

Aetna Life Insurance Company

New York Individual

Rate Manual

Table of Contents

<u>Description</u>	<u>Page</u>
General	A-1
Premium Rate Manual	A-2 – A-4
Product Summary and Actuarial Values	B-1 – B-10
Plan Forms and Actuarial Value Benefits	C-1
Rate Tables	D-1 – D-12
List of Applicable Forms	E-1
Commissions Schedule and Incentive Fees	F-1
Loss Ratio	G-1
Marketing and Underwriting	H-1

Aetna Life Insurance Company

New York Individual

General

This rate manual contains worksheets and instructions for calculating the community rates for the New York Individual Plans available from Aetna Life Insurance Company. It is in accordance with Insurance Law Section 3231 (d) Rate Applications and includes rates for Aetna's new products that will be offered effective January 1, 2014.

Aetna Life Insurance Company

New York Individual Premium Rate Manual

The following steps are used to calculate premium rates.

1. 2014 Base Rate

Silver Base Premium Rate	\$596.95
---------------------------------	-----------------

2. Dependent Up to Age 30 Rider

The Federal Health Care Reform allows for continue coverage for dependents on their parent's health plan until age 26. The New York "Age 29" Dependent Coverage Extension permits young adults to continue or obtain coverage under a parent's policy through the age of 29. For subscribers who choose to have the Dependent Up to Age 30 rider, the Silver Base Premium Rate is 3% higher than the rate shown in Step 1 above. The Silver Base Premium Rate with Dependent Up to Age 30 rider is:

Silver Base Premium Rate	\$614.86
---------------------------------	-----------------

3. Plan Pricing Values

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

4. Standardized Rating Region

The table below shows the New York Individual rating area factors that reflect differences in cost by geographic 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	0.82
Region 2	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	0.90
Region 3	Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster	0.89
Region 4	Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester	1.00
Region 5	Livingston, Monroe, Ontario, Seneca, Wayne, Yates	0.70
Region 6	Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins	0.79
Region 7	Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence	0.82
Region 8	Nassau, Suffolk	1.00

5. Standardized Census Tiers

All of Aetna’s New York Individual products will be priced to reflect the following 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. Child Only Plans

Aetna will offer one Child Only product in each metal tier. The Child Only rate is set at 41.2% of the corresponding single rate product. For a Child Only plan that covers two children in a family, the premium rate would be twice the one child premium rate. For a Child Only plan that covers three or more children in a family, the premium rate would be three times the one child premium rate, consistent with HHS Regulations.

One Child	Two Children	Three or More Children
0.412	One Child Rate * 2	One Child Rate * 3

7. Subscriber Rate

For subscribers without the Dependent Up to Age 30 rider, the subscriber rate is equal to Step 1 x Step 3 x Step 4 x Step 5 or Step 6, rounded to the nearest dollar.

For subscribers who choose the Dependent Up to Age 30 rider, the subscriber rate is equal to Step 2 x Step 3 x Step 4 x Step 5 or Step 6, rounded to the nearest dollar.

The rate tables are shown on pages D-2 to D-12. The applicability period for the rate tables is January 1, 2014 through December 31, 2014.

8. Examples of Rate Calculations

Region 3 with NY Aetna Advantage 2000 PD: OAEPO (Base Silver) Plan

Single:
 $\text{Round}(\$596.95 * 1.0 * 0.89 * 1.0,0) = \531

Single + Spouse:
 $\text{Round}(\$596.95 * 1.0 * 0.89 * 2.0,0) = \$1,063$

Single + Child(ren):
 $\text{Round}(\$596.95 * 1.0 * 0.89 * 1.7,0) = \903

Single + Spouse + Child(ren):
 $\text{Round}(\$596.95 * 1.0 * 0.89 * 2.85,0) = \$1,514$

Single + Child(ren) with Dependent Up to Age 30 Rider:
 $\text{Round}(\$614.86 * 1.0 * 0.89 * 1.7,0) = \930

Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider:
Round($\$614.86 * 1.0 * 0.89 * 2.85,0$) = \$1,560

One Child:
Round($\$596.95 * 1.0 * 0.89 * 0.412,0$) = \$219

Two Children:
Round($\$596.95 * 1.0 * 0.89 * 0.412,0$) * 2 = \$219 * 2 = \$438

Three or More Children:
Round($\$596.95 * 1.0 * 0.89 * 0.412,0$) * 3 = \$219 * 3 = \$657

Region 8 with NY Aetna Advantage 2000 PD: OAEPO (Base Silver) Plan

Single:
Round($\$596.95 * 1.0 * 1.0 * 1.0,0$) = \$597

Single + Spouse:
Round($\$596.95 * 1.0 * 1.0 * 2.0,0$) = \$1,194

Single + Child(ren):
Round($\$596.95 * 1.0 * 1.0 * 1.7,0$) = \$1,015

Single + Spouse + Child(ren):
Round($\$596.95 * 1.0 * 1.0 * 2.85,0$) = \$1,701

Single + Child(ren) with Dependent Up to Age 30 Rider:
Round($\$614.86 * 1.0 * 1.0 * 1.7,0$) = \$1,045

Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider:
Round($\$614.86 * 1.0 * 1.0 * 2.85,0$) = \$1,752

One Child:
Round($\$596.95 * 1.0 * 1.0 * 0.412,0$) = \$246

Two Children:
Round($\$596.95 * 1.0 * 1.0 * 0.412,0$) * 2 = \$246 * 2 = \$492

Three or More Children:
Round($\$596.95 * 1.0 * 1.0 * 0.412,0$) * 3 = \$246 * 3 = \$738

Aetna Life Insurance Company

New York Individual

NY AETNA ADVANTAGEPLUS 3000 PD: OAEPO

Summary of Benefits Covered

NY AETNA ADVANTAGEPLUS 3000 PD: OAEPO

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$3,000
Family	\$6,000
Coinsurance (Member Responsibility)	50%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,350
Family	\$12,700
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	50% after deductible 50% after deductible
Specialist Visit	50% after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	50% after deductible
Emergency Room Services	50% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	50% after deductible
Imaging (CT/PET Scans, MRIs)	50% after deductible
Rehabilitative Speech Therapy	50% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	50% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	50% after deductible
X-rays and Diagnostic Imaging	50% after deductible
Skilled Nursing Facility	50% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50% after deductible
Outpatient Surgery Physician/Surgical Services	50% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	Integrated with medical
Family	Integrated with medical
Generics	\$10 copay
Preferred Brand Drugs	\$35 copay
Non-Preferred Brand Drugs	\$70 copay
Specialty Drugs (i.e. high-cost)	Paid at three tier cost structure

NOTE: The plan benefits listed above are identical to the benefits of the Child-Only plan and the Dependent Coverage Up to Age 30 rider.

Aetna Life Insurance Company

New York Individual

NY AETNA ADVANTAGEPLUS 3000 PD: OAEPO

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 continuation 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: Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,000.00			
Coinurance (%; Insurer's Cost Share)			50.00%			
OOP Maximum (\$)			\$6,350.00			
OOP Maximum if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.000%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.000%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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/Coinurance After a Set Number of Copays?
 # Copays (1-10): _____

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 62.0%
 Metal Tier: Bronze

This product, NY Aetna AdvantagePlus 3000 PD: OAEPO, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 62.0%

NOTE: The plan benefits listed above are identical to the benefits of the Child-Only plan and the Dependent Coverage Up to Age 30 rider.

Aetna Life Insurance Company

New York Individual

NY AETNA PINNACLE PD: OAEPO

Summary of Benefits Covered

NY AETNA PINNACLE PD: OAEPO

New York

Platinum Plan

Summary of Features In-Network

Deductible	
Individual	\$0
Family	\$0
Coinsurance <i>(Member Responsibility)</i>	10%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$2,000
Family	\$4,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$15 per visit \$35 per visit
Specialist Visit	\$35 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$500/Admit
Emergency Room Services	\$100 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$15 per visit
Imaging (CT/PET Scans, MRIs)	\$35 per visit
	\$25 per visit
Rehabilitative Speech Therapy	
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$25 per visit
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$35 per visit
	\$35 per visit
X-rays and Diagnostic Imaging	
Skilled Nursing Facility	\$500/Admit
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 per visit
Outpatient Surgery Physician/Surgical Services	0%

Pharmacy In-Network

Pharmacy Deductible	
Individual	\$0
Family	\$0
Generics	\$10 copay
Preferred Brand Drugs	\$30 copay
Non-Preferred Brand Drugs	\$60 copay
Specialty Drugs (i.e. high-cost)	paid at three tier structure

NOTE: The plan benefits listed above are identical to the benefits of the Child-Only plan and the Dependent Coverage Up to Age 30 rider.

Aetna Life Insurance Company

New York Individual

NY AETNA PINNACLE PD: OAEPO

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: Empire

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.280%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.750%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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: 88.1%

Metal Tier: Empire

This product, NY Aetna Pinnacle PD: OAEPO, satisfies the HHS guidelines for an Platinum plan with an Actuarial Value of 88.1%

NOTE: The plan benefits listed above are identical to the benefits of the Child-Only plan and the Dependent Coverage Up to Age 30 rider.

