State: *New York* **Filing Company:** *Aetna Health Inc. (NY)*
TOI/Sub-TOI: *HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO*
Product Name: *NY SG AHI 1Q14-4Q14*
Project Name/Number: *NY SG AHI 1Q14-4Q14/*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		NY SG Rate Manual AHI	OffHIXHNYGR-96816, OffHIXHNYGR-96816-Contra Rider, OffHIXHNYGR-96816-SB, OffHIXHNYGR-96816-DepsAge 29, HMO/NY HEALTHY HCRSBC-1, HMO/NY HEALTHY-PREMIUMS	New		NY SG Rate Manual AHI - 07-15-2013.pdf,

Aetna Health Inc.

New York Small Group

Premium Rate Manual

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Aetna Health Inc.

New York Small Group

Premium Rate Manual

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 and includes rates for our new products that will be offered effective January 1, 2014.

Aetna Health Inc.

New York Small Group

Premium Rate Manual

The following Steps are used to calculate premium rates.

1. **2014 Base Rate**

Platinum Index Premium Rate
$377.06

2. **Plan Pricing Values**

   Plan Relativity Factor Table – rate factor for each unique plan design.

   Base Rate x Plan Relativity Factor = Rate for Unique Plan

   The product identifier will identify the plan. For each product identifier, there will be a rate relativity factor.

   The plan factors shown on page C-1 reflect the pricing differential for each product.

3. **Standardized Rating Region**

   Below is the NY SG rating area factor table - Rate factor to reflect differences in cost by geographic area. Base Rate x Plan Relativity Factor x Area Factor = Rate for that Plan for that Rating Area. The rating regions listed below are based on the required ACA standardized rating regions.

Rating Region	Counties	Area Factor
Region 1	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	0.8200
Region 2	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	0.9000
Region 3	Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster	0.8900
Region 4	Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester	1.0000
Region 5	Livingston, Monroe, Ontario, Seneca, Wayne, Yates	0.7000
Region 6	Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins	0.7900
Region 7	Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence	0.8200
Region 8	Nassau, Suffolk	1.0000

4. **Effective Date Factor table -** premium rate level adjustment factor to reflect differences in cost by effective date.

	HMO
	Effective Date Factor
01/01/2014	1.0000
02/01/2014	1.0000
03/01/2014	1.0000
04/01/2014	1.0254
05/01/2014	1.0254
06/01/2014	1.0254
07/01/2014	1.0515
08/01/2014	1.0515
09/01/2014	1.0515
10/01/2014	1.0783
11/01/2014	1.0783
12/01/2014	1.0783

5. **Standardized Census Tiers**

All Aetna New York Individual products will be priced to reflect the tiers and relativities specified by the DFS.

Tier	Relativities
Single	1.00
Single + Spouse	2.00
Single + Child(ren)	1.70
Single + Spouse + Child(ren)	2.85

6. **Dependent Age Adjustment Factor**

For subscribers who choose to have the Dependent Up to Age 30 rider, the additional adjustment to the rate is as follows:

Non-Student Age	Student Age	Single	Parent & Child(ren)	Couple	Family
26	26	1.000	1.000	1.000	1.000
30	30	1.030	1.030	1.030	1.030

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.

7. **Subscriber Rate**

   The subscriber rate is equal to Step 1 x Step 2 x Step 3 x Step 4 or Step 5 x Step 6, rounded to the nearest dollar.

8. **Example of Rate Calculations**

   Base Rate * Plan Factor * Rating Area Factor * Effective Date factor * Tier Factor* Dep Age Adj. Factor

   Region 1 with NY Gold Healthy NY 600 – January 2014

   Single:
   Round ($377.06 *1.113383 * 0.8200 * 1.0 * 1.0*1.0, 0) = $344.24

   Single with Dependent Up to Age 30 Rider:
   Round ($377.06 *1.113383 * 0.8200 * 1.0 * 1.0*1.03, 0) = $354.57

   Single + Spouse:
   Round ($377.06 *1.113383 * 0.8200 * 1.0 * 2.0*1.0, 0) = $688.49

   Single + Spouse with Dependent Up to Age 30 Rider:
   Round ($377.06 *1.113383 * 0.8200 * 1.0 * 2.0*1.03, 0) = $709.14

