$967.18	$1,809.99	$2,059.68	$2,946.28	$975.47	$1,825.51	$2,077.34	$2,971.52	0.86%	0.86%	0.86%	0.86%	$8.29	$15.52	$17.66	$25.27
5289625	$962.77	$1,801.74	$2,050.29	$2,932.82	$971.03	$1,817.19	$2,067.87	$2,957.98	0.86%	0.86%	0.86%	0.86%	$8.26	$15.45	$17.58	$25.15
5289629	$982.54	$1,838.74	$2,092.39	$2,993.05	$990.97	$1,854.51	$2,110.34	$3,018.72	0.86%	0.86%	0.86%	0.86%	$8.43	$15.77	$17.94	$25.67
5289635	$983.26	$1,840.08	$2,093.92	$2,995.24	$991.69	$1,855.86	$2,111.88	$3,020.93	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.98	$25.69
5289637	$970.19	$1,815.63	$2,066.10	$2,955.44	$978.51	$1,831.20	$2,083.82	$2,980.79	0.86%	0.86%	0.86%	0.86%	$8.32	$15.57	$17.72	$25.35
5289642	$983.53	$1,840.58	$2,094.50	$2,996.06	$991.96	$1,856.37	$2,112.46	$3,021.76	0.86%	0.86%	0.86%	0.86%	$8.43	$15.78	$17.96	$25.69
3401660	$1,005.45	$1,881.61	$2,141.18	$3,062.84	$1,014.07	$1,897.75	$2,159.54	$3,089.11	0.88%	0.86%	0.86%	0.86%	$8.62	$16.14	$18.36	$26.27
3401676	$903.90	$1,691.56	$1,924.91	$2,753.48	$911.65	$1,706.07	$1,941.42	$2,777.09	0.86%	0.86%	0.86%	0.86%	$7.75	$14.51	$16.51	$23.61
3401684	$918.24	$1,718.40	$1,955.46	$2,797.18	$926.12	$1,733.14	$1,972.23	$2,821.17	0.86%	0.86%	0.86%	0.86%	$7.87	$14.74	$16.77	$23.99
5289647	$955.04	$1,787.27	$2,033.83	$2,909.28	$963.23	$1,802.60	$2,051.27	$2,934.23	0.86%	0.86%	0.86%	0.86%	$8.19	$15.33	$17.44	$24.95

3Q12 Rate Summary

Table 1(iii) - Medical Plans

PPID	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
649357	$960.08	$1,796.70	$2,044.55	$2,924.62	$987.68	$1,848.35	$2,103.33	$3,008.70	2.87%	2.87%	2.87%	2.87%	$27.60	$51.65	$58.78	$84.08
842172	$985.55	$1,844.37	$2,098.80	$3,002.22	$1,013.88	$1,897.39	$2,159.14	$3,088.52	2.87%	2.87%	2.87%	2.87%	$28.33	$53.02	$60.34	$86.31
945098	$969.19	$1,813.75	$2,063.96	$2,952.38	$997.05	$1,865.89	$2,123.29	$3,037.25	2.87%	2.87%	2.87%	2.87%	$27.86	$52.14	$59.33	$84.87
954786	$968.48	$1,812.43	$2,062.45	$2,950.22	$996.32	$1,864.53	$2,121.74	$3,035.04	2.87%	2.87%	2.87%	2.87%	$27.84	$52.10	$59.29	$84.81
1550450	$962.39	$1,801.02	$2,049.48	$2,931.66	$990.06	$1,852.80	$2,108.40	$3,015.94	2.87%	2.87%	2.87%	2.87%	$27.67	$51.77	$58.92	$84.28
1837470	$834.73	$1,562.11	$1,777.61	$2,542.77	$858.72	$1,607.02	$1,828.71	$2,615.87	2.87%	2.87%	2.87%	2.87%	$24.00	$44.91	$51.10	$73.10
3257045	$964.92	$1,805.76	$2,054.86	$2,939.37	$992.66	$1,857.67	$2,113.94	$3,023.87	2.87%	2.87%	2.87%	2.87%	$27.74	$51.91	$59.07	$84.50
3263148	$1,017.07	$1,903.35	$2,165.92	$3,098.23	$1,046.31	$1,958.07	$2,228.19	$3,1B7.30	2.87%	2.87%	2.87%	2.87%	$29.24	$54.72	$62.26	$89.07
3266474	$1,017.35	$1,903.88	$2,166.53	$3,099.10	$1,046.60	$1,958.62	$2,228.81	$3,188.19	2.87%	2.87%	2.87%	2.87%	$29.25	$54.73	$62.28	$89.09
3266737	$992.13	$1,856.68	$2,112.82	$3,022.27	$1,020.65	$1,910.06	$2,173.55	$3,109.15	2.87%	2.87%	2.87%	2.87%	$28.52	$53.38	$60.74	$86.88
3289262	$1,015.55	$1,900.50	$2,162.68	$3,093.60	$1,044.74	$1,955.14	$2,224.85	$3,182.53	2.87%	2.87%	2.87%	2.87%	$29.19	$54.63	$62.17	$88.93
3297371	$991.43	$1,855.37	$2,111.33	$3,020.14	$1,019.93	$1,908.71	$2,172.02	$3,106.96	2.87%	2.87%	2.87%	2.87%	$28.50	$53.34	$60.70	$86.82
3315719	$1,017.17	$1,903.55	$2,166.15	$3,098.55	$1,046.42	$1,958.27	$2,228.42	$3,187.63	2.87%	2.87%	2.87%	2.87%	$29.24	$54.72	$62.27	$89.08
3336121	$991.69	$1,855.87	$2,111.89	$3,020.93	$1,020.20	$1,909.22	$2,172.60	$3,107.78	2.87%	2.87%	2.87%	2.87%	$28.51	$53.35	$60.71	$86.84
3392254	$980.86	$1,835.58	$2,088.80	$2,987.92	$1,009.05	$1,888.35	$2,148.85	$3,073.81	2.87%	2.87%	2.87%	2.87%	$28.20	$52.77	$60.05	$85.90
3456379	$1,017.22	$1,903.63	$2,166.24	$3,098.69	$1,046.46	$1,958.36	$2,228.52	$3,187.77	2.87%	2.87%	2.87%	2.87%	$29.24	$54.72	$62.27	$89.08
3456867	$1,016.79	$1,902.83	$2,165.32	$3,097.37	$1,046.02	$1,957.53	$2,227.57	$3,186.42	2.87%	2.87%	2.87%	2.87%	$29.23	$54.70	$62.25	$89.04
3585573	$992.24	$1,856.88	$2,113.04	$3,022.59	$1,020.76	$1,910.26	$2,173.79	$3,109.48	2.87%	2.87%	2.87%	2.87%	$28.52	$53.38	$60.74	$86.89
3597977	$1,016.73	$1,902.71	$2,165.19	$3,097.19	$1,045.95	$1,957.41	$2,227.44	$3,186.22	2.87%	2.87%	2.87%	2.87%	$29.23	$54.70	$62.24	$89.04
3655752	$969.99	$1,815.24	$2,065.66	$2,954.81	$997.87	$1,867.42	$2,125.04	$3,039.75	2.87%	2.87%	2.87%	2.87%	$27.88	$52.18	$59.38	$84.94
3658718	$983.29	$1,840.15	$2,094.00	$2,995.35	$1,011.56	$1,893.04	$2,154.19	$3,081.45	2.87%	2.87%	2.87%	2.87%	$28.27	$52.90	$60.20	$86.11
3661333	$981.49	$1,836.77	$2,090.15	$2,989.85	$1,009.71	$1,889.57	$2,150.24	$3,075.80	2.87%	2.87%	2.87%	2.87%	$28.22	$52.80	$60.09	$85.95
3729002	$1,017.74	$1,904.61	$2,167.36	$3,100.28	$1,047.00	$1,959.36	$2,229.66	$3,189.41	2.87%	2.87%	2.87%	2.87%	$29.26	$54.75	$62.31	$89.13
3737394	$992.12	$1,856.67	$2,112.80	$3,022.24	$1,020.64	$1,910.04	$2,173.53	$3,109.12	2.87%	2.87%	2.87%	2.87%	$28.52	$53.37	$60.74	$86.88
3742316	$992.47	$1,857.31	$2,113.53	$3,023.29	$1,021.00	$1,910.70	$2,174.29	$3,110.20	2.87%	2.87%	2.87%	2.87%	$28.53	$53.39	$60.76	$86.91
3743474	$1,017.47	$1,904.10	$2,166.77	$3,099.44	$1,046.72	$1,958.83	$2,229.06	$3,188.54	2.87%	2.87%	2.87%	2.87%	$29.25	$54.74	$62.29	$89.10
3763956	$998.29	$1,868.20	$2,125.92	$3,041.01	$1,026.98	$1,921.91	$2,187.04	$3,128.43	2.87%	2.87%	2.87%	2.87%	$28.70	$53.71	$61.11	$87.42
3764277	$1,017.95	$1,905.01	$2,167.81	$3,100.93	$1,047.22	$1,959.77	$2,230.13	$3,190.07	2.87%	2.87%	2.87%	2.87%	$29.26	$54.76	$62.32	$89.14
3812586	$983.52	$1,840.57	$2,094.48	$2,996.04	$1,011.80	$1,893.48	$2,154.69	$3,082.17	2.87%	2.87%	2.87%	2.87%	$28.27	$52.91	$60.21	$86.13
3812590	$1,017.45	$1,904.07	$2,166.74	$3,099.40	$1,046.70	$1,958.81	$2,229.03	$3,188.50	2.87%	2.87%	2.87%	2.87%	$29.25	$54.74	$62.29	$89.10
3974104	$975.21	$1,825.03	$2,076.79	$2,970.73	$1,003.25	$1,877.49	$2,136.49	$3,056.13	2.87%	2.87%	2.87%	2.87%	$28.04	$52.46	$59.70	$85.40
4106274	$975.21	$1,825.03	$2,076.79	$2,970.73	$1,003.25	$1,877.49	$2,136.49	$3,056.13	2.87%	2.87%	2.87%	2.87%	$28.04	$52.46	$59.70	$85.40
4107228	$988.39	$1,849.67	$2,104.84	$3,010.85	$1,016.80	$1,902.85	$2,165.35	$3,097.41	2.87%	2.87%	2.87%	2.87%	$28.41	$53.17	$60.51	$86.55
4203435	$988.56	$1,850.00	$2,105.21	$3,011.39	$1,016.98	$1,903.18	$2,165.73	$3,097.96	2.87%	2.87%	2.87%	2.87%	$28.42	$53.18	$60.52	$86.57
4314415	$1,013.14	$1,896.00	$2,157.56	$3,086.26	$1,042.27	$1,950.51	$2,219.58	$3,174.99	2.87%	2.87%	2.87%	2.87%	$29.13	$54.51	$62.02	$88.72
4374998	$1,014.63	$1,898.79	$2,160.73	$3,090.81	$1,043.80	$1,953.38	$2,222.85	$3,179.66	2.87%	2.87%	2.87%	2.87%	$29.17	$54.59	$62.12	$88.85
4376302	$1,011.14	$1,892.27	$2,153.31	$3,080.19	$1,040.21	$1,946.66	$2,215.21	$3,168.73	2.87%	2.87%	2.87%	2.87%	$29.07	$54.40	$61.90	$88.55
4377918	$968.82	$1,813.06	$2,063.17	$2,951.25	$996.67	$1,865.18	$2,122.48	$3,036.09	2.87%	2.87%	2.87%	2.87%	$27.85	$52.12	$59.31	$84.84
4430472	$966.76	$1,809.20	$2,058.78	$2,944.97	$994.55	$1,861.21	$2,117.96	$3,029.63	2.87%	2.87%	2.87%	2.87%	$27.79	$52.01	$59.18	$84.66
4719192	$1,014.82	$1,899.14	$2,161.13	$3,091.38	$1,043.99	$1,953.74	$2,223.26	$3,180.25	2.87%	2.87%	2.87%	2.87%	$29.17	$54.60	$62.13	$88.87
4725534	$1,051.39	$1,967.58	$2,239.01	$3,202.78	$1,081.61	$2,024.14	$2,303.37	$3,294.85	2.87%	2.87%	2.87%	2.87%	$30.22	$56.56	$64.37	$92.07
4725542	$1,051.47	$1,967.73	$2,239.18	$3,203.03	$1,081.70	$2,024.30	$2,303.55	$3,295.10	2.87%	2.87%	2.87%	2.87%	$30.23	$56.57	$64.37	$92.08
4725957	$944.49	$1,767.53	$2,011.36	$2,877.14	$971.64	$1,818.34	$2,069.18	$2,959.85	2.87%	2.87%	2.87%	2.87%	$27.15	$50.81	$57.82	$82.71
4754695	$961.89	$1,800.09	$2,048.42	$2,930.15	$989.54	$1,851.84	$2,107.31	$3,014.39	2.87%	2.87%	2.87%	2.87%	$27.65	$51.75	$58.89	$84.23
4754698	$969.51	$1,814.36	$2,064.65	$2,953.37	$997.39	$1,866.52	$2,124.01	$3,038.27	2.87%	2.87%	2.87%	2.87%	$27.87	$52.16	$59.35	$84.90
4754813	$980.12	$1,834.21	$2,087.24	$2,985.68	$1,008.30	$1,886.94	$2,147.25	$3,071.51	2.87%	2.87%	2.87%	2.87%	$28.18	$52.73	$60.00	$85.83
4754815	$969.15	$1,813.68	$2,063.88	$2,952.26	$997.01	$1,865.82	$2,123.21	$3,037.13	2.87%	2.87%	2.87%	2.87%	$27.86	$52.14	$59.33	$84.87