Aetna Life Insurance Company

New York Individual

NY AETNA PINNACLE PD: OAMC

Summary of Benefits Covered

NY AETNA PINNACLE PD: OAMC

New York

Platinum Plan

Summary of Features	In-Network	Out-of-Network
Deductible		
Individual	\$0	\$1,000
Family	\$0	\$2,000
Coinsurance (Member Responsibility)	10%	20%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$2,000	\$3,000
Family	\$4,000	\$5,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$15 per visit	20% after deductible
Specialist Visit	\$35 per visit	20% after deductible
All Inpatient Hospital Services (excludes Mental/Behavioral Health and Substance Abuse)	\$500/Admit	20% after deductible
Emergency Room Services	\$100 per visit	\$100 per visit
Mental/Behavioral Health and Substance Abuse Disorder Inpatient Services	\$500/Admit	10% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$15 per visit	10% after deductible
Imaging (CT/PET Scans, MRIs)	\$35 per visit	20% after deductible
Rehabilitative Speech Therapy	\$25 per visit	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$25 per visit	20% after deductible
Preventive Care/Screening/Immunization	0%	20% after deductible
Laboratory Outpatient and Professional Services	\$35 per visit	20% after deductible
X-rays and Diagnostic Imaging	\$35 per visit	20% after deductible
Skilled Nursing Facility	\$500/Admit	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100 per visit	20% after deductible
Outpatient Surgery Physician/Surgical Services	0%	20% after deductible

Pharmacy	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	\$0	Not Applicable
Family	\$0	Not Applicable
Generics	\$10	Not Covered
Preferred Brand Drugs	\$30	Not Covered
Non-Preferred Brand Drugs	\$60	Not Covered
Specialty Drugs (i.e. high-cost)	paid at three tier structure	Not Covered

Aetna Life Insurance Company

New York Individual

NY AETNA PINNACLE PD: OAMC

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: Empire

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	96.280%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	93.750%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

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

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 88.1%

Metal Tier: Empire

This product, NY Aetna Pinnacle PD: OAMC, satisfies the HHS guidelines for an Platinum plan with an Actuarial Value of 88.1%

Aetna Life Insurance Company

New York Individual

NY AETNA PREMIER 600 PD: OAEPO

Summary of Benefits Covered

NY AETNA PREMIER 600 PD: OAEPO

New York

Gold Plan

Summary of Features		In-Network
Deductible		
Individual		\$600
Family		\$1,200
Coinsurance (Member Responsibility)		20%
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$4,000
Family		\$8,000
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)		\$25 per visit after deductible \$40 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
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
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		None
Family		None
Generics		\$10 copay
Preferred Brand Drugs		\$35 copay
Non-Preferred Brand Drugs		\$70 copay
Specialty Drugs (i.e. high-cost)		Paid as three tier cost structure

NOTE: The plan benefits listed above are identical to the benefits of the Child-Only plan and the Dependent Coverage Up to Age 30 rider.

Aetna Life Insurance Company

New York Individual

NY AETNA PREMIER 600 PD: OAEPO

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		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		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				
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%				
OOP Maximum (\$)		\$4,000.00				
OOP Maximum if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	96.120%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93.220%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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 Aetna Premier 600 PD: OAEPO, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.0%

NOTE: The plan benefits listed above are identical to the benefits of the Child-Only plan and the Dependent Coverage Up to Age 30 rider.

Aetna Life Insurance Company

New York Individual

NY AETNA ADVANTAGE 2000 PD: OAEPO

Summary of Benefits Covered

NY AETNA ADVANTAGE 2000 PD: OAEPO

New York

Silver Plan

Summary of Features In-Network

Deductible	
Individual	\$2,000
Family	\$4,000
Coinsurance <i>(Member Responsibility)</i>	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$5,500
Family	\$11,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$30 per visit after deductible \$50 per visit after deductible
Specialist Visit	\$50 per visit after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$1,500/Admit
Emergency Room Services	\$150 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$30 per visit after deductible
Imaging (CT/PET Scans, MRIs)	\$50 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	\$50 per visit after deductible
X-rays and Diagnostic Imaging	\$50 per visit after deductible
Skilled Nursing Facility	\$1,500/Admit
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	None
Family	None
Generics	\$10 copay
Preferred Brand Drugs	\$35 copay
Non-Preferred Brand Drugs	\$70 copay
Specialty Drugs (i.e. high-cost)	Paid as three tier cost structure

NOTE: The plan benefits listed above are identical to the benefits of the Child-Only plan and the Dependent Coverage Up to Age 30 rider.

Aetna Life Insurance Company

New York Individual

NY AETNA ADVANTAGE 2000 PD: OAEPO

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: Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00			
Coinurance (%; Insurer's Cost Share)	100.00%	100.00%			
OOP Maximum (\$)	\$5,500.00				
OOP Maximum if Separate (\$)					

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	95.570%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92.340%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.7%

Metal Tier: Silver

This product, NY Aetna Advantage 2000 PD: OAEPO, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 70.7%

NOTE: The plan benefits listed above are identical to the benefits of the Child-Only plan and the Dependent Coverage Up to Age 30 rider.

