

**Healthy New York**

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**Healthy New York**

**General**

This rate manual contains worksheets and instructions for calculating the community rates for the Healthy New York plans available from Aetna Health, Inc. (The Health Maintenance Organization of New York, Inc.). It is in accordance with Insurance Law Section 4308 (c) Rate Applications and includes rates adjusted for certain benefit variations and copayment options. It applies to Healthy New York Small Group, Sole Proprietor, and Individual blocks of business, for both grandfathered and non-grandfathered members

## Healthy New York

**Premium Rate Manual**

The following steps are used to calculate premium rates.

1. **2012 Medical Base Rate**

	Block A	Block B	Block C
HMO	\$389.68	N/A	\$430.34
HDHP	\$299.75	\$261.38	\$330.12

2. **2012 Prescription Drug Rider Base Rate**

	Block A	Block B	Block C
HMO Pharmacy Rider	\$51.56	N/A	\$56.59
HDHP Pharmacy Rider	\$40.77	\$35.97	\$45.98

3. **Preventive Care Adjustment**

Effective January 1, 2013, an adjustment will be applied to the rates for the non-grandfathered members to account for their preventive services coverage at zero copayment.

Member Type	Additional Base Rate at 2012 Level
Grandfathered	\$0
Non-Grandfathered	\$4.59

4. **Women's Health Benefit**

The U.S. Department of Health and Human Services issued new women's health guidelines requiring mandatory coverage of the following benefits effective August 1, 2012.

Member Type	Additional Base Rate at 2012 Level
Grandfathered	\$0
Non-Grandfathered	\$3.22

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5. Pharmacy Rate Adjustment

This adjustment is to account for the elimination of the \$3,000 calendar maximum.

HMO Plan

Block	Individual		Small Group and Sole Proprietor	
	Grandfathered	Non-Grandfathered	Grandfathered	Non-Grandfathered
Block A	\$0	\$4.49	\$4.49	\$4.49
Block B	N/A	N/A	N/A	N/A
Block C	\$0	\$4.92	\$4.92	\$4.92

High Deductible Health Plan

Block	Individual		Small Group and Sole Proprietor	
	Grandfathered	Non-Grandfathered	Grandfathered	Non-Grandfathered
Block A	\$0	\$3.55	\$3.55	\$3.55
Block B	N/A	\$3.13	\$3.13	\$3.13
Block C	\$0	\$4.00	\$4.00	\$4.00

6. Rate Increase

Plan	Medical			Pharmacy		
	Block A	Block B	Block C	Block A	Block B	Block C
HMO	17.2%	N/A	17.2%	17.2%	N/A	17.2%
HDHP	16.2%	16.2%	16.2%	33.4%	33.4%	33.4%

7. 2013 Medical Base Rate

((Step 1 + Step 3 + Step 4) x (1 + Step 6))

Non-Grandfathered	Block A	Block B	Block C
HMO	\$459.25	N/A	\$506.23
HDHP	\$352.32	\$308.36	\$387.11

Grandfathered	Block A	Block B	Block C
HMO	\$450.23	N/A	\$497.21
HDHP	\$343.38	\$299.42	\$378.17

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8. **2013 Pharmacy Base Rate**  
 (Step 2 + Step 5) x (1 + Step 6)

**Individual**

<b>Non-Grandfathered</b>	Block A	Block B	Block C
HMO	\$64.76	N/A	\$71.07
HDHP	\$58.39	\$51.51	\$65.84

**Individual**

<b>Grandfathered</b>	Block A	Block B	Block C
HMO	\$59.57	N/A	\$65.38
HDHP	\$53.71	\$47.39	\$60.57

**Small Group and Sole Proprietor**

<b>Non-Grandfathered and Grandfathered</b>	Block A	Block B	Block C
HMO	\$64.76	N/A	\$71.07
HDHP	\$58.39	\$51.51	\$65.84

9. **Area Factor Table** – Healthy New York rates do not vary by geographic area.