PPID	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
4754816	$969.54	$1,814.40	$2,064.70	$2,953.44	$997.41	$1,866.56	$2,124.06	$3,038.35	2.87%	2.87%	2.87%	2.87%	$27.87	$52.16	$59.36	$84.90
4754817	$968.48	$1,812.43	$2,062.45	$2,950.22	$996.32	$1,864.53	$2,121.74	$3,035.04	2.87%	2.87%	2.87%	2.87%	$27.84	$52.10	$59.29	$84.81
4754820	$980.49	$1,834.90	$2,088.03	$2,986.81	$1,008.68	$1,887.65	$2,148.05	$3,072.67	2.87%	2.87%	2.87%	2.87%	$28.19	$52.75	$60.03	$85.86
4754827	$1,014.85	$1,899.20	$2,161.19	$3,091.47	$1,044.02	$1,953.79	$2,223.32	$3,180.34	2.87%	2.87%	2.87%	2.87%	$29.17	$54.60	$62.13	$88.87
4754830	$980.54	$1,834.99	$2,088.13	$2,986.96	$1,008.73	$1,887.74	$2,148.16	$3,072.82	2.87%	2.87%	2.87%	2.87%	$28.19	$52.75	$60.03	$85.87
4754831	$981.24	$1,836.30	$2,089.62	$2,989.09	$1,009.45	$1,889.09	$2,149.69	$3,075.02	2.87%	2.87%	2.87%	2.87%	$28.21	$52.79	$60.07	$85.93
4754832	$982.93	$1,839.46	$2,093.22	$2,994.23	$1,011.18	$1,892.34	$2,153.39	$3,080.31	2.87%	2.87%	2.87%	2.87%	$28.26	$52.88	$60.17	$86.08
4754834	$981.32	$1,836.45	$2,089.80	$2,989.34	$1,009.53	$1,889.25	$2,149.87	$3,075.27	2.87%	2.87%	2.87%	2.87%	$28.21	$52.79	$60.08	$85.94
4754849	$966.73	$1,809.15	$2,058.73	$2,944.90	$994.52	$1,861.16	$2,117.91	$3,029.56	2.87%	2.87%	2.87%	2.87%	$27.79	$52.01	$59.18	$84.66
4754859	$982.92	$1,839.44	$2,093.20	$2,994.20	$1,011.17	$1,892.32	$2,153.37	$3,080.28	2.87%	2.87%	2.87%	2.87%	$28.26	$52.88	$60.17	$86.08
4754862	$1,014.35	$1,898.26	$2,160.13	$3,089.95	$1,043.51	$1,952.83	$2,222.23	$3,178.78	2.87%	2.87%	2.87%	2.87%	$29.16	$54.57	$62.10	$88.83
4755018	$983.19	$1,839.94	$2,093.77	$2,995.02	$1,011.45	$1,892.84	$2,153.96	$3,081.12	2.87%	2.87%	2.87%	2.87%	$28.26	$52.89	$60.19	$86.10
4755023	$969.30	$1,813.96	$2,064.20	$2,952.72	$997.17	$1,866.11	$2,123.54	$3,037.60	2.87%	2.87%	2.87%	2.87%	$27.87	$52.15	$59.34	$84.88
4755028	$1,013.98	$1,897.58	$2,159.35	$3,088.83	$1,043.13	$1,952.13	$2,221.43	$3,177.63	2.87%	2.87%	2.87%	2.87%	$29.15	$54.55	$62.08	$88.80
4755030	$966.73	$1,809.15	$2,058.73	$2,944.90	$994.52	$1,861.16	$2,117.91	$3,029.56	2.87%	2.87%	2.87%	2.87%	$27.79	$52.01	$59.18	$84.66
4755056	$991.71	$1,855.90	$2,111.93	$3,021.00	$1,020.22	$1,909.26	$2,172.64	$3,107.84	2.87%	2.87%	2.87%	2.87%	$28.51	$53.35	$60.71	$86.85
4755082	$966.71	$1,809.11	$2,058.68	$2,944.83	$994.50	$1,861.12	$2,117.87	$3,029.49	2.87%	2.87%	2.87%	2.87%	$27.79	$52.01	$59.18	$84.66
4755086	$981.87	$1,837.48	$2,090.97	$2,991.01	$1,010.10	$1,890.31	$2,151.08	$3,077.00	2.87%	2.87%	2.87%	2.87%	$28.23	$52.82	$60.11	$85.98
4755093	$966.74	$1,809.18	$2,058.75	$2,944.93	$994.54	$1,861.18	$2,117.94	$3,029.59	2.87%	2.87%	2.87%	2.87%	$27.79	$52.01	$59.18	$84.66
4755119	$1,017.57	$1,904.29	$2,167.00	$3,099.77	$1,046.83	$1,959.04	$2,229.29	$3,188.88	2.87%	2.87%	2.87%	2.87%	$29.25	$54.74	$62.30	$89.11
4755123	$967.41	$1,810.42	$2,060.18	$2,946.97	$995.22	$1,862.47	$2,119.40	$3,031.68	2.87%	2.87%	2.87%	2.87%	$27.81	$52.05	$59.22	$84.72
4755186	$980.12	$1,834.21	$2,087.24	$2,985.68	$1,008.30	$1,886.94	$2,147.25	$3,071.51	2.87%	2.87%	2.87%	2.87%	$28.18	$52.73	$60.00	$85.83
4755203	$1,017.88	$1,904.86	$2,167.64	$3,100.69	$1,047.14	$1,959.62	$2,229.96	$3,189.83	2.87%	2.87%	2.87%	2.87%	$29.26	$54.76	$62.31	$89.14
4755230	$965.71	$1,807.23	$2,056.55	$2,941.77	$993.47	$1,859.19	$2,115.67	$3,026.34	2.87%	2.87%	2.87%	2.87%	$27.76	$51.95	$59.12	$84.57
4755233	$969.87	$1,815.02	$2,065.41	$2,954.45	$997.75	$1,867.20	$2,124.79	$3,039.39	2.87%	2.87%	2.87%	2.87%	$27.88	$52.18	$59.38	$84.93
4755452	$1,050.37	$1,965.67	$2,236.84	$3,199.68	$1,080.57	$2,022.18	$2,301.15	$3,291.66	2.87%	2.87%	2.87%	2.87%	$30.20	$56.51	$64.30	$91.98
4755630	$1,053.14	$1,970.86	$2,242.74	$3,208.12	$1,083.42	$2,027.52	$2,307.22	$3,300.35	2.87%	2.87%	2.87%	2.87%	$30.28	$56.66	$64.47	$92.23
4755640	$983.31	$1,840.17	$2,094.02	$2,995.38	$1,011.57	$1,893.07	$2,154.22	$3,081.49	2.87%	2.87%	2.87%	2.87%	$28.27	$52.90	$60.20	$86.11
4755645	$1,057.29	$1,978.62	$2,251.58	$3,220.76	$1,087.69	$2,035.50	$2,316.31	$3,313.35	2.87%	2.87%	2.87%	2.87%	$30.39	$56.88	$64.73	$92.59
4755665	$969.48	$1,814.29	$2,064.57	$2,953.25	$997.35	$1,866.44	$2,123.92	$3,038.15	2.87%	2.87%	2.87%	2.87%	$27.87	$52.16	$59.35	$84.90
4755724	$990.00	$1,852.69	$2,108.27	$3,015.77	$1,018.46	$1,905.95	$2,168.88	$3,102.47	2.87%	2.87%	2.87%	2.87%	$28.46	$53.26	$60.61	$86.70
4755783	$926.34	$1,733.56	$1,972.71	$2,821.85	$952.97	$1,783.40	$2,029.42	$2,902.97	2.87%	2.87%	2.87%	2.87%	$26.63	$49.84	$56.71	$81.12
4785795	$961.87	$1,800.06	$2,048.38	$2,930.09	$989.52	$1,851.80	$2,107.26	$3,014.32	2.87%	2.87%	2.87%	2.87%	$27.65	$51.75	$58.89	$84.23
4792955	$980.63	$1,835.17	$2,088.33	$2,987.24	$1,008.82	$1,887.92	$2,148.37	$3,073.12	2.87%	2.87%	2.87%	2.87%	$28.19	$52.76	$60.03	$85.88
4817279	$968.80	$1,813.02	$2,063.13	$2,951.19	$996.65	$1,885.14	$2,122.44	$3,036.03	2.87%	2.87%	2.87%	2.87%	$27.85	$52.12	$59.31	$84.84
4817778	$1,016.79	$1,902.83	$2,165.32	$3,097.37	$1,046.02	$1,957.53	$2,227.57	$3,186.42	2.87%	2.87%	2.87%	2.87%	$29.23	$54.70	$62.25	$89.04
4817796	$967.08	$1,809.81	$2,059.47	$2,945.96	$994.88	$1,861.83	$2,118.68	$3,030.65	2.87%	2.87%	2.87%	2.87%	$27.80	$52.03	$59.20	$84.69
4817810	$969.82	$1,814.92	$2,065.29	$2,954.29	$997.70	$1,867.10	$2,124.67	$3,039.22	2.87%	2.87%	2.87%	2.87%	$27.88	$52.17	$59.37	$84.93
4817836	$983.70	$1,840.91	$2,094.87	$2,996.59	$1,011.98	$1,893.83	$2,155.09	$3,082.74	2.87%	2.87%	2.87%	2.87%	$28.28	$52.92	$60.22	$86.14
4817850	$982.80	$1,839.22	$2,092.95	$2,993.84	$1,011.05	$1,892.09	$2,153.11	$3,079.91	2.87%	2.87%	2.87%	2.87%	$28.25	$52.87	$60.17	$86.07
4817855	$982.93	$1,839.46	$2,093.22	$2,994.23	$1,011.18	$1,892.34	$2,153.39	$3,080.31	2.87%	2.87%	2.87%	2.87%	$28.26	$52.88	$60.17	$86.08
4817967	$982.88	$1,839.38	$2,093.12	$2,994.10	$1,011.14	$1,892.25	$2,153.29	$3,080.17	2.87%	2.87%	2.87%	2.87%	$28.26	$52.88	$60.17	$86.07
4818122	$982.01	$1,837.74	$2,091.26	$2,991.44	$1,010.24	$1,890.57	$2,151.38	$3,077.43	2.87%	2.87%	2.87%	2.87%	$28.23	$52.83	$60.12	$86.00
4819831	$1,015.12	$1,899.70	$2,161.77	$3,092.29	$1,044.30	$1,954.31	$2,223.91	$3,181.18	2.87%	2.87%	2.87%	2.87%	$29.18	$54.61	$62.15	$88.90
4819876	$970.40	$1,816.01	$2,066.53	$2,956.06	$998.30	$1,868.22	$2,125.94	$3,041.04	2.87%	2.87%	2.87%	2.87%	$27.90	$52.21	$59.41	$84.98
4819909	$970.19	$1,815.63	$2,066.10	$2,955.44	$998.09	$1,867.83	$2,125.50	$3,040.40	2.87%	2.87%	2.87%	2.87%	$27.89	$52.19	$59.40	$84.96
4819973	$975.18	$1,824.97	$2,076.72	$2,970.64	$1,003.22	$1,877.43	$2,136.42	$3,056.03	2.87%	2.87%	2.87%	2.87%	$28.03	$52.46	$59.70	$85.40
4819974	$962.96	$1,802.09	$2,050.70	$2,933.41	$990.64	$1,853.90	$2,109.65	$3,017.73	2.87%	2.87%	2.87%	2.87%	$27.68	$51.81	$58.95	$84.33
4820017	$928.38	$1,737.38	$1,977.05	$2,828.06	$955.07	$1,787.32	$2,033.89	$2,909.36	2.87%	2.87%	2.87%	2.87%	$26.69	$49.95	$56.84	$81.30
4861196	$968.82	$1,813.06	$2,063.17	$2,951.25	$996.67	$1,865.18	$2,122.48	$3,036.09	2.87%	2.87%	2.87%	2.87%	$27.85	$52.12	$59.31	$84.84
4880954	$980.51	$1,834.93	$2,088.06	$2,986.86	$1,008.69	$1,887.68	$2,148.09	$3,072.72	2.87%	2.87%	2.87%	2.87%	$28.19	$52.75	$60.03	$85.86