Aetna Life Insurance Company

New York Individual

<u>Form #</u>	<u>HIOS Plan ID</u>	<u>Plan</u>	<u>Exchange</u> <u>ON/OFF</u>	<u>Metallic Tier</u>	<u>Actuarial</u> <u>Value</u>	<u>Plan</u> <u>Factors</u>
S2aOffHIXGR-96807-SB	17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	70.7%	1.0000
S2aOffHIXGR-96810-SB	17210NY0050002	NY Aetna Advantage 2000 PD: OAEPO C/O	OFF	Silver	70.7%	1.0000
OffHIXGR-96807-Deps Age 29	17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	70.7%	1.0000
B2aOffHIXGR-96807-SB	17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	62.0%	0.8594
B2aOffHIXGR-96810-SB	17210NY0050005	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	OFF	Bronze	62.0%	0.8594
OffHIXGR-96807-Deps Age 29	17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	62.0%	0.8594
P2aOffHIXGR-96807-SB	17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	88.1%	1.3387
P2aOffHIXGR-96810-SB	17210NY0050008	NY Aetna Pinnacle PD: OAEPO C/O	OFF	Platinum	88.1%	1.3387
OffHIXGR-96807-Deps Age 29	17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	88.1%	1.3387
G2aOffHIXGR-96807-SB	17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	79.0%	1.1531
G2aOffHIXGR-96810-SB	17210NY0050011	NY Aetna Premier 600 PD: OAEPO C/O	OFF	Gold	79.0%	1.1531
OffHIXGR-96807-Deps Age 29	17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	79.0%	1.1531
P3aOffHIXGR-96804-SB	17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	88.1%	1.3538

Aetna Life Insurance Company

New York Individual

Premium Rates

Monthly rates for effective dates January 1, 2014 through December 31, 2014 are shown on pages D-2 through D-12.

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2014 through December 31, 2014

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 1	Single	\$489
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 1	Single + Child(ren)	\$832
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 1	Single + Spouse	\$979
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 1	Single + Spouse + Child(ren)	\$1,395
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 2	Single	\$537
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 2	Single + Child(ren)	\$913
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 2	Single + Spouse	\$1,075
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 2	Single + Spouse + Child(ren)	\$1,531
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 3	Single	\$531
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 3	Single + Child(ren)	\$903
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 3	Single + Spouse	\$1,063
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 3	Single + Spouse + Child(ren)	\$1,514
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 4	Single	\$597
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 4	Single + Child(ren)	\$1,015
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 4	Single + Spouse	\$1,194
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 4	Single + Spouse + Child(ren)	\$1,701
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 5	Single	\$418
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 5	Single + Child(ren)	\$710
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 5	Single + Spouse	\$836
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 5	Single + Spouse + Child(ren)	\$1,191
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 6	Single	\$472
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 6	Single + Child(ren)	\$802
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 6	Single + Spouse	\$943
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 6	Single + Spouse + Child(ren)	\$1,344
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 7	Single	\$489
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 7	Single + Child(ren)	\$832
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 7	Single + Spouse	\$979
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 7	Single + Spouse + Child(ren)	\$1,395
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 8	Single	\$597
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 8	Single + Child(ren)	\$1,015
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 8	Single + Spouse	\$1,194
17210NY0050001	NY Aetna Advantage 2000 PD: OAEPO	OFF	Silver	Region 8	Single + Spouse + Child(ren)	\$1,701

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2014 through December 31, 2014

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 1	Single	\$421
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 1	Single + Child(ren)	\$715
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 1	Single + Spouse	\$841
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 1	Single + Spouse + Child(ren)	\$1,199
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 2	Single	\$462
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 2	Single + Child(ren)	\$785
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 2	Single + Spouse	\$923
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 2	Single + Spouse + Child(ren)	\$1,316
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 3	Single	\$457
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 3	Single + Child(ren)	\$776
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 3	Single + Spouse	\$913
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 3	Single + Spouse + Child(ren)	\$1,301
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 4	Single	\$513
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 4	Single + Child(ren)	\$872
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 4	Single + Spouse	\$1,026
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 4	Single + Spouse + Child(ren)	\$1,462
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 5	Single	\$359
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 5	Single + Child(ren)	\$610
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 5	Single + Spouse	\$718
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 5	Single + Spouse + Child(ren)	\$1,023
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 6	Single	\$405
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 6	Single + Child(ren)	\$689
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 6	Single + Spouse	\$811
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 6	Single + Spouse + Child(ren)	\$1,155
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 7	Single	\$421
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 7	Single + Child(ren)	\$715
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 7	Single + Spouse	\$841
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 7	Single + Spouse + Child(ren)	\$1,199
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 8	Single	\$513
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 8	Single + Child(ren)	\$872
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 8	Single + Spouse	\$1,026
17210NY0050004	NY Aetna AdvantagePlus 3000 PD: OAEPO	OFF	Bronze	Region 8	Single + Spouse + Child(ren)	\$1,462

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2014 through December 31, 2014