County	Area Factor
Bronx	1.000
Dutchess	1.000
Kings	1.000
Nassau	1.000
New York	1.000
Orange	1.000
Putnam	1.000
Queens	1.000
Richmond	1.000
Rockland	1.000
Suffolk	1.000
Sullivan	1.000
Ulster	1.000
Westchester	1.000
Broome	1.000
Cayuga	1.000
Onondaga	1.000
Oswego	1.000
Tioga	1.000
Other	1.000

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**10. Benefit Tier Adjustment Factor**

Single	Parent and Child(ren)	Couple	Family
1.000	1.850	2.000	3.100

**11. Dependent Factor**

Dependent Age	Parent & Child(ren)	Family
0 to 26	1.00	1.00
0 to 30	1.03	1.03

**12. Medical Rate Sheets** (Step 7 x Step 9 x Step 10 x Step 11) rounded to the nearest dollar.

**13. Pharmacy Rate Sheets** (Step 8 x Step 9 x Step 10 x Step 11) rounded to the nearest dollar. Prescription drug rider is not offered on a “stand alone” basis.

**Benefit Summary**

Table 1 - Medical Plans

Medical Plan Identifier	Segment	Rating Area	Plan	Plan Type	Pharmacy Coverage	Deductible	Out of Pocket Max	Hospital Copay (including IP Maternity)	Surgical Procedure Units Copay	Emergency Room Copay	PCP Copay	Specialist Copay
1	Individual	Greater New York	HMO	Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
2	Individual	Greater New York	HMO	Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
3	Individual	Greater New York	HMO	Non-Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
4	Individual	Greater New York	HMO	Non-Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
5	Individual	Greater New York	HDHP	Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
6	Individual	Greater New York	HDHP	Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
7	Individual	Greater New York	HDHP	Non-Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
8	Individual	Greater New York	HDHP	Non-Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
9	Individual	Binghamton/Syracuse	HMO	Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
10	Individual	Binghamton/Syracuse	HMO	Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
11	Individual	Binghamton/Syracuse	HMO	Non-Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
12	Individual	Binghamton/Syracuse	HMO	Non-Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
13	Individual	Binghamton/Syracuse	HDHP	Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
14	Individual	Binghamton/Syracuse	HDHP	Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
15	Individual	Binghamton/Syracuse	HDHP	Non-Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
16	Individual	Binghamton/Syracuse	HDHP	Non-Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
17	Small Group	Greater New York	HMO	Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
18	Small Group	Greater New York	HMO	Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
19	Small Group	Greater New York	HMO	Non-Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
20	Small Group	Greater New York	HMO	Non-Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
21	Small Group	Greater New York	HDHP	Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
22	Small Group	Greater New York	HDHP	Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
23	Small Group	Greater New York	HDHP	Non-Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
24	Small Group	Greater New York	HDHP	Non-Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
25	Small Group	Binghamton/Syracuse	HMO	Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
26	Small Group	Binghamton/Syracuse	HMO	Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20