PPID	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
4880988	$983.41	$1,840.36	$2,094.24	$2,995.69	$1,011.68	$1,893.26	$2,154.44	$3,081.81	2.87%	2.87%	2.87%	2.87%	$28.27	$52.91	$60.20	$86.12
4881016	$983.11	$1,839.81	$2,093.61	$2,994.79	$1,011.37	$1,892.70	$2,153.80	$3,080.89	2.87%	2.87%	2.87%	2.87%	$28.26	$52.89	$60.19	$86.09
4881017	$959.99	$1,796.54	$2,044.38	$2,924.37	$987.59	$1,848.19	$2,103.15	$3,008.43	2.87%	2.87%	2.87%	2.87%	$27.60	$51.65	$58.77	$84.07
4881026	$969.98	$1,815.24	$2,065.65	$2,954.80	$997.87	$1,867.42	$2,125.03	$3,039.74	2.87%	2.87%	2.87%	2.87%	$27.88	$52.18	$59.38	$84.94
4881090	$1,048.41	$1,962.00	$2,232.66	$3,193.70	$1,078.55	$2,018.41	$2,296.85	$3,285.51	2.87%	2.87%	2.87%	2.87%	$30.14	$56.40	$64.18	$91.81
4881093	$967.18	$1,809.99	$2,059.69	$2,946.26	$994.99	$1,862.03	$2,118.90	$3,030.96	2.87%	2.87%	2.87%	2.87%	$27.80	$52.03	$59.21	$84.70
4881134	$968.38	$1,812.23	$2,062.23	$2,949.91	$996.22	$1,864.33	$2,121.51	$3,034.71	2.87%	2.87%	2.87%	2.87%	$27.84	$52.10	$59.28	$84.80
4881171	$965.99	$1,807.76	$2,057.14	$2,942.63	$993.76	$1,859.73	$2,116.28	$3,027.22	2.87%	2.87%	2.87%	2.87%	$27.77	$51.97	$59.14	$84.59
4891604	$926.31	$1,733.50	$1,972.64	$2,821.75	$952.94	$1,783.33	$2,029.35	$2,902.87	2.87%	2.87%	2.87%	2.87%	$26.63	$49.83	$56.71	$81.12
4912968	$980.63	$1,835.16	$2,088.33	$2,987.24	$1,008.82	$1,887.92	$2,148.36	$3,073.11	2.87%	2.87%	2.87%	2.87%	$28.19	$52.78	$60.03	$85.88
4912971	$983.35	$1,840.24	$2,094.11	$2,995.50	$1,011.61	$1,893.14	$2,154.31	$3,081.61	2.87%	2.87%	2.87%	2.87%	$28.27	$52.90	$60.20	$86.11
4912994	$983.00	$1,839.59	$2,093.36	$2,994.44	$1,011.25	$1,892.47	$2,153.54	$3,080.52	2.87%	2.87%	2.87%	2.87%	$28.26	$52.88	$60.18	$86.08
4913016	$981.02	$1,835.89	$2,089.15	$2,988.42	$1,009.22	$1,888.67	$2,149.21	$3,074.33	2.87%	2.87%	2.87%	2.87%	$28.20	$52.78	$60.06	$85.91
4913019	$983.56	$1,840.65	$2,094.57	$2,996.18	$1,011.84	$1,893.56	$2,154.78	$3,082.30	2.87%	2.87%	2.87%	2.87%	$28.27	$52.91	$60.21	$86.13
4913065	$983.45	$1,840.44	$2,094.33	$2,995.83	$1,011.72	$1,893.35	$2,154.54	$3,081.95	2.87%	2.87%	2.87%	2.87%	$28.27	$52.91	$60.21	$86.12
4913144	$983.48	$1,840.50	$2,094.40	$2,995.93	$1,011.76	$1,893.41	$2,154.61	$3,082.05	2.87%	2.87%	2.87%	2.87%	$28.27	$52.91	$60.21	$86.13
4913148	$970.47	$1,816.14	$2,066.68	$2,956.27	$998.37	$1,868.35	$2,126.09	$3,041.26	2.87%	2.87%	2.87%	2.87%	$27.90	$52.21	$59.41	$84.99
4913149	$982.93	$1,839.48	$2,093.22	$2,994.24	$1,011.19	$1,892.34	$2,153.40	$3,080.31	2.87%	2.87%	2.87%	2.87%	$28.26	$52.88	$60.17	$86.08
4913150	$952.92	$1,783.30	$2,029.31	$2,902.81	$980.31	$1,834.58	$2,087.64	$2,986.26	2.87%	2.87%	2.87%	2.87%	$27.39	$51.27	$58.34	$83.45
4913151	$959.21	$1,795.08	$2,042.71	$2,921.98	$986.79	$1,846.68	$2,101.43	$3,005.98	2.87%	2.87%	2.87%	2.87%	$27.57	$51.60	$58.72	$84.00
4913153	$951.90	$1,781.39	$2,027.14	$2,899.71	$979.26	$1,832.60	$2,085.42	$2,983.07	2.87%	2.87%	2.87%	2.87%	$27.36	$51.21	$58.28	$83.36
4913187	$963.19	$1,802.53	$2,051.19	$2,934.11	$990.88	$1,854.35	$2,110.16	$3,018.46	2.87%	2.87%	2.87%	2.87%	$27.69	$51.82	$58.97	$84.35
4913212	$928.11	$1,736.87	$1,976.48	$2,827.24	$954.79	$1,786.80	$2,033.30	$2,908.52	2.87%	2.87%	2.87%	2.87%	$28.68	$49.93	$56.82	$81.28
4920065	$979.06	$1,832.21	$2,084.97	$2,982.43	$1,007.20	$1,884.89	$2,144.91	$3,068.17	2.87%	2.87%	2.87%	2.87%	$28.15	$52.67	$59.94	$85.74
4940306	$1,047.14	$1,959.84	$2,229.97	$3,189.85	$1,077.25	$2,015.97	$2,294.08	$3,281.55	2.87%	2.87%	2.87%	2.87%	$30.10	$56.33	$64.11	$91.70
4940385	$969.69	$1,814.69	$2,065.03	$2,953.90	$997.57	$1,868.85	$2,124.39	$3,038.82	2.87%	2.87%	2.87%	2.87%	$27.88	$52.17	$59.38	$84.92
4940452	$955.33	$1,787.82	$2,034.45	$2,910.17	$982.80	$1,839.21	$2,092.94	$2,993.83	2.87%	2.87%	2.87%	2.87%	$27.46	$51.40	$58.49	$83.66
4940453	$963.19	$1,802.53	$2,051.19	$2,934.11	$990.88	$1,854.35	$2,110.16	$3,018.46	2.87%	2.87%	2.87%	2.87%	$27.69	$51.82	$58.97	$84.35
4940456	$975.22	$1,825.03	$2,076.80	$2,970.74	$1,003.25	$1,877.50	$2,136.50	$3,056.14	2.87%	2.87%	2.87%	2.87%	$28.04	$52.47	$59.70	$85.40
4940462	$928.34	$1,737.31	$1,976.98	$2,827.96	$955.03	$1,787.26	$2,033.81	$2,909.25	2.87%	2.87%	2.87%	2.87%	$26.69	$49.94	$56.83	$81.30
4940467	$968.87	$1,813.16	$2,063.29	$2,951.42	$996.73	$1,865.28	$2,122.60	$3,036.27	2.87%	2.87%	2.87%	2.87%	$27.85	$52.12	$59.31	$84.85
4940523	$959.18	$1,795.01	$2,042.64	$2,921.88	$986.75	$1,846.62	$2,101.36	$3,005.88	2.87%	2.87%	2.87%	2.87%	$27.57	$51.60	$58.72	$84.00
4940530	$977.28	$1,828.90	$2,081.19	$2,977.03	$1,005.38	$1,881.47	$2,141.02	$3,082.62	2.87%	2.87%	2.87%	2.87%	$28.09	$52.58	$59.83	$85.58
4957198	$971.49	$1,818.06	$2,068.87	$2,959.40	$999.42	$1,870.33	$2,128.34	$3,044.48	2.87%	2.87%	2.87%	2.87%	$27.93	$52.26	$59.47	$85.08
4957227	$975.35	$1,825.27	$2,077.07	$2,971.13	$1,003.38	$1,877.74	$2,136.78	$3,056.55	2.87%	2.87%	2.87%	2.87%	$28.04	$52.47	$59.71	$85.41
4965764	$967.64	$1,810.85	$2,060.66	$2,947.68	$995.46	$1,862.91	$2,119.90	$3,032.39	2.87%	2.87%	2.87%	2.87%	$27.82	$52.06	$59.24	$84.74
4965801	$986.59	$1,846.32	$2,101.02	$3,005.39	$1,014.95	$1,899.39	$2,161.42	$3,091.79	2.87%	2.87%	2.87%	2.87%	$28.36	$53.08	$60.40	$86.40
4965806	$979.00	$1,832.11	$2,084.85	$2,982.27	$1,007.14	$1,884.78	$2,144.79	$3,068.00	2.87%	2.87%	2.87%	2.87%	$28.14	$52.67	$59.93	$85.73
4965813	$963.34	$1,802.80	$2,051.49	$2,934.55	$991.03	$1,854.62	$2,110.47	$3,018.91	2.87%	2.87%	2.87%	2.87%	$27.69	$51.83	$58.98	$84.36
4997096	$969.81	$1,814.92	$2,065.29	$2,954.29	$997.69	$1,867.09	$2,124.66	$3,039.21	2.87%	2.87%	2.87%	2.87%	$27.88	$52.17	$59.37	$84.93
5016473	$1,051.19	$1,967.20	$2,238.58	$3,202.18	$1,081.41	$2,023.75	$2,302.93	$3,294.22	2.87%	2.87%	2.87%	2.87%	$30.22	$56.55	$64.35	$92.05
5016500	$969.12	$1,813.62	$2,063.81	$2,952.17	$996.98	$1,865.76	$2,123.14	$3,037.04	2.87%	2.87%	2.87%	2.87%	$27.88	$52.14	$59.33	$84.87
5016544	$981.98	$1,837.68	$2,091.19	$2,991.33	$1,010.21	$1,890.51	$2,151.31	$3,077.32	2.87%	2.87%	2.87%	2.87%	$28.23	$52.83	$60.12	$85.99
5016578	$983.86	$1,841.21	$2,095.20	$2,997.07	$1,012.14	$1,894.14	$2,155.44	$3,083.23	2.87%	2.87%	2.87%	2.87%	$28.28	$52.93	$60.23	$86.16
5016588	$969.80	$1,814.89	$2,065.25	$2,954.23	$997.68	$1,867.08	$2,124.63	$3,039.16	2.87%	2.87%	2.87%	2.87%	$27.88	$52.17	$59.37	$84.93
5016601	$969.05	$1,813.50	$2,063.67	$2,951.97	$998.91	$1,865.63	$2,123.00	$3,038.83	2.87%	2.87%	2.87%	2.87%	$27.88	$52.13	$59.33	$84.86
5016611	$967.74	$1,811.04	$2,060.88	$2,947.97	$995.56	$1,863.10	$2,120.12	$3,032.72	2.87%	2.87%	2.87%	2.87%	$27.82	$52.06	$59.25	$84.75
5016614	$1,050.80	$1,966.47	$2,237.75	$3,200.98	$1,081.01	$2,023.00	$2,302.08	$3,293.00	2.87%	2.87%	2.87%	2.87%	$30.21	$56.53	$64.33	$92.02
5016745	$939.89	$1,758.93	$2,001.57	$2,863.14	$966.91	$1,809.49	$2,059.11	$2,945.45	2.87%	2.87%	2.87%	2.87%	$27.02	$50.56	$57.54	$82.31
5037972	$983.29	$1,840.13	$2,093.98	$2,995.33	$1,011.55	$1,893.03	$2,154.18	$3,081.43	2.87%	2.87%	2.87%	2.87%	$28.27	$52.90	$60.20	$86.11
5058332	$967.48	$1,810.55	$2,060.32	$2,947.17	$995.29	$1,862.60	$2,119.55	$3,031.90	2.87%	2.87%	2.87%	2.87%	$27.81	$52.05	$59.23	$84.72