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 1	Single	\$655
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 1	Single + Child(ren)	\$1,114
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 1	Single + Spouse	\$1,311
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 1	Single + Spouse + Child(ren)	\$1,868
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 2	Single	\$719
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 2	Single + Child(ren)	\$1,223
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 2	Single + Spouse	\$1,438
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 2	Single + Spouse + Child(ren)	\$2,050
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 3	Single	\$711
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 3	Single + Child(ren)	\$1,209
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 3	Single + Spouse	\$1,422
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 3	Single + Spouse + Child(ren)	\$2,027
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 4	Single	\$799
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 4	Single + Child(ren)	\$1,359
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 4	Single + Spouse	\$1,598
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 4	Single + Spouse + Child(ren)	\$2,278
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 5	Single	\$559
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 5	Single + Child(ren)	\$951
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 5	Single + Spouse	\$1,119
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 5	Single + Spouse + Child(ren)	\$1,594
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 6	Single	\$631
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 6	Single + Child(ren)	\$1,073
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 6	Single + Spouse	\$1,263
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 6	Single + Spouse + Child(ren)	\$1,799
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 7	Single	\$655
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 7	Single + Child(ren)	\$1,114
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 7	Single + Spouse	\$1,311
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 7	Single + Spouse + Child(ren)	\$1,868
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 8	Single	\$799
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 8	Single + Child(ren)	\$1,359
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 8	Single + Spouse	\$1,598
17210NY0050007	NY Aetna Pinnacle PD: OAEPO	OFF	Platinum	Region 8	Single + Spouse + Child(ren)	\$2,278

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2014 through December 31, 2014

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 1	Single	\$564
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 1	Single + Child(ren)	\$960
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 1	Single + Spouse	\$1,129
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 1	Single + Spouse + Child(ren)	\$1,609
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 2	Single	\$620
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 2	Single + Child(ren)	\$1,053
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 2	Single + Spouse	\$1,239
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 2	Single + Spouse + Child(ren)	\$1,766
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 3	Single	\$613
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 3	Single + Child(ren)	\$1,041
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 3	Single + Spouse	\$1,225
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 3	Single + Spouse + Child(ren)	\$1,746
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 4	Single	\$688
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 4	Single + Child(ren)	\$1,170
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 4	Single + Spouse	\$1,377
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 4	Single + Spouse + Child(ren)	\$1,962
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 5	Single	\$482
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 5	Single + Child(ren)	\$819
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 5	Single + Spouse	\$964
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 5	Single + Spouse + Child(ren)	\$1,373
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 6	Single	\$544
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 6	Single + Child(ren)	\$924
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 6	Single + Spouse	\$1,088
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 6	Single + Spouse + Child(ren)	\$1,550
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 7	Single	\$564
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 7	Single + Child(ren)	\$960
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 7	Single + Spouse	\$1,129
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 7	Single + Spouse + Child(ren)	\$1,609
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 8	Single	\$688
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 8	Single + Child(ren)	\$1,170
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 8	Single + Spouse	\$1,377
17210NY0050010	NY Aetna Premier 600 PD: OAEPO	OFF	Gold	Region 8	Single + Spouse + Child(ren)	\$1,962

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2014 through December 31, 2014

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single	\$663
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single + Child(ren)	\$1,127
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single + Spouse	\$1,325
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single + Spouse + Child(ren)	\$1,889
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single	\$727
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single + Child(ren)	\$1,236
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single + Spouse	\$1,455
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single + Spouse + Child(ren)	\$2,073
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single	\$719
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single + Child(ren)	\$1,223
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single + Spouse	\$1,439
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single + Spouse + Child(ren)	\$2,050
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single	\$808
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single + Child(ren)	\$1,374
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single + Spouse	\$1,616
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single + Spouse + Child(ren)	\$2,303
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single	\$566
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single + Child(ren)	\$962
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single + Spouse	\$1,131
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single + Spouse + Child(ren)	\$1,612
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single	\$638
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single + Child(ren)	\$1,085
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single + Spouse	\$1,277
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single + Spouse + Child(ren)	\$1,820
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single	\$663
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single + Child(ren)	\$1,127
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single + Spouse	\$1,325
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single + Spouse + Child(ren)	\$1,889
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single	\$808
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single + Child(ren)	\$1,374
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single + Spouse	\$1,616
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single + Spouse + Child(ren)	\$2,303

Aetna Life Insurance Company

New York Individual

Monthly Premium (with Dependent Coverage Up to Age 30 Rider)