**Benefit Summary**

Table 1 - Medical Plans

Medical Plan Identifier	Segment	Rating Area	Plan	Plan Type	Pharmacy Coverage	Deductible	Out of Pocket Max	Hospital Copay (including IP Maternity)	Surgical Procedure Units Copay	Emergency Room Copay	PCP Copay	Specialist Copay
27	Small Group	Binghamton/Syracuse	HMO	Non-Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
28	Small Group	Binghamton/Syracuse	HMO	Non-Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
29	Small Group	Binghamton/Syracuse	HDHP	Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
30	Small Group	Binghamton/Syracuse	HDHP	Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
31	Small Group	Binghamton/Syracuse	HDHP	Non-Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
32	Small Group	Binghamton/Syracuse	HDHP	Non-Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
33	Sole Proprietor	Greater New York	HMO	Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
34	Sole Proprietor	Greater New York	HMO	Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
35	Sole Proprietor	Greater New York	HMO	Non-Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
36	Sole Proprietor	Greater New York	HMO	Non-Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
37	Sole Proprietor	Greater New York	HDHP	Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
38	Sole Proprietor	Greater New York	HDHP	Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
39	Sole Proprietor	Greater New York	HDHP	Non-Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
40	Sole Proprietor	Greater New York	HDHP	Non-Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
41	Sole Proprietor	Binghamton/Syracuse	HMO	Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
42	Sole Proprietor	Binghamton/Syracuse	HMO	Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
43	Sole Proprietor	Binghamton/Syracuse	HMO	Non-Grandfathered	No	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
44	Sole Proprietor	Binghamton/Syracuse	HMO	Non-Grandfathered	Yes	N/A	N/A	\$500 per admission	\$75	\$50	\$20	\$20
45	Sole Proprietor	Binghamton/Syracuse	HDHP	Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
46	Sole Proprietor	Binghamton/Syracuse	HDHP	Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
47	Sole Proprietor	Binghamton/Syracuse	HDHP	Non-Grandfathered	No	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible
48	Sole Proprietor	Binghamton/Syracuse	HDHP	Non-Grandfathered	Yes	\$1,200 single/\$2,400 family	\$6,050 single/\$12,100 family	\$500 after deductible *	\$75 after deductible *	\$50 after deductible	\$20 after deductible	\$20 after deductible

\* Plus the lesser of 20% or \$200 for surgical services. This copay is in addition to inpatient hospitalization facility, outpatient facility and inpatient maternity facility copay.



**Benefit Summary**

Table 1 - Medical Plans

Medical Plan Identifier	Segment	Rating Area	Plan	Plan Type	Pharmacy Coverage	Routine GYN & Mammogram Exam Copay	Maternity Visit Copay	Non-Grandfathered Rx Other Contraceptive (with Rx Coverage)	Non-Grandfathered Medical Oral Contraceptives (without Rx Coverage)	Contraceptive Counselling (2 visits per year)	Contraceptive Devices & Injectibles Generic	Contraceptive Devices & Injectibles Brand OP	Contraceptive Devices & Injectibles Brand IP	Administration of Contraceptive Devices and Injectibles	Lactation Counselling (6 visits per year)	Breast Pump - Manual/Hospital Grade (for electric, one per 36 months)
27	Small Group	Binghamton/Syracuse	HMO	Non-Grandfathered	No	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
28	Small Group	Binghamton/Syracuse	HMO	Non-Grandfathered	Yes	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
29	Small Group	Binghamton/Syracuse	HDHP	Grandfathered	No	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30	Small Group	Binghamton/Syracuse	HDHP	Grandfathered	Yes	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
31	Small Group	Binghamton/Syracuse	HDHP	Non-Grandfathered	No	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
32	Small Group	Binghamton/Syracuse	HDHP	Non-Grandfathered	Yes	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
33	Sole Proprietor	Greater New York	HMO	Grandfathered	No	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
34	Sole Proprietor	Greater New York	HMO	Grandfathered	Yes	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35	Sole Proprietor	Greater New York	HMO	Non-Grandfathered	No	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
36	Sole Proprietor	Greater New York	HMO	Non-Grandfathered	Yes	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
37	Sole Proprietor	Greater New York	HDHP	Grandfathered	No	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	Sole Proprietor	Greater New York	HDHP	Grandfathered	Yes	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
39	Sole Proprietor	Greater New York	HDHP	Non-Grandfathered	No	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
40	Sole Proprietor	Greater New York	HDHP	Non-Grandfathered	Yes	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
41	Sole Proprietor	Binghamton/Syracuse	HMO	Grandfathered	No	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
42	Sole Proprietor	Binghamton/Syracuse	HMO	Grandfathered	Yes	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
43	Sole Proprietor	Binghamton/Syracuse	HMO	Non-Grandfathered	No	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
44	Sole Proprietor	Binghamton/Syracuse	HMO	Non-Grandfathered	Yes	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
45	Sole Proprietor	Binghamton/Syracuse	HDHP	Grandfathered	No	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
46	Sole Proprietor	Binghamton/Syracuse	HDHP	Grandfathered	Yes	\$20	\$10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
47	Sole Proprietor	Binghamton/Syracuse	HDHP	Non-Grandfathered	No	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0
48	Sole Proprietor	Binghamton/Syracuse	HDHP	Non-Grandfathered	Yes	\$0	\$0	N/A	100% Covered includes brand when no generic available	\$0	\$0	\$20	\$500	\$0	\$0	\$0