PPID	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
5074447	$980.85	$1,835.56	$2,088.78	$2,987.89	$1,009.04	$1,888.33	$2,148.83	$3,073.78	2.87%	2.87%	2.87%	2.87%	$28.20	$52.77	$60.05	$85.89
5074485	$980.24	$1,834.42	$2,087.48	$2,986.03	$1,008.42	$1,887.16	$2,147.49	$3,071.87	2.87%	2.87%	2.87%	2.87%	$28.18	$52.74	$60.01	$85.84
5074532	$941.90	$1,762.69	$2,005.85	$2,869.26	$968.98	$1,813.36	$2,063.52	$2,951.75	2.87%	2.87%	2.87%	2.87%	$27.08	$50.67	$57.66	$82.48
5074540	$968.52	$1,812.49	$2,062.53	$2,950.33	$996.36	$1,864.60	$2,121.82	$3,035.15	2.87%	2.87%	2.87%	2.87%	$27.84	$52.10	$59.29	$84.81
5074551	$924.98	$1,731.01	$1,969.81	$2,817.70	$951.57	$1,780.78	$2,026.44	$2,898.70	2.87%	2.87%	2.87%	2.87%	$26.59	$49.76	$56.63	$81.00
5094169	$971.46	$1,818.00	$2,068.79	$2,959.30	$999.39	$1,870.26	$2,128.27	$3,044.37	2.87%	2.87%	2.87%	2.87%	$27.93	$52.26	$59.47	$85.07
5094206	$974.61	$1,823.90	$2,075.51	$2,968.91	$1,002.63	$1,876.33	$2,135.18	$3,054.25	2.87%	2.87%	2.87%	2.87%	$28.02	$52.43	$59.67	$85.35
5133617	$967.26	$1,810.14	$2,059.85	$2,946.50	$995.07	$1,862.18	$2,119.07	$3,031.21	2.87%	2.87%	2.87%	2.87%	$27.81	$52.04	$59.22	$84.70
5133625	$971.50	$1,818.07	$2,068.87	$2,959.41	$999.43	$1,870.33	$2,128.35	$3,044.48	2.87%	2.87%	2.87%	2.87%	$27.93	$52.26	$59.47	$85.08
5133640	$983.03	$1,839.65	$2,093.43	$2,994.54	$1,011.29	$1,892.54	$2,153.62	$3,080.63	2.87%	2.87%	2.87%	2.87%	$28.26	$52.89	$60.18	$86.09
5133648	$949.09	$1,776.13	$2,021.15	$2,891.15	$976.37	$1,827.19	$2,079.26	$2,974.26	2.87%	2.87%	2.87%	2.87%	$27.28	$51.06	$58.10	$83.11
5146392	$974.97	$1,824.57	$2,078.28	$2,970.00	$1,003.00	$1,877.03	$2,135.96	$3,055.38	2.87%	2.87%	2.87%	2.87%	$28.03	$52.45	$59.69	$85.38
5146399	$954.10	$1,785.50	$2,031.82	$2,906.40	$981.52	$1,836.83	$2,090.23	$2,989.95	2.87%	2.87%	2.87%	2.87%	$27.43	$51.33	$58.41	$83.55
5289599	$967.18	$1,809.99	$2,059.68	$2,946.26	$994.98	$1,862.02	$2,118.89	$3,030.95	2.87%	2.87%	2.87%	2.87%	$27.80	$52.03	$59.21	$84.70
5289625	$962.77	$1,801.74	$2,050.29	$2,932.82	$990.45	$1,853.53	$2,109.23	$3,017.14	2.87%	2.87%	2.87%	2.87%	$27.68	$51.80	$58.94	$84.31
5289629	$982.54	$1,838.74	$2,092.39	$2,993.05	$1,010.79	$1,891.60	$2,152.54	$3,079.10	2.87%	2.87%	2.87%	2.87%	$28.25	$52.86	$60.15	$86.04
5289635	$983.26	$1,840.08	$2,093.92	$2,995.24	$1,011.53	$1,892.98	$2,154.12	$3,081.35	2.87%	2.87%	2.87%	2.87%	$28.27	$52.90	$60.20	$86.11
5289637	$970.19	$1,815.63	$2,086.10	$2,955.44	$998.08	$1,867.82	$2,125.49	$3,040.40	2.87%	2.87%	2.87%	2.87%	$27.89	$52.19	$59.40	$84.96
5289642	$983.53	$1,840.58	$2,094.50	$2,996.06	$1,011.80	$1,893.50	$2,154.71	$3,082.19	2.87%	2.87%	2.87%	2.87%	$28.27	$52.91	$60.21	$86.13
3401660	$1,005.45	$1,881.61	$2,141.18	$3,062.84	$1,034.36	$1,935.70	$2,202.74	$3,150.89	2.87%	2.87%	2.87%	2.87%	$28.90	$54.09	$61.55	$88.05
3401676	$903.90	$1,691.56	$1,924.91	$2,753.48	$929.88	$1,740.19	$1,980.25	$2,832.63	2.87%	2.87%	2.87%	2.87%	$25.98	$48.63	$55.34	$79.16
3401684	$918.24	$1,718.40	$1,955.46	$2,797.18	$944.64	$1,767.80	$2,011.67	$2,877.59	2.87%	2.87%	2.87%	2.87%	$26.40	$49.40	$56.21	$80.41
5289647	$955.04	$1,787.27	$2,033.83	$2,909.28	$982.50	$1,838.65	$2,092.30	$2,992.92	2.87%	2.87%	2.87%	2.87%	$27.46	$51.38	$58.47	$83.63