January 1, 2014 through December 31, 2014

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 1	Single	\$504
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 1	Single + Child(ren)	\$857
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 1	Single + Spouse	\$1,008
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 1	Single + Spouse + Child(ren)	\$1,437
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 2	Single	\$553
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 2	Single + Child(ren)	\$941
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 2	Single + Spouse	\$1,107
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 2	Single + Spouse + Child(ren)	\$1,577
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 3	Single	\$547
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 3	Single + Child(ren)	\$930
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 3	Single + Spouse	\$1,094
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 3	Single + Spouse + Child(ren)	\$1,560
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 4	Single	\$615
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 4	Single + Child(ren)	\$1,045
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 4	Single + Spouse	\$1,230
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 4	Single + Spouse + Child(ren)	\$1,752
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 5	Single	\$430
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 5	Single + Child(ren)	\$732
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 5	Single + Spouse	\$861
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 5	Single + Spouse + Child(ren)	\$1,227
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 6	Single	\$486
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 6	Single + Child(ren)	\$826
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 6	Single + Spouse	\$971
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 6	Single + Spouse + Child(ren)	\$1,384
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 7	Single	\$504
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 7	Single + Child(ren)	\$857
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 7	Single + Spouse	\$1,008
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 7	Single + Spouse + Child(ren)	\$1,437
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 8	Single	\$615
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 8	Single + Child(ren)	\$1,045
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 8	Single + Spouse	\$1,230
17210NY0050003	NY Aetna Advantage 2000 PD: OAEPO DEP 30	OFF	Silver	Region 8	Single + Spouse + Child(ren)	\$1,752

Aetna Life Insurance Company

New York Individual

**Monthly Premium (with Dependent Coverage Up to Age 30 Rider)
January 1, 2014 through December 31, 2014**

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 1	Single	\$433
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 1	Single + Child(ren)	\$737
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 1	Single + Spouse	\$867
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 1	Single + Spouse + Child(ren)	\$1,235
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 2	Single	\$476
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 2	Single + Child(ren)	\$808
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 2	Single + Spouse	\$951
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 2	Single + Spouse + Child(ren)	\$1,355
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 3	Single	\$470
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 3	Single + Child(ren)	\$799
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 3	Single + Spouse	\$941
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 3	Single + Spouse + Child(ren)	\$1,340
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 4	Single	\$528
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 4	Single + Child(ren)	\$898
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 4	Single + Spouse	\$1,057
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 4	Single + Spouse + Child(ren)	\$1,506
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 5	Single	\$370
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 5	Single + Child(ren)	\$629
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 5	Single + Spouse	\$740
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 5	Single + Spouse + Child(ren)	\$1,054
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 6	Single	\$417
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 6	Single + Child(ren)	\$710
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 6	Single + Spouse	\$835
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 6	Single + Spouse + Child(ren)	\$1,190
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 7	Single	\$433
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 7	Single + Child(ren)	\$737
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 7	Single + Spouse	\$867
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 7	Single + Spouse + Child(ren)	\$1,235
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 8	Single	\$528
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 8	Single + Child(ren)	\$898
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 8	Single + Spouse	\$1,057
17210NY0050006	NY Aetna AdvantagePlus 3000 PD: OAEPO DEP 30	OFF	Bronze	Region 8	Single + Spouse + Child(ren)	\$1,506

Aetna Life Insurance Company

New York Individual

**Monthly Premium (with Dependent Coverage Up to Age 30 Rider)
January 1, 2014 through December 31, 2014**

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 1	Single	\$675
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 1	Single + Child(ren)	\$1,147
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 1	Single + Spouse	\$1,350
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 1	Single + Spouse + Child(ren)	\$1,924
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 2	Single	\$741
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 2	Single + Child(ren)	\$1,259
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 2	Single + Spouse	\$1,482
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 2	Single + Spouse + Child(ren)	\$2,111
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 3	Single	\$733
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 3	Single + Child(ren)	\$1,245
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 3	Single + Spouse	\$1,465
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 3	Single + Spouse + Child(ren)	\$2,088
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 4	Single	\$823
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 4	Single + Child(ren)	\$1,399
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 4	Single + Spouse	\$1,646
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 4	Single + Spouse + Child(ren)	\$2,346
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 5	Single	\$576
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 5	Single + Child(ren)	\$980
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 5	Single + Spouse	\$1,152
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 5	Single + Spouse + Child(ren)	\$1,642
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 6	Single	\$650
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 6	Single + Child(ren)	\$1,105
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 6	Single + Spouse	\$1,301
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 6	Single + Spouse + Child(ren)	\$1,853
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 7	Single	\$675
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 7	Single + Child(ren)	\$1,147
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 7	Single + Spouse	\$1,350
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 7	Single + Spouse + Child(ren)	\$1,924
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 8	Single	\$823
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 8	Single + Child(ren)	\$1,399
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 8	Single + Spouse	\$1,646
17210NY0050009	NY Aetna Pinnacle PD: OAEPO DEP 30	OFF	Platinum	Region 8	Single + Spouse + Child(ren)	\$2,346

Aetna Life Insurance Company

New York Individual

Monthly Premium (with Dependent Coverage Up to Age 30 Rider)