**Benefit Summary**

Table 1 - Medical Plans

Medical Plan Identifier	Segment	Rating Area	Plan	Plan Type	Pharmacy Coverage	Tubal Ligation Copay	Screening for Gestational Diabetes Copay	Smoking / Tobacco Cessation Preventive Counseling (8 visits per calendar year)	Alcohol / Substance Abuse Preventive Counseling (5 visits per calendar year)	Obesity Preventive Counseling - Under age 22, unlimited visits. For ages 22 and over, 26 combined visits per calendar year, of which up to 10 visits may be used for Healthy Diet Counseling.	Prostate Cancer Screening Copay	Physical Therapy - 30 visits/cal yr. Only covered following an IP hospital stay, surgery or ER visit. PT visits must be related to injury/illness for which member received IP Hosp services, surgery or ER services.	Home Health Care - 40 visits/cal yr. Only covered following an IP hospital stay, surgery or ER visit. PT visits must be related to injury/illness for which member received IP Hosp services, surgery or ER services.	Mental Health and Substance Abuse	Chiropractic Care, Speech and Occupational Therapy	Routine Vision Care, Pediatric Dental, Ambulance, DME
1	Individual	Greater New York	HMO	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
2	Individual	Greater New York	HMO	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
3	Individual	Greater New York	HMO	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
4	Individual	Greater New York	HMO	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
5	Individual	Greater New York	HDHP	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
6	Individual	Greater New York	HDHP	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
7	Individual	Greater New York	HDHP	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
8	Individual	Greater New York	HDHP	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
9	Individual	Binghamton/Syracuse	HMO	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
10	Individual	Binghamton/Syracuse	HMO	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
11	Individual	Binghamton/Syracuse	HMO	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
12	Individual	Binghamton/Syracuse	HMO	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
13	Individual	Binghamton/Syracuse	HDHP	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
14	Individual	Binghamton/Syracuse	HDHP	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
15	Individual	Binghamton/Syracuse	HDHP	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
16	Individual	Binghamton/Syracuse	HDHP	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
17	Small Group	Greater New York	HMO	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
18	Small Group	Greater New York	HMO	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
19	Small Group	Greater New York	HMO	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
20	Small Group	Greater New York	HMO	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
21	Small Group	Greater New York	HDHP	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
22	Small Group	Greater New York	HDHP	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
23	Small Group	Greater New York	HDHP	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
24	Small Group	Greater New York	HDHP	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
25	Small Group	Binghamton/Syracuse	HMO	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
26	Small Group	Binghamton/Syracuse	HMO	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered

**Benefit Summary**

Table 1 - Medical Plans

Medical Plan Identifier	Segment	Rating Area	Plan	Plan Type	Pharmacy Coverage	Tubal Ligation Copay	Screening for Gestational Diabetes Copay	Smoking / Tobacco Cessation Preventive Counseling (8 visits per calendar year)	Alcohol / Substance Abuse Preventive Counseling (5 visits per calendar year)	Obesity Preventive Counseling - Under age 22, unlimited visits. For ages 22 and over, 26 combined visits per calendar year, of which up to 10 visits may be used for Healthy Diet Counseling.	Prostate Cancer Screening Copay	Physical Therapy - 30 visits/cal yr. Only covered following an IP hospital stay, surgery or ER visit. PT visits must be related to injury/illness for which member received IP Hosp services, surgery or ER services.	Home Health Care - 40 visits/cal yr. Only covered following an IP hospital stay, surgery or ER visit. PT visits must be related to injury/illness for which member received IP Hosp services, surgery or ER services.	Mental Health and Substance Abuse	Chiropractic Care, Speech and Occupational Therapy	Routine Vision Care, Pediatric Dental, Ambulance, DME
27	Small Group	Binghamton/Syracuse	HMO	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
28	Small Group	Binghamton/Syracuse	HMO	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
29	Small Group	Binghamton/Syracuse	HDHP	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
30	Small Group	Binghamton/Syracuse	HDHP	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
31	Small Group	Binghamton/Syracuse	HDHP	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
32	Small Group	Binghamton/Syracuse	HDHP	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
33	Sole Proprietor	Greater New York	HMO	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
34	Sole Proprietor	Greater New York	HMO	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
35	Sole Proprietor	Greater New York	HMO	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
36	Sole Proprietor	Greater New York	HMO	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
37	Sole Proprietor	Greater New York	HDHP	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
38	Sole Proprietor	Greater New York	HDHP	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
39	Sole Proprietor	Greater New York	HDHP	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
40	Sole Proprietor	Greater New York	HDHP	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
41	Sole Proprietor	Binghamton/Syracuse	HMO	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
42	Sole Proprietor	Binghamton/Syracuse	HMO	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
43	Sole Proprietor	Binghamton/Syracuse	HMO	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
44	Sole Proprietor	Binghamton/Syracuse	HMO	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
45	Sole Proprietor	Binghamton/Syracuse	HDHP	Grandfathered	No	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
46	Sole Proprietor	Binghamton/Syracuse	HDHP	Grandfathered	Yes	N/A	\$0	\$20	\$20	\$20	\$20	\$20	\$20	Not Covered	Not Covered	Not Covered
47	Sole Proprietor	Binghamton/Syracuse	HDHP	Non-Grandfathered	No	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered
48	Sole Proprietor	Binghamton/Syracuse	HDHP	Non-Grandfathered	Yes	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20	Not Covered	Not Covered	Not Covered

## Benefit Summary

Table 2 - Prescription Drug Riders

Pharmacy Plan Identifier	Plan	Segment	Plan Name
1	HMO Grandfathered with Rx	Individual	\$10/\$20 after \$100 ded / \$3000 calendar year max
2	HMO Non-Grandfathered with Rx	Individual	\$10/\$20 after \$100 ded / no calendar year max
3	HDHP Grandfathered with Rx	Individual	\$10/\$20 after combined med/rx ded / \$3000 calendar year max
4	HDHP Non-Grandfathered with Rx	Individual	\$10/\$20 after combined med/rx ded / no calendar year max
5	HMO Grandfathered with Rx	Small Group	\$10/\$20 after \$100 ded / no calendar year max
6	HMO Non-Grandfathered with Rx	Small Group	\$10/\$20 after \$100 ded / no calendar year max
7	HDHP Grandfathered with Rx	Small Group	\$10/\$20 after combined med/rx ded / no calendar year max
8	HDHP Non-Grandfathered with Rx	Small Group	\$10/\$20 after combined med/rx ded / no calendar year max
9	HMO Grandfathered with Rx	Sole Proprietor	\$10/\$20 after \$100 ded / no calendar year max
10	HMO Non-Grandfathered with Rx	Sole Proprietor	\$10/\$20 after \$100 ded / no calendar year max
11	HDHP Grandfathered with Rx	Sole Proprietor	\$10/\$20 after combined med/rx ded / no calendar year max
12	HDHP Non-Grandfathered with Rx	Sole Proprietor	\$10/\$20 after combined med/rx ded / no calendar year max

**Healthy New York**

**Premium Rates**

Rates for effective dates January 1, 2013 through December 31, 2013 are shown in pages C-2 through C-13. The rates apply to Small Group, Sole Proprietor, and Individual blocks of business, for both grandfathered and non-grandfathered members.