1Q12 Rate Summary

Table 2a(i) - Pharmacy Plans

Plan Number	Plan	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
Rx 2	RX (HMO) $ 2.50	$209.58	$392.21	$446.32	$638.43	$207.23	$387.82	$441.32	$631.28	-1.12%	-1.12%	-1.12%	-1.12%	($2.35)	($4.39)	($5.00)	($7.15)
Rx 3	RX (HMO) $ 5	$192.26	$359.80	$409.43	$585.67	$190.11	$355.77	$404.85	$579.11	-1.12%	-1.12%	-1.12%	-1.12%	($2.15)	($4.03)	($4.59)	($6.56)
Rx 4	RX (HMO) $ 7.50	$176.30	$329.93	$375.44	$537.05	$174.33	$326.23	$371.24	$531.04	-1.12%	-1.12%	-1.12%	-1.12%	($1.97)	($3.70)	($4.20)	($6.01)
Rx 5	RX (HMO) $10	$161.51	$302.25	$343.95	$492.00	$159.70	$298.87	$340.10	$486.49	-1.12%	-1.12%	-1.12%	-1.12%	($1.81)	($3.39)	($3.85)	($5.51)
Rx 6	RX (HMO) $15	$135.04	$252.72	$287.58	$411.36	$133.53	$249.88	$284.36	$406.76	-1.12%	-1.12%	-1.12%	-1.12%	($1.51)	($2.83)	($3.22)	($4.61)
Rx 7	RX (HMO) $ 2.50/ 7.50 DUAL	$207.26	$387.87	$441.38	$631.36	$204.94	$383.52	$436.43	$624.29	-1.12%	-1.12%	-1.12%	-1.12%	($2.32)	($4.34)	($4.94)	($7.07)
Rx 8	RX (HMO) $ 5/10 DUAL	$187.50	$350.89	$399.29	$571.17	$185.40	$346.96	$394.82	$564.77	-1.12%	-1.12%	-1.12%	-1.12%	($2.10)	($3.93)	($4.47)	($6.40)
Rx 9	RX (HMO) $10/15 DUAL	$157.25	$294.28	$334.88	$479.02	$155.49	$290.98	$331.12	$473.66	-1.12%	-1.12%	-1.12%	-1.12%	($1.76)	($3.30)	($3.75)	($5.37)
Rx 10	RX (HMO) $15/20 DUAL	$133.44	$249.72	$284.17	$406.49	$131.95	$246.92	$280.99	$401.94	-1.12%	-1.12%	-1.12%	-1.12%	($1.49)	($2.80)	($3.18)	($4.55)
Rx 11	RX (HMO) 50/50%	$45.01	$84.23	$95.85	$137.11	$44.51	$83.29	$94.78	$135.58	-1.12%	-1.12%	-1.12%	-1.12%	($0.50)	($0.94)	($1.07)	($1.54)
Rx 13	RX (HMO) $ 5/10/25 TRIPLE	$163.14	$305.30	$347.42	$496.96	$161.31	$301.88	$343.53	$491.40	-1.12%	-1.12%	-1.12%	-1.12%	($1.83)	($3.42)	($3.89)	($5.57)
Rx 14	RX (HMD) $10/15/30 TRIPLE	$135.38	$253.35	$288.30	$412.40	$133.86	$250.51	$285.07	$407.78	-1.12%	-1.12%	-1.12%	-1.12%	($1.52)	($2.84)	($3.23)	($4.62)
Rx 28	RX (HMO)(2000) $15/20/35 THREE TIER 30D	$115.76	$216.63	$246.52	$352.63	$114.46	$214.21	$243.76	$348.68	-1.12%	-1.12%	-1.12%	-1.12%	($1.30)	($2.43)	($2.76)	($3.95)
Rx 39	RX (HMO)(2000) $10/20/35 THREE TIER 30D	$122.40	$229.06	$260.66	$372.86	$121.03	$226.49	$257.74	$368.68	-1.12%	-1.12%	-1.12%	-1.12%	($1.37)	($2.57)	($2.92)	($4.18)