January 1, 2014 through December 31, 2014

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 1	Single	\$581
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 1	Single + Child(ren)	\$988
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 1	Single + Spouse	\$1,163
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 1	Single + Spouse + Child(ren)	\$1,657
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 2	Single	\$638
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 2	Single + Child(ren)	\$1,085
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 2	Single + Spouse	\$1,276
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 2	Single + Spouse + Child(ren)	\$1,819
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 3	Single	\$631
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 3	Single + Child(ren)	\$1,073
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 3	Single + Spouse	\$1,262
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 3	Single + Spouse + Child(ren)	\$1,798
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 4	Single	\$709
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 4	Single + Child(ren)	\$1,205
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 4	Single + Spouse	\$1,418
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 4	Single + Spouse + Child(ren)	\$2,021
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 5	Single	\$496
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 5	Single + Child(ren)	\$844
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 5	Single + Spouse	\$993
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 5	Single + Spouse + Child(ren)	\$1,414
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 6	Single	\$560
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 6	Single + Child(ren)	\$952
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 6	Single + Spouse	\$1,120
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 6	Single + Spouse + Child(ren)	\$1,596
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 7	Single	\$581
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 7	Single + Child(ren)	\$988
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 7	Single + Spouse	\$1,163
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 7	Single + Spouse + Child(ren)	\$1,657
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 8	Single	\$709
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 8	Single + Child(ren)	\$1,205
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 8	Single + Spouse	\$1,418
17210NY0050012	NY Aetna Premier 600 PD: OAEPO DEP 30	OFF	Gold	Region 8	Single + Spouse + Child(ren)	\$2,021

Aetna Life Insurance Company

New York Individual

**Monthly Premium (Child-Only)
January 1, 2014 through December 31, 2014**

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	One Child Monthly Premium	Two Children Monthly Premium	Three or More Children Monthly Premium
17210NY0050002	NY Aetna Advantage 2000 PD: OAEPO C/O	OFF	Silver	Region 1	\$202	\$404	\$606
17210NY0050002	NY Aetna Advantage 2000 PD: OAEPO C/O	OFF	Silver	Region 2	\$221	\$442	\$663
17210NY0050002	NY Aetna Advantage 2000 PD: OAEPO C/O	OFF	Silver	Region 3	\$219	\$438	\$657
17210NY0050002	NY Aetna Advantage 2000 PD: OAEPO C/O	OFF	Silver	Region 4	\$246	\$492	\$738
17210NY0050002	NY Aetna Advantage 2000 PD: OAEPO C/O	OFF	Silver	Region 5	\$172	\$344	\$516
17210NY0050002	NY Aetna Advantage 2000 PD: OAEPO C/O	OFF	Silver	Region 6	\$194	\$388	\$582
17210NY0050002	NY Aetna Advantage 2000 PD: OAEPO C/O	OFF	Silver	Region 7	\$202	\$404	\$606
17210NY0050002	NY Aetna Advantage 2000 PD: OAEPO C/O	OFF	Silver	Region 8	\$246	\$492	\$738
17210NY0050005	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	OFF	Bronze	Region 1	\$173	\$346	\$519
17210NY0050005	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	OFF	Bronze	Region 2	\$190	\$380	\$570
17210NY0050005	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	OFF	Bronze	Region 3	\$188	\$376	\$564
17210NY0050005	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	OFF	Bronze	Region 4	\$211	\$422	\$633
17210NY0050005	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	OFF	Bronze	Region 5	\$148	\$296	\$444
17210NY0050005	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	OFF	Bronze	Region 6	\$167	\$334	\$501
17210NY0050005	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	OFF	Bronze	Region 7	\$173	\$346	\$519
17210NY0050005	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	OFF	Bronze	Region 8	\$211	\$422	\$633
17210NY0050008	NY Aetna Pinnacle PD: OAEPO C/O	OFF	Platinum	Region 1	\$270	\$540	\$810
17210NY0050008	NY Aetna Pinnacle PD: OAEPO C/O	OFF	Platinum	Region 2	\$296	\$592	\$888
17210NY0050008	NY Aetna Pinnacle PD: OAEPO C/O	OFF	Platinum	Region 3	\$293	\$586	\$879
17210NY0050008	NY Aetna Pinnacle PD: OAEPO C/O	OFF	Platinum	Region 4	\$329	\$658	\$987
17210NY0050008	NY Aetna Pinnacle PD: OAEPO C/O	OFF	Platinum	Region 5	\$230	\$460	\$690
17210NY0050008	NY Aetna Pinnacle PD: OAEPO C/O	OFF	Platinum	Region 6	\$260	\$520	\$780
17210NY0050008	NY Aetna Pinnacle PD: OAEPO C/O	OFF	Platinum	Region 7	\$270	\$540	\$810
17210NY0050008	NY Aetna Pinnacle PD: OAEPO C/O	OFF	Platinum	Region 8	\$329	\$658	\$987
17210NY0050011	NY Aetna Premier 600 PD: OAEPO C/O	OFF	Gold	Region 1	\$233	\$466	\$699
17210NY0050011	NY Aetna Premier 600 PD: OAEPO C/O	OFF	Gold	Region 2	\$255	\$510	\$765
17210NY0050011	NY Aetna Premier 600 PD: OAEPO C/O	OFF	Gold	Region 3	\$252	\$504	\$756
17210NY0050011	NY Aetna Premier 600 PD: OAEPO C/O	OFF	Gold	Region 4	\$284	\$568	\$852
17210NY0050011	NY Aetna Premier 600 PD: OAEPO C/O	OFF	Gold	Region 5	\$199	\$398	\$597
17210NY0050011	NY Aetna Premier 600 PD: OAEPO C/O	OFF	Gold	Region 6	\$224	\$448	\$672