Pages C-2 through C-13 display year over year increases for 1<sup>st</sup> Quarter 2013 through 4<sup>th</sup> Quarter 2013, dollar difference, and percent increase for all medical plans and prescription drug riders for all tier structures.

Prescription drug rider is not offered on a “stand alone” basis.













**1Q2013 Rate Summary  
Block A**

FOR POLICYHOLDERS WITH FIRST QUARTER RENEWAL -- ENROLLED BEFORE 02/01/2011  
(Excluding Block B policyholders)

Table 2a - Prescription Drug Riders

			1Q2012			1Q2012			1Q2013			1Q2013			Percent Increase Single Premium Rate	Percent Increase Parent & Child(ren) Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Percent Increase Couple Premium Rate	Percent Increase Family Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Dollar Increase Single Premium Rate	Dollar Increase Parent & Child(ren) Premium Rate	Dollar Increase dependent up to age 30 Premium Rate	Dollar Increase Couple Premium Rate	Dollar Increase Family Premium Rate	Dollar Increase dependent up to age 30 Premium Rate
			1Q2012 Single Premium Rate	1Q2012 Parent & Child(ren) Premium Rate	1Q2012 up to age 30 Premium Rate	1Q2012 Couple Premium Rate	1Q2012 Family Premium Rate	1Q2012 up to age 30 Premium Rate	1Q2013 Single Premium Rate	1Q2013 Parent & Child(ren) Premium Rate	1Q2013 up to age 30 Premium Rate	1Q2013 Couple Premium Rate	1Q2013 Family Premium Rate	1Q2013 up to age 30 Premium Rate												
1	HMO Grandfathered with Rx	Individual	\$52	\$95	\$98	\$103	\$160	\$165	\$60	\$110	\$114	\$119	\$185	\$190	15.4%	15.8%	16.3%	15.5%	15.6%	15.2%	\$8	\$15	\$16	\$16	\$25	\$25
2	HMO Non-Grandfathered with Rx	Individual	\$52	\$95	\$98	\$103	\$160	\$165	\$65	\$120	\$123	\$130	\$201	\$207	25.0%	26.3%	25.5%	26.2%	25.6%	25.5%	\$13	\$25	\$25	\$27	\$41	\$42
3	HDHP Grandfathered with Rx	Individual	\$41	\$75	\$78	\$82	\$126	\$130	\$54	\$99	\$102	\$107	\$167	\$171	31.7%	32.0%	30.8%	30.5%	32.5%	31.5%	\$13	\$24	\$24	\$25	\$41	\$41
4	HDHP Non-Grandfathered with Rx	Individual	\$41	\$75	\$78	\$82	\$126	\$130	\$58	\$108	\$111	\$117	\$181	\$186	41.5%	44.0%	42.3%	42.7%	43.7%	43.1%	\$17	\$33	\$33	\$35	\$55	\$56
5	HMO Grandfathered with Rx	Small Group	\$52	\$95	\$98	\$103	\$160	\$165	\$65	\$120	\$123	\$130	\$201	\$207	25.0%	26.3%	25.5%	26.2%	25.6%	25.5%	\$13	\$25	\$25	\$27	\$41	\$42
6	HMO Non-Grandfathered with Rx	Small Group	\$52	\$95	\$98	\$103	\$160	\$165	\$65	\$120	\$123	\$130	\$201	\$207	25.0%	26.3%	25.5%	26.2%	25.6%	25.5%	\$13	\$25	\$25	\$27	\$41	\$42
7	HDHP Grandfathered with Rx	Small Group	\$41	\$75	\$78	\$82	\$126	\$130	\$58	\$108	\$111	\$117	\$181	\$186	41.5%	44.0%	42.3%	42.7%	43.7%	43.1%	\$17	\$33	\$33	\$35	\$55	\$56
8	HDHP Non-Grandfathered with Rx	Small Group	\$41	\$75	\$78	\$82	\$126	\$130	\$58	\$108	\$111	\$117	\$181	\$186	41.5%	44.0%	42.3%	42.7%	43.7%	43.1%	\$17	\$33	\$33	\$35	\$55	\$56
9	HMO Grandfathered with Rx	Sole Proprietor	\$52	\$95	\$98	\$103	\$160	\$165	\$65	\$120	\$123	\$130	\$201	\$207	25.0%	26.3%	25.5%	26.2%	25.6%	25.5%	\$13	\$25	\$25	\$27	\$41	\$42
10	HMO Non-Grandfathered with Rx	Sole Proprietor	\$52	\$95	\$98	\$103	\$160	\$165	\$65	\$120	\$123	\$130	\$201	\$207	25.0%	26.3%	25.5%	26.2%	25.6%	25.5%	\$13	\$25	\$25	\$27	\$41	\$42
11	HDHP Grandfathered with Rx	Sole Proprietor	\$41	\$75	\$78	\$82	\$126	\$130	\$58	\$108	\$111	\$117	\$181	\$186	41.5%	44.0%	42.3%	42.7%	43.7%	43.1%	\$17	\$33	\$33	\$35	\$55	\$56
12	HDHP Non-Grandfathered with Rx	Sole Proprietor	\$41	\$75	\$78	\$82	\$126	\$130	\$58	\$108	\$111	\$117	\$181	\$186	41.5%	44.0%	42.3%	42.7%	43.7%	43.1%	\$17	\$33	\$33	\$35	\$55	\$56