2Q12 Rate Summary

Table 2a(ii) - Pharmacy Plans

Plan Number	Plan	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
Rx 2	RX (HMD) $ 2.50	$209.58	$392.21	$446.32	$638.43	$211.38	$395.57	$450.14	$643.91	0.86%	0.86%	0.86%	0.86%	$1.80	$3.36	$3.83	$5.48
Rx 3	RX (HMO) $ 5	$192.26	$359.80	$409.43	$585.67	$193.91	$362.88	$412.94	$590.69	0.86%	0.86%	0.86%	0.86%	$1.65	$3.09	$3.51	$5.02
Rx 4	RX (HMO) $ 7.50	$176.30	$329.93	$375.44	$537.05	$177.81	$332.76	$378.66	$541.66	0.86%	0.86%	0.86%	0.86%	$1.51	$2.83	$3.22	$4.61
Rx 5	RX (HMO) $10	$161.51	$302.25	$343.95	$492.00	$162.90	$304.84	$346.90	$496.22	0.86%	0.86%	0.86%	0.86%	$1.39	$2.59	$2.95	$4.22
Rx 6	RX (HMO) $15	$135.04	$252.72	$287.58	$411.36	$136.20	$254.88	$290.04	$414.89	0.86%	0.86%	0.86%	0.86%	$1.16	$2.17	$2.47	$3.53
Rx 7	RX (HMO) $ 2.50/ 7.50 DUAL	$207.26	$387.87	$441.38	$631.36	$209.04	$391.19	$445.16	$636.78	0.86%	0.86%	0.86%	0.86%	$1.78	$3.33	$3.79	$5.41
Rx 8	RX (HMO) $ 5/10 DUAL	$187.50	$350.69	$399.29	$571.17	$189.11	$353.90	$402.72	$576.07	0.86%	0.86%	0.86%	0.86%	$1.61	$3.01	$3.42	$4.90
Rx 9	RX (HMO) $10/15 DUAL	$157.25	$294.28	$334.88	$479.02	$158.60	$296.80	$337.75	$483.13	0.86%	0.86%	0.86%	0.86%	$1.35	$2.52	$2.87	$4.11
Rx 10	RX (HMO) $15/20 DUAL	$133.44	$249.72	$284.17	$406.49	$134.58	$251.86	$286.61	$409.98	0.86%	0.86%	0.86%	0.86%	$1.14	$2.14	$2.44	$3.49
Rx 11	RX (HMO) 50/50%	$45.01	$84.23	$95.85	$137.11	$45.40	$84.95	$96.67	$138.29	0.86%	0.86%	0.86%	0.86%	$0.39	$0.72	$0.82	$1.18
Rx 13	RX (HMO) $ 5/10/25 TRIPLE	$163.14	$305.30	$347.42	$496.96	$164.54	$307.92	$350.40	$501.22	0.86%	0.86%	0.86%	0.86%	$1.40	$2.62	$2.98	$4.26
Rx 14	RX (HMO) $10/15/30 TRIPLE	$135.38	$253.35	$288.30	$412.40	$136.54	$255.52	$290.77	$415.94	0.86%	0.86%	0.86%	0.86%	$1.16	$2.17	$2.47	$3.54
Rx 28	RX (HMO)(2000) $15/20/35 THREE TIER 30D	$115.76	$216.63	$246.52	$352.63	$116.75	$218.49	$248.63	$355.66	0.86%	0.86%	0.86%	0.86%	$0.99	$1.86	$2.11	$3.02
Rx 39	RX (HMO)(2000) $10/20/35 THREE TIER 30D	$122.40	$229.06	$260.66	$372.86	$123.45	$231.02	$262.90	$376.06	0.86%	0.86%	0.86%	0.86%	$1.05	$1.96	$2.24	$3.20

3Q12 Rate Summary

Table 2a(iii) - Pharmacy Plans

Plan Number	Plan	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
Rx 2	RX (HMO) $ 2.50	$209.58	$392.21	$446.32	$638.43	$215.60	$403.48	$459.15	$656.78	2.87%	2.87%	2.87%	2.87%	$6.02	$11.28	$12.83	$18.35
Rx 3	RX (HMD) $ 5	$192.26	$359.80	$409.43	$585.67	$197.79	$370.14	$421.20	$602.51	2.87%	2.87%	2.87%	2.87%	$5.53	$10.34	$11.77	$16.84
Rx 4	RX (HMO) $ 7.50	$176.30	$329.93	$375.44	$537.05	$181.37	$339.41	$386.24	$552.49	2.87%	2.87%	2.87%	2.87%	$5.07	$9.48	$10.79	$15.44
Rx 5	RX (HMO) $10	$161.51	$302.25	$343.95	$492.00	$166.15	$310.94	$353.84	$506.14	2.87%	2.87%	2.87%	2.87%	$4.64	$8.69	$9.89	$14.14
Rx 6	RX (HMO) $15	$135.04	$252.72	$287.58	$411.36	$138.92	$259.98	$295.84	$423.19	2.87%	2.87%	2.87%	2.87%	$3.88	$7.26	$8.27	$11.83
Rx 7	RX (HMO) $ 2.50/ 7.50 DUAL	$207.26	$387.87	$441.38	$631.36	$213.22	$399.02	$454.06	$649.51	2.87%	2.87%	2.87%	2.87%	$5.96	$11.15	$12.69	$18.15
Rx 8	RX (HMO) $ 5/10 DUAL	$187.50	$350.89	$399.29	$571.17	$192.89	$360.98	$410.77	$587.59	2.87%	2.87%	2.87%	2.87%	$5.39	$10.09	$11.48	$16.42
Rx 9	RX (HMO) $10/15 DUAL	$157.25	$294.28	$334.88	$479.02	$161.77	$302.74	$344.50	$492.79	2.87%	2.87%	2.87%	2.87%	$4.52	$8.46	$9.63	$13.77
Rx 10	RX (HMO) $15/20 DUAL	$133.44	$249.72	$284.17	$406.49	$137.28	$256.90	$292.34	$418.18	2.87%	2.87%	2.87%	2.87%	$3.84	$7.18	$8.17	$11.69
Rx 11	RX (HMO) 50/50%	$45.01	$84.23	$95.85	$137.11	$46.30	$86.65	$98.61	$141.05	2.87%	2.87%	2.87%	2.87%	$1.29	$2.42	$2.76	$3.94
Rx 13	RX (HMO) $ 5/10/25 TRIPLE	$163.14	$305.30	$347.42	$496.96	$167.83	$314.08	$357.41	$511.25	2.87%	2.87%	2.87%	2.87%	$4.69	$8.78	$9.99	$14.29
Rx 14	RX (HMO) $10/15/30 TRIPLE	$135.38	$253.35	$288.30	$412.40	$139.27	$260.63	$296.59	$424.25	2.87%	2.87%	2.87%	2.87%	$3.89	$7.28	$8.29	$11.86
Rx 28	RX (HMO)(2000) $15/20/35 THREE TIER 30D	$115.76	$216.63	$246.52	$352.63	$119.09	$222.86	$253.61	$362.77	2.87%	2.87%	2.87%	2.87%	$3.33	$6.23	$7.09	$10.14
Rx 39	RX (HMO)(2000) $10/20/35 THREE TIER 30D	$122.40	$229.06	$260.66	$372.86	$125.92	$235.65	$268.15	$383.58	2.87%	2.87%	2.87%	2.87%	$3.52	$6.58	$7.49	$10.72

1Q12 Rate Summary

Table 2 (cont.) - Other Riders

Table 2b(i) - Durable Medical Equipment

Plan Number	Plan	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
DME 1	$0 Copay	$11.63	$21.77	$24.77	$35.44	$11.50	$21.53	$24.50	$35.04	-1.12%	-1.12%	-1.12%	-1.12%	($0.13)	($0.24)	($0.28)	($0.40)
DME 2	20% Copay	$9.31	$17.42	$19.82	$28.35	$9.20	$17.22	$19.60	$28.03	-1.12%	-1.12%	-1.12%	-1.12%	($0.10)	($0.20)	($0.22)	($0.32)
DME 3	50% Copay	$5.77	$10.80	$12.29	$17.57	$5.70	$10.68	$12.15	$17.38	-1.12%	-1.12%	-1.12%	-1.12%	($0.06)	($0.12)	($0.14)	($0.20)