Aetna Life Insurance Company

New York Individual

**Monthly Premium (Child-Only)
January 1, 2014 through December 31, 2014**

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	One Child Monthly Premium	Two Children Monthly Premium	Three or More Children Monthly Premium
17210NY0050011	NY Aetna Premier 600 PD: OAEPO C/O	OFF	Gold	Region 7	\$233	\$466	\$699
17210NY0050011	NY Aetna Premier 600 PD: OAEPO C/O	OFF	Gold	Region 8	\$284	\$568	\$852

Aetna Life Insurance Company

New York Individual

**List of Applicable Forms
(Off-Exchange)**

Forms	Description
<u>Off-Exchange EPO Policy and Schedules</u>	
OffHIXGR-96807	Policy
OffHIXGR-96807-Deps Age 29	
B2aOffHIXGR-96807-SB	Bronze
S2aOffHIXGR-96807-SB	Silver
G2aOffHIXGR-96807-SB	Gold
P2aOffHIXGR-96807-SB	Platinum
<u>Off-Exchange PPO Policy, OON Rider and Schedule</u>	
OffHIXGR-96804	Policy
OffHIXGR-96804-OON Rider	
P3aOffHIXGR-96804-SB	
<u>Off-Exchange Child-Only EPO Policy and Schedules</u>	
OffHIXGR-96810	Policy
B2aOffHIXGR-96810-SB	Bronze
S2aOffHIXGR-96810-SB	Silver
G2aOffHIXGR-96810-SB	Gold
P2aOffHIXGR-96810-SB	Platinum

Aetna Life Insurance Company

New York Individual

Commissions Schedule and Incentive Fees

The commission schedule for 2014 has not been finalized but we estimate that commissions will average 2% of premium.

Aetna Life Insurance Company

New York Individual

Projected Medical Loss Ratio

The following table summarizes the expected loss ratio including breakdown of the non-claims expense component:

Incurred Claims	83.22%
General Expenses	6.61%
ACA Taxes and Fees	3.33%
Premium Taxes	1.75%
Commissions	2.00%
FIT/SIT* and Profit	3.09%
Total	100.00%

* FIT = Federal Income Tax SIT = State Income Tax

The 2014 projected loss ratio with Federal adjustments is 89.32%. This estimate does not include a credibility adjustment and is based on projected 2014 experience for plans that comply with the ACA market reform requirements. The following table details this calculation.

		Individual	Formula
(a)	Member Months	N/A	
(b)	Premium (pmpm)	\$751.55	
(c)	Medical Cost (pmpm) ⁽¹⁾	\$625.44	
(d)	Medical Benefit Ratio (MBR)	83.22%	= (c) / (b)
(e)	Quality Improvement Activities (pmpm)	\$4.51	= (b) x 0.6 % ⁽²⁾
(f)	Taxes and Fees (pmpm)	\$46.30	= (b) x 6.16% ⁽³⁾
(g)	Adjusted Premium (pmpm)	\$705.25	= (b) - (f)
(h)	Adjusted Claims (pmpm)	\$629.95	= (c) + (e)
	Medical Loss Ratio (MLR)	89.32%	= (h) / (g)

(1) Medical Costs are net of reinsurance recoveries estimated at \$40.44 PMPM (or 6.07% of incurred claims).

(2) Spending on quality improvement activities is estimated to be 0.6% of premium.

(3) Taxes and fees are estimated to be 6.16% of premium.

NOTE: ACA adjustments for QIA and taxes and fees are estimates based on historical experience and projected expenses. Values reflect current actuarial projections and will differ from the final reported MLR. This projection applies to the products included in this filing and is a standalone calculation for the 2014 calendar year. This projection differs from the MLR calculation specified by PPACA which includes three years of experience for all business in the MLR pool.

Aetna Life Insurance Company

New York Individual

Outline of General Underwriting and Marketing Methods

Aetna Life Insurance Company offers its comprehensive health care benefits to the residents of New York. Aetna Life Insurance Company offers traditional community rated contracts to Individuals with no pre-existing condition limitations or benefit waiting periods. Aetna Life Insurance Company makes available to Individual only those products and rates that are filed and approved, and compliant with all insurance laws, regulations and practices in the state of New York.

Aetna has one Individual Open Access Managed Choice plan. This is a platinum plan with an out-of-network benefit coverage specifically designed for and available only to existing New York Direct Pay members.