**1Q2013 Rate Summary  
Block B**

FOR HDHP POLICYHOLDERS ENROLLED BEFORE 01/01/2009

Table 2b - Prescription Drug Riders

			1Q2012 Parent & Child(ren) with dependent up to age 30		1Q2012 Family with dependent up to age 30		1Q2013 Parent & Child(ren) with dependent up to age 30		1Q2013 Family with dependent up to age 30		Percent Increase Single Premium Rate	Percent Increase Parent & Child(ren) Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Percent Increase Couple Premium Rate	Percent Increase Family Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Dollar Increase Single Premium Rate	Dollar Increase Parent & Child(ren) Premium Rate	Dollar Increase dependent up to age 30 Premium Rate	Dollar Increase Couple Premium Rate	Dollar Increase Family Premium Rate	Dollar Increase dependent up to age 30 Premium Rate				
			1Q2012 Single Premium Rate	1Q2012 Parent & Child(ren) Premium Rate	1Q2012 Couple Premium Rate	1Q2012 Family Premium Rate	1Q2013 Single Premium Rate	1Q2013 Parent & Child(ren) Premium Rate	1Q2013 Couple Premium Rate	1Q2013 Family Premium Rate																
1	HMO Grandfathered with Rx	Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
2	HMO Non-Grandfathered with Rx	Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
3	HDHP Grandfathered with Rx	Individual	\$36	\$67	\$69	\$72	\$112	\$115	\$47	\$88	\$90	\$95	\$147	\$151	30.6%	31.3%	30.4%	31.9%	31.3%	31.3%	\$11	\$21	\$21	\$23	\$35	\$36
4	HDHP Non-Grandfathered with Rx	Individual	\$36	\$67	\$69	\$72	\$112	\$115	\$52	\$95	\$98	\$103	\$160	\$164	44.4%	41.8%	42.0%	43.1%	42.9%	42.6%	\$16	\$28	\$29	\$31	\$48	\$49
5	HMO Grandfathered with Rx	Small Group	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
6	HMO Non-Grandfathered