Table 2c(i) - Lens Reimbursement

Plan Number	Plan	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
Lens 1	$35 Lens Reimbursement	$3.05	$5.71	$6.50	$9.28	$3.02	$5.64	$6.42	$9.19	-1.12%	-1.12%	-1.12%	-1.12%	($0.03)	($0.06)	($0.07)	($0.10)
Lens 2	$70 Lens Reimbursement	$6.06	$11.34	$12.91	$18.46	$5.99	$11.21	$12.76	$18.25	-1.12%	-1.12%	-1.12%	-1.12%	($0.07)	($0.13)	($0.14)	($0.21)
Lens 4	$125 Lens Reimbursement	$10.84	$20.29	$23.08	$33.02	$10.72	$20.06	$22.83	$32.65	-1.12%	-1.12%	-1.12%	-1.12%	($0.12)	($0.23)	($0.26)	($0.37)
Lens 5	$200 Lens Reimbursement	$17.35	$32.47	$36.95	$52.85	$17.16	$32.11	$36.53	$52.26	-1.12%	-1.12%	-1.12%	-1.12%	($0.19)	($0.36)	($0.41)	($0.59)

Table 2d(i) - Dental

Plan Number	Plan	1q2011 Single Premium Rate	1q2011 Parent & Child(ren) Premium Rate	1q2011 Couple Premium Rate	1q2011 Family Premium Rate	1q2012 Single Premium Rate	1q2012 Parent & Child(ren) Premium Rate	1q2012 Couple Premium Rate	1q2012 Family Premium Rate	Percent Increase Single Premium Rate (1q12 / 1q11)	Percent Increase Parent & Child(ren) Premium Rate (1q12 / 1q11)	Percent Increase Couple Premium Rate (1q12 / 1q11)	Percent Increase Family Premium Rate (1q12 / 1q11)	Dollar Increase Single Premium Rate (1q12 - 1q11)	Dollar Increase Parent & Child(ren) Premium Rate (1q12 - 1q11)	Dollar Increase Couple Premium Rate (1q12 - 1q11)	Dollar Increase Family Premium Rate (1q12 - 1q11)
Den 1	$2 Copay	$53.34	$89.82	$113.59	$162.49	$52.74	$98.70	$112.32	$160.67	-1.12%	-1.12%	-1.12%	-1.12%	($0.60)	($1.12)	($1.27)	($1.82)
Den 2	$5 Copay	$38.42	$71.90	$81.82	$117.04	$37.99	$71.09	$80.90	$115.73	-1.12%	-1.12%	-1.12%	-1.12%	($0.43)	($0.81)	($0.92)	($1.31)

2Q12 Rate Summary

Table 2 (cont.) - Other Riders

Table 2b(ii) - Durable Medical Equipment

Plan Number	Plan	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
DME 1	$0 Copay	$11.63	$21.77	$24.77	$35.44	$11.73	$21.96	$24.99	$35.74	0.86%	0.86%	0.86%	0.86%	$0.10	$0.19	$0.21	$0.30
DME 2	20% Copay	$8.31	$17.42	$19.82	$28.35	$9.39	$17.57	$19.99	$28.59	0.86%	0.86%	0.86%	0.86%	$0.08	$0.15	$0.17	$0.24
DME 3	50% Copay	$5.77	$10.80	$12.29	$17.57	$5.82	$10.89	$12.39	$17.72	0.86%	0.86%	0.86%	0.86%	$0.05	$0.09	$0.11	$0.15

Table 2c(ii) - Lens Reimbursement

Plan Number	Plan	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
Lens 1	$35 Lens Reimbursment	$3.05	$5.71	$6.50	$9.29	$3.08	$5.76	$6.55	$9.37	0.86%	0.86%	0.86%	0.86%	$0.03	$0.05	$0.06	$0.08
Lens 2	$70 Lens Reimbursement	$6.06	$11.34	$12.91	$18.46	$6.11	$11.44	$13.02	$18.62	0.86%	0.86%	0.86%	0.86%	$0.05	$0.10	$0.11	$0.16
Lens 4	$125 Lens Reimbursment	$10.84	$20.29	$23.08	$33.02	$10.93	$20.46	$23.28	$33.30	0.86%	0.86%	0.86%	0.86%	$0.09	$0.17	$0.20	$0.28
Lens 5	$200 Lens Reimbursment	$17.35	$32.47	$36.95	$52.85	$17.50	$32.75	$37.28	$53.31	0.86%	0.86%	0.86%	0.86%	$0.15	$0.28	$0.32	$0.45

Table 2d(ii) - Dental

Plan Number	Plan	2q2011 Single Premium Rate	2q2011 Parent & Child(ren) Premium Rate	2q2011 Couple Premium Rate	2q2011 Family Premium Rate	2q2012 Single Premium Rate	2q2012 Parent & Child(ren) Premium Rate	2q2012 Couple Premium Rate	2q2012 Family Premium Rate	Percent Increase Single Premium Rate (2q12 / 2q11)	Percent Increase Parent & Child(ren) Premium Rate (2q12 / 2q11)	Percent Increase Couple Premium Rate (2q12 / 2q11)	Percent Increase Family Premium Rate (2q12 / 2q11)	Dollar Increase Single Premium Rate (2q12 - 2q11)	Dollar Increase Parent & Child(ren) Premium Rate (2q12 - 2q11)	Dollar Increase Couple Premium Rate (2q12 - 2q11)	Dollar Increase Family Premium Rate (2q12 - 2q11)
Den 1	$2 Copay	$53.34	$99.82	$113.59	$162.49	$53.80	$100.68	$114.57	$163.88	0.86%	0.86%	0.86%	0.86%	$0.46	$0.86	$0.97	$1.39
Den 2	$5 Copay	$38.42	$71.90	$81.82	$117.04	$38.75	$72.52	$82.52	$118.04	0.86%	0.86%	0.86%	0.86%	$0.33	$0.62	$0.70	$1.00

3Q12 Rate Summary

Table 2 (cont.) - Other Riders

Table 2b(iii) - Durable Medical Equipment

Plan Number	Plan	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
DME 1	$0 Copay	$11.63	$21.77	$24.77	$35.44	$11.97	$22.40	$25.49	$36.46	2.87%	2.87%	2.87%	2.87%	$0.33	$0.63	$0.71	$1.02
DME 2	20% Copay	$9.31	$17.42	$19.82	$28.35	$9.57	$17.92	$20.39	$29.16	2.87%	2.87%	2.87%	2.87%	$0.27	$0.50	$0.57	$0.81
DME 3	50% Copay	$5.77	$10.80	$12.29	$17.57	$5.93	$11.11	$12.64	$18.08	2.87%	2.87%	2.87%	2.87%	$0.17	$0.31	$0.35	$0.51

Table 2c(iii) - Lens Reimbursement

Plan Number	Plan	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
Lens 1	$35 Lens Reimbursment	$3.05	$5.71	$6.50	$9.29	$3.14	$5.87	$6.68	$9.56	2.87%	2.87%	2.87%	2.87%	$0.09	$0.16	$0.19	$0.27
Lens 2	$70 Lens Reimbursement	$6.06	$11.34	$12.91	$18.46	$6.23	$11.67	$13.28	$18.99	2.87%	2.87%	2.87%	2.87%	$0.17	$0.33	$0.37	$0.53
Lens 4	$125 Lens Reimbursment	$10.84	$20.29	$23.08	$33.02	$11.15	$20.87	$23.75	$33.97	2.87%	2.87%	2.87%	2.87%	$0.31	$0.58	$0.66	$0.95
Lens 5	$200 Lens Reimbursment	$17.35	$32.47	$36.95	$52.85	$17.85	$33.40	$38.01	$54.37	2.87%	2.87%	2.87%	2.87%	$0.50	$0.93	$1.06	$1.52

Table 2d(III) - Dental

Plan Number	Plan	3q2011 Single Premium Rate	3q2011 Parent & Child(ren) Premium Rate	3q2011 Couple Premium Rate	3q2011 Family Premium Rate	3q2012 Single Premium Rate	3q2012 Parent & Child(ren) Premium Rate	3q2012 Couple Premium Rate	3q2012 Family Premium Rate	Percent Increase Single Premium Rate (3q12 / 3q11)	Percent Increase Parent & Child(ren) Premium Rate (3q12 / 3q11)	Percent Increase Couple Premium Rate (3q12 / 3q11)	Percent Increase Family Premium Rate (3q12 / 3q11)	Dollar Increase Single Premium Rate (3q12 - 3q11)	Dollar Increase Parent & Child(ren) Premium Rate (3q12 - 3q11)	Dollar Increase Couple Premium Rate (3q12 - 3q11)	Dollar Increase Family Premium Rate (3q12 - 3q11)
Den 1	$2 Copay	$53.34	$99.82	$113.59	$162.49	$54.87	$102.69	$116.86	$167.16	2.87%	2.87%	2.87%	2.87%	$1.53	$2.87	$3.27	$4.67
Den 2	$5 Copay	$38.42	$71.90	$81.82	$117.04	$39.52	$73.97	$84.17	$120.40	2.87%	2.87%	2.87%	2.87%	$1.10	$2.07	$2.35	$3.36