   Single + Child(ren):
   Round ($377.06 *1.113383 * 0.8200 * 1.0 * 1.7*1.0, 0) = $585.22

   Single + Child(ren) with Dependent Up to Age 30 Rider:
   Round ($377.06 *1.113383 * 0.8200 * 1.0 * 1.7*1.03, 0) = $602.77

   Single + Spouse + Child(ren)
   Round ($377.06 *1.113383 * 0.8200 * 1.0 * 2.85*1.0, 0) = $981.10

   Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider:
   Round ($377.06 *1.113383 * 0.8200 * 1.0 * 2.85*1.03, 0) = $1010.53

Region 8 with NY Gold Healthy NY 600 – April 2014

Single:
Round ($377.06 *1.113383 * 1.0 * 1.0254 * 1.0*1.0, 0) = $430.46

Single with Dependent Up to Age 30 Rider:
Round ($377.06 *1.113383 * 1.0 * 1.0254 * 1.0*1.030, 0) = $443.37

Single + Spouse:
Round ($377.06 *1.113383 * 1.0 * 1.0254 * 2.0*1.0, 0) = $860.92

Single + Spouse with Dependent Up to Age 30 Rider:
Round ($377.06 *1.113383 * 1.0 * 1.0254 * 2.0*1.030, 0) = $886.75

Single + Child(ren):
Round ($377.06 *1.113383 * 1.0 * 1.0254 * 1.7*1.0, 0) = $731.78

Single + Child(ren) with Dependent Up to Age 30 Rider:
Round ($377.06 *1.113383 * 1.0 * 1.0254 * 1.7*1.030, 0) = $753.73

Single + Spouse + Child(ren)
Round ($377.06 *1.113383 * 1.0 * 1.0254 * 2.85*1.0, 0) = $1226.81

Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider:
Round ($377.06 *1.113383 * 1.0 * 1.0254 * 2.85*1.030, 0) = $1263.61

Aetna Health, Inc.
New York Small Group HMO Filing
SERFF ID: AETN-128992632
Exhibit B

New York Small Group HMO Portfolio | Summary of Benefits

Contents

NY GOLD HEALTHY NY 2
NY GOLD HEALTHY NY RE 4

Summary of Benefits Covered

NY GOLD HEALTHY NY

New York Small Group

Gold Plan

Summary of Features	In-Network
Deductible Individual Family	 $600 $1,200
Coinsurance *(Member Responsibility)*	20% Coins only applies to DME, Medical supplies, hearing aids and eyewear
	$0 once out-of-pocket max. is satisfied
Out-of-Pocket Maximum Individual Familiy	$4,000 $8,000 *All cost sharing applies to the Out-of-Pocket Maximum above. $0 once out-of-pocket max is satisfied*
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	$25 per visit after deductible
Specialist Visit	$40 per visit after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	$1,000/Admit after deductible
Emergency Room Services	$150 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	$25 per visit after deductible
Imaging (CT/PET Scans, MRIs)	$40 per visit after deductible
Rehabilitative Speech Therapy	$30 per visit after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	$30 per visit after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	$40 per visit after deductible
X-rays and Diagnostic Imaging	$40 per visit after deductible
Skilled Nursing Facility	$1,000/Admit after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$100 per visit after deductible
Outpatient Surgery Physician/Surgical Services	$100 per visit after deductible

Pharmacy	In-Network
Pharmacy Deductible Individual Family	 N/A N/A
Generics	$10 copay
Preferred Brand Drugs	$35 copay
Non-Preferred Brand Drugs	$70 copay
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Pediatric dental benefits are included in the above plan.*

NY GOLD HEALTHY NY

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier Gold

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00	$600.00			
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	100.00%			
OOP Maximum ($)	$4,000.00		$4,000.00			
OOP Maximum if Separate ($)	$4,000.00	$0.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑		
Specialist Visit	☑	☐		$40.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$34.08	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	96%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$70.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.0%
Metal Tier:	Gold

This product, NY Gold Healthy NY, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79%.

Summary of Benefits Covered

NY GOLD HEALTHY NY RE

* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

New York Small Group

Gold Plan

Summary of Features	In-Network
Deductible Individual Family	 $600 $1,200
Coinsurance *(Member Responsibility)*	20% Coins only applies to DME, Medical supplies, hearing aids and eyewear *$0 once out-of-pocket max. is satisfied*
Out-of-Pocket Maximum Individual Familiy	$4,000 $8,000 *All cost sharing applies to the Out-of-Pocket Maximum above. $0 once out-of-pocket max is satisfied*
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	$25 per visit after deductible
Specialist Visit	$40 per visit after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	$1,000/Admit after deductible
Emergency Room Services	$150 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	$25 per visit after deductible
Imaging (CT/PET Scans, MRIs)	$40 per visit after deductible
Rehabilitative Speech Therapy	$30 per visit after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	$30 per visit after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	$40 per visit after deductible
X-rays and Diagnostic Imaging	$40 per visit after deductible
Skilled Nursing Facility	$1,000/Admit after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$100 per visit after deductible
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Pharmacy	In-Network
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Generics	$10 copay
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**Pediatric dental benefits are included in the above plan.*

NY GOLD HEALTHY NY RE

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

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Apply Inpatient Copay per Day? ☐
Apply Skilled Nursing Facility Copay per Day? ☐
Use Separate OOP Maximum for Medical and Drug Spending? ☐
Indicate if Plan Meets CSR Standard? ☐
Desired Metal Tier Gold

HSA/HRA Options	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
1st Tier Utilization:	
2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)	$600.00	$0.00	$600.00			
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	100.00%			
OOP Maximum ($)	$4,000.00		$4,000.00			
OOP Maximum if Separate ($)	$4,000.00	$0.00				

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☑	☑		
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Specialist Visit	☑	☐		$40.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$34.08	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	95%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	96%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$70.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☑	☑		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	☐
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	☐
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	☐
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	☐
# Copays (1-10):	

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.0%
Metal Tier:	Gold

This product, NY Gold Healthy NY RE, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79%.

Plan Relativity Factors

Table 1 - HMO

New Plan Name	Plan Relativity Factor	Rx Generic	Rx Brand Formulary	Rx Brand Non-Formulary	INN Coins	INN Deductible	INN OOP Max	Primary Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay
NY Gold Healthy NY 600	1.113383	$10	$35	$70	20%	$600	$4,000	$25	$40	$100	$1000 / admit	$150
NY Gold Healthy NY 600 RE	1.096929	$10	$35	$70	20%	$600	$4,000	$25	$40	$100	$1000 / admit	$150

Aetna Health Inc.
New York Small Group

Premium Rates

Monthly rates for effective dates January 1, 2014 through December 31, 2014 are shown in pages D-2 through D-33.

1Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA01

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$344.24	$585.22	$688.49	$981.10	$354.57	$602.77	$709.14	$1,010.53
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$339.16	$576.57	$678.32	$966.60	$349.33	$593.86	$698.66	$995.60

2Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA01

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$352.98	$600.06	$705.95	$1,005.98	$363.57	$618.06	$727.13	$1,036.16
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$347.76	$591.19	$695.52	$991.12	$358.19	$608.93	$716.39	$1,020.85

3Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA01

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$361.96	$615.33	$723.92	$1,031.59	$372.82	$633.79	$745.64	$1,062.53
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$356.61	$606.24	$713.22	$1,016.34	$367.31	$624.43	$734.62	$1,046.83

4Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA01

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$371.19	$631.03	$742.39	$1,057.91	$382.33	$649.96	$764.66	$1,089.64
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$365.71	$621.71	$731.42	$1,042.27	$376.68	$640.36	$753.36	$1,073.54

1Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA02

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$377.83	$642.31	$755.66	$1,076.81	$389.16	$661.58	$778.33	$1,109.12
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$372.25	$632.82	$744.49	$1,060.90	$383.41	$651.80	$766.83	$1,092.73

2Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA02

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$387.41	$658.60	$774.83	$1,104.13	$399.04	$678.36	$798.07	$1,137.25
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$381.69	$648.87	$763.38	$1,087.81	$393.14	$668.34	$786.28	$1,120.45

3Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA02

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$397.27	$675.36	$794.55	$1,132.23	$409.19	$695.63	$818.38	$1,166.20
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$391.40	$665.38	$782.80	$1,115.50	$403.14	$685.35	$806.29	$1,148.96

4Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA02

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$407.41	$692.60	$814.82	$1,161.12	$419.63	$713.37	$839.26	$1,195.95
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$401.39	$682.36	$802.78	$1,143.96	$413.43	$702.83	$826.86	$1,178.27

1Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA03

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$373.63	$635.17	$747.26	$1,064.85	$384.84	$654.23	$769.68	$1,096.80
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$368.11	$625.79	$736.22	$1,049.11	$379.15	$644.56	$758.31	$1,080.59

2Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA03

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$383.11	$651.29	$766.22	$1,091.86	$394.60	$670.82	$789.20	$1,124.62
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$377.45	$641.66	$754.89	$1,075.72	$388.77	$660.91	$777.54	$1,108.00

3Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA03

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$392.86	$667.86	$785.72	$1,119.65	$404.64	$687.90	$809.29	$1,153.24
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$387.05	$657.99	$774.11	$1,103.10	$398.66	$677.73	$797.33	$1,136.20

4Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA03

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$402.88	$684.90	$805.76	$1,148.21	$414.97	$705.45	$829.94	$1,182.66
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$396.93	$674.78	$793.86	$1,131.25	$408.84	$695.02	$817.67	$1,165.18

1Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA04

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$419.81	$713.68	$839.62	$1,196.46	$432.41	$735.09	$864.81	$1,232.35
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$413.61	$703.13	$827.21	$1,178.78	$426.01	$724.23	$852.03	$1,214.14

2Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA04

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$430.46	$731.78	$860.92	$1,226.81	$443.37	$753.73	$886.75	$1,263.61
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$424.10	$720.97	$848.20	$1,208.68	$436.82	$742.60	$873.64	$1,244.94

3Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA04

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$441.41	$750.41	$882.83	$1,258.03	$454.66	$772.92	$909.31	$1,295.77
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$434.89	$739.32	$869.78	$1,239.44	$447.94	$761.49	$895.88	$1,276.62

4Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA04

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$452.68	$769.55	$905.35	$1,290.13	$466.26	$792.64	$932.51	$1,328.83
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$445.99	$758.18	$891.97	$1,271.06	$459.37	$780.92	$918.73	$1,309.19

1Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA05

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$293.87	$499.57	$587.74	$837.52	$302.68	$514.56	$605.37	$862.65
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$289.52	$492.19	$579.05	$825.15	$298.21	$506.96	$596.42	$849.90

2Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA05

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$301.32	$512.25	$602.64	$858.77	$310.36	$527.61	$620.72	$884.53
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$296.87	$504.68	$593.74	$846.08	$305.77	$519.82	$611.55	$871.46

3Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA05

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$308.99	$525.28	$617.98	$880.62	$318.26	$541.04	$636.52	$907.04
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$304.42	$517.52	$608.85	$867.61	$313.56	$533.05	$627.11	$893.64

4Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA05

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$316.87	$538.69	$633.75	$903.09	$326.38	$554.85	$652.76	$930.18
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$312.19	$530.72	$624.38	$889.74	$321.56	$546.65	$643.11	$916.44

1Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA06

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$331.65	$563.81	$663.30	$945.20	$341.60	$580.72	$683.20	$973.56
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$326.75	$555.47	$653.50	$931.24	$336.55	$572.14	$673.10	$959.17

2Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA06

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$340.06	$578.11	$680.13	$969.18	$350.26	$595.45	$700.53	$998.26
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$335.04	$569.56	$670.08	$954.86	$345.09	$586.65	$690.18	$983.50

3Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA06

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$348.72	$592.82	$697.44	$993.85	$359.18	$610.60	$718.36	$1,023.66
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$343.56	$584.06	$687.13	$979.16	$353.87	$601.58	$707.74	$1,008.53

4Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA06

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$357.61	$607.94	$715.23	$1,019.20	$368.34	$626.18	$736.69	$1,049.78
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$352.33	$598.96	$704.66	$1,004.14	$362.90	$616.93	$725.80	$1,034.26

1Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA07

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$344.24	$585.22	$688.49	$981.10	$354.57	$602.77	$709.14	$1,010.53
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$339.16	$576.57	$678.32	$966.60	$349.33	$593.86	$698.66	$995.60

2Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA07

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$352.98	$600.06	$705.95	$1,005.98	$363.57	$618.06	$727.13	$1,036.16
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$347.76	$591.19	$695.52	$991.12	$358.19	$608.93	$716.39	$1,020.85

3Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA07

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$361.96	$615.33	$723.92	$1,031.59	$372.82	$633.79	$745.64	$1,062.53
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$356.61	$606.24	$713.22	$1,016.34	$367.31	$624.43	$734.62	$1,046.83

4Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA07

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$371.19	$631.03	$742.39	$1,057.91	$382.33	$649.96	$764.66	$1,089.64
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$365.71	$621.71	$731.42	$1,042.27	$376.68	$640.36	$753.36	$1,073.54

1Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA08

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014	Single Premium Rate 1Q 2014	Parent & Child(ren) Premium Rate 1Q 2014	Couple Premium Rate 1Q 2014	Family Premium Rate 1Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$419.81	$713.68	$839.62	$1,196.46	$432.41	$735.09	$864.81	$1,232.35
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$413.61	$703.13	$827.21	$1,178.78	$426.01	$724.23	$852.03	$1,214.14

2Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA08

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014	Single Premium Rate 2Q 2014	Parent & Child(ren) Premium Rate 2Q 2014	Couple Premium Rate 2Q 2014	Family Premium Rate 2Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$430.46	$731.78	$860.92	$1,226.81	$443.37	$753.73	$886.75	$1,263.61
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$424.10	$720.97	$848.20	$1,208.68	$436.82	$742.60	$873.64	$1,244.94

3Q 2014 Rate Summary

Rate Tables - Medical Plans

NYRA08

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014	Single Premium Rate 3Q 2014	Parent & Child(ren) Premium Rate 3Q 2014	Couple Premium Rate 3Q 2014	Family Premium Rate 3Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$441.41	$750.41	$882.83	$1,258.03	$454.66	$772.92	$909.31	$1,295.77
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$434.89	$739.32	$869.78	$1,239.44	$447.94	$761.49	$895.88	$1,276.62

4Q 2014 Rate Summary

Rate Tables - Medical Plans
NYRA08

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014	Single Premium Rate 4Q 2014	Parent & Child(ren) Premium Rate 4Q 2014	Couple Premium Rate 4Q 2014	Family Premium Rate 4Q 2014
14018914	NY Gold Healthy NY 600	Gold	HMO	$452.68	$769.55	$905.35	$1,290.13	$466.26	$792.64	$932.51	$1,328.83
14018911	NY Gold Healthy NY 600 RE	Gold	HMO	$445.99	$758.18	$891.97	$1,271.06	$459.37	$780.92	$918.73	$1,309.19

List of Small Group Off-Exchange Forms

Healthy New York

OffHIXHNYGR-96816,
OffHIXHNYGR-96816-Contra Rider
OffHIXHNYGR-96816-SB
OffHIXHNYGR-96816-DepsAge 29
HMO/NY HEALTHY HCRSBC-1
HMO/NY HEALTHY- PREMIUMS

Exhibit A

Average Anticipated Loss Ratios for Medical Coverage Pricing Components Shown as a Percentage of Premium

New York Employer Groups with Fewer than 50 Employees	
Incurred Claims	88.1%
General Expenses	5.5%
ACA taxes and fees	3.9%
Premium Taxes	1.7%
Commissions	4.0%
FIT + Profit	-3.1%
Total	100.0%
After FIT Profit	-2.0%

FIT = Federal Income Tax

Loss Ratio for Small Group Coverages

The AHI small group HMO product's projected loss ratio adjusted for the Stop Loss Reimbursement for customers with rate increases effective for the 4 quarters provided in this filing (1Q2014-4Q2014) would be 88.1%. 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 calendar year 2014 to be in excess of the 82% statutory minimum.

Without expected credits (26.2% of claims) from the Stop Loss Reimbursement, the Healthy New York projected loss ratio for customers with rate increases effective for the 4 quarters provided in this filing (1Q2014-4Q2014) would be 119.3% (88.1% /(1- 26.2%).

The claim trend assumption underlying this analysis is 11.8%. The administrative expense assumptions underlying this analysis are approximately 15.0%, comprised of 4.0% for commissions, 1.7% for premium taxes with the remaining 9.4% for other selling and general administrative expenses including 3.9% to cover ACA related taxes and fees (RC and HIF), details of these taxes and fees are discussed in actuarial memorandum.

Exhibit B
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. 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.

Exhibit C
Commissions Schedule and Incentive Fees

The commission schedule for 2014 has not been finalized. We currently estimated commissions to be at 4% of premium. We will make the appropriate adjustments once the commission schedule is finalized.

We expect to finalize commission schedules in July.