Index of Applicable Forms

Form Name	Form Description
HMO COC NY AMENDSI (2/05)	HMO COC Amendment for Self Injectables
HMO GEN AMEND RXCOPAY (01-05)	HMO Novartis Specific Drug Coverage Amendment
HMO/NY AMEND-1 DP 04/97	HMO Domestic Partner Rider
HMO NY AMEND-1 MSO 05-05	HMO Non-Custodial Care Amendment
HMO/NY AMEND-COMPINF-1 (11/99)	HMO Comprehensive Infertility Amendment
HMO/NY AMEND-NYSHIPDP-1 08/00	HMO NYSHIP Domestic Partner Rider
HMO/NY AMEND-NYSHIPRX-1 08/00	HMO NYSHIP Prescription Plan Rider
HMO/NY AMEND-PREM-1 04/97	HMO Premium Adjustment Amendment to the Group Agreement
HMO/NY AMEND RXPFIZER (05-04)	HMO Pfizer Specific Drug Coverage Amendment
HMO/NY CITYNYRXAMEND-2 05/05	HMO City of NY RX Carve Out Amendment
HMO/NY CLINICICALREV AMEND-1 (08-05)	HMO Clinical Review Wording Update
HMO/NY COC-1 04/97	HMO Certificate of Coverage
HMONY COC AMENDIMM (6/06)	HMO Immunizations
HMO/NY COC-1 w/ HMO/NY SB-1 w/ USH/NY SLC-1	Select (Premier & Patriot V, X & XV)
HMO/NY COC-1 w/ HMO/NY SB-1 w/ USH/NY RCW-1	Hybrid (Premier, Value Plus & Patriot V & X)
HMO/NY COC-1 w/ HMO/NY SB-1 w/ USH/NY UAW/GMC-1	High Option Plan
HMO/NY COC-2 04/02	HMO Certificate of Coverage
HMO/NY CONTAMEND-1 01/02	HMO Continuation Amendment
HMO/NY DENAMENDCOC-1 (03/00)	HMO Dental Exclusion Amendment to the COC
HMO/NY DIABETIC/AMEND-1 (11/03)	HMO Diabetic Supply Amendment
HMO/NY ENDORSE-SEC125-1 04/97	HMO Enrollment Endorsement to the COC
HMO/NY EXAPPAMEND-1 (09/99)	HMO External Appeal Amendment to the COC
HMO/NY GA-2 11/01	HMO Group Agreement
HMO/NY GA2AMEND 03/02	HMO Group Agreement
GR-23-7 (7/05)	HMO Employer Application Form
HMO/NY GACS-AMEND-1 04/97	HMO Group Agreement Cover Sheet Amendment
HMO/NY G&A AMEND-1 (6-06)	HMO Grievances and Appeals
HMO GEN RTF-AMEND-1 (8/05)	HMO Residential Treatment Facility Amendment
HMO/NY GEN SPEECHAMEND 08/04	HMO Optional Speech Development Delay Coverage
HMO/NY GRIEVEAMEND-1 09/01	HMO Grievance Amendment
HMO/NY HHC-AMEND-1 (7/04)	HMO Certificate of Coverage Amendment
HMO/NY HHC-AMEND-1 05/08	HMO Certificate of Coverage Amendment
HMO NY HIPAA-AMEND-1 (4/05)	HMO HIPAA Amendment
HMO NY HNOAMEND (09/06)	HMO HNO Amendment
HMO/NY IMMAMEND-1 (12/00)	HMO Immunization Amendment to the COC
HMO/NY MAMAMEND-1 (02/00)	HMO Mammogram Amendment to COC
HMO/NY MASTAMENDCOC-1 (06/99)	HMO Mastectomy Reconstruction Amendment to COC
HMO NY MENTALBENE AMEND (01/07)	HMO Mental Health Amendment
HMO/NY MOP-1 05/02	HMO Method of Payment Amendment
HMO/NY NAMEAMEND-1 03/02	HMO Name Change Amendment
HMO/NY NUSUPCOCAMEND-1 07/01	HMO Nutritional Supplement Amendment
HMO/NY NUTRSUPPRXAMEND-1 07/01	HMO Nutritional Supplement Amendment to RX2000
HMO/NY OPENACCESS(09/00)	HMO Aetna Open Access Rider
HMO/NY OPTHERAPYAMEND-1 (07-05)	HMO Therapy Limit
HMO/NY PSAAMEND-1 (01/01)	HMO Prostate Cancer Screening Amendment

HMO/NY REHAB-AMEND-1 (7/04)	HMO Certificate of Coverage Amendment
HMO/NY RIDER-ART-1 (08/98)	HMO Advanced Reproductive Technology Rider
HMO NY RIDER 2003ART-1 (07-03)	HMO Advanced Reproductive Technology Rider
HMO/NY RIDER-DEN-1 04/97	HMO Dental Plan Rider
HMO/NY RIDER-NBR-1 04/97	HMO Network Benefits Rider
HMONY RIDER-NYSHIP-2 8-03	HMO NYSHIP Plan Rider to the COC and SOB
HMO/NY Amend- NYSHIP-2 (8/05)	HMO NYSHIP Plan Rider to the COC and SOB
HI/NY ANYSHIP-ELIG V007	HMO NYSHIP
HMO/NY RIDER-RX-2000 (5/99)	HMO Prescription Plan Rider
HMO/NY RIDER-SHELL-1 04/97	HMO Shell Rider
HMO/NY RIDER-UAW-2 (10/99)	HMO [UAW] [NOCO] Plan Rider
HMO NY RIDER-VIS-2 (06/06)	HMO Prescription Lens Reimbursement Rider
HMO/NY RX2000AMEND-1 06/01	HMO Prescription Plan Rider
HMO/NY RX2000 AMEND-2 07/02	HMO Prescription Plan Rider
HMO/NY RX2000 AMEND-3 10/02	HMO Prescription Plan Rider
HMO/NY RX2003 8/03	HMO Prescription Plan Rider
HMO/NY RX2003 10/03	HMO Prescription Plan Rider
HMO/NY RX2003 4/04	HMO Prescription Plan Rider
HMO/NY RX2003 2/05	HMO Prescription Plan Rider
HMO/NY RX CONTRACPT RIDER-1 12/02	HMO Contraceptive Rider
HMO/NY RXTHERAMEND 07/02	HMO Prescription Drug Class Exclusion
HMO/NY RXVIAGRAAMEND-1 11/01	HMO Performance Rider
HMO/NY SB-2 11/01	HMO Schedule of Benefits
HMO/NY SB-2 11/03	HMO Schedule of Benefits
HMO/NY SB-3 10-03	HMO Schedule of Benefits
HMO/NY SB-PREFER-1 04/97	HMO Schedule of Benefits (Attachment A)
NY SUBRO WORKERS COMP-1 (01/06)	HMO Subrogation and Workers Compensation
HMO/NY URGENTAMEND-1 08/01	HMO Urgent Care Amendment
HMO/NY TRANSPLANT-AMEND-1 (6/03)	HMO Transplant Amendment
HMO/NY VESTAMENDCOC-1 (02/00)	HMO Vesting Amendment to the COC
HI GE ASURGERYDEF V001	HMO Surgery Exclusion
HI GE FELONYEXCL V001;	HMO Felony Exclusion
HI NY ACOMPASSION V001	HMO Compassionate Care
HI NY ACONT08400 V001	HMO Continuation Requirements
HI NY AFED08MHPAR V001	HMO Mental Health Parity Act
HI NY ATRANSPLANT V002	HMO Transplants
HI NY ACNYRXSI V001	HMO City of NY
HI NY COCNYSI V001	HMO City of NY
HI NY RRXGENERICO V001	HMO Generic Only Prescription drug
HI NY ARxROCKLAND V001	HMO Prescription Drug
HI NY SOBSchedule V004	HMO Summary of Benefits
HMO/NY TRANSPLANTS 10/08	HMO Transplants
HI NY WELLINCENT V001	HMO Wellness
HI NY AALTERNATES V002	HMO Alternate Sites of Service
HI NY AGRIEAPPEAL V001	HMO Grievances and Appeals
HI NY ACONTUMLOA V001	HMO Michelle's Law
HI NY AContDeps29 V001	HMO Dependent Age to 29
HI NY ASTATHCRGrp 01	HMO PPACA Requirements

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 3 quarters provided in this filing (1Q2012-3Q2012) would be 100.4%.

As a result of the new pooling methodology established by the Fifth Amendment to Regulation 146, we have included a credit of 15.0% of premium for 2012 consistent with our filed plan for the use of these market stabilization pool amounts. Therefore, our projected loss ratio adjusted for this reimbursement from the pool is 85.4% (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 15.0% credit from the market stabilization pool to be in excess of the 82% statutory minimum. The claim trend assumptions underlying this analysis are 11.5%.

The administrative expense assumptions underlying this analysis are approximately 10.3%, comprised of 4% for commissions, 1% for premium taxes with the remaining 5.3% for other selling and general administrative expenses.

Outline of General Underwriting and Marketing Methods

Aetna Health Inc. (New York), headquartered in Uniondale, New York, is licensed as a Health Maintenance Organization (HMO) pursuant to Article 44 of the New York State Public Health Law.

Aetna Health Inc. has approximately 5,485 total small group members excluding Healthy NY membership.

Aetna Health Inc. offers its comprehensive health care benefits, to the residents of the Greater New York counties of: New York, Queens, Kings, Bronx, Suffolk, Nassau, Westchester, Putnam, Orange, Rockland, Richmond, Dutchess, Ulster and Sullivan; the Syracuse counties of: Onondaga, Oswego, and Cayuga; and the Binghamton counties of: Broome and Tioga.

Aetna Health Inc. is an Individual Practice (IPA) model HMO that contracts with independent primary care physicians and specialists as well as with hospitals and ancillary providers.

Aetna Health Inc. offers traditional community rated contracts to employer groups, with no preexisting condition limitations or benefit waiting periods. Aetna Health Inc. makes available to these groups only those products and rates filed and approved, and compliant with all insurance laws, regulations and practices in the state of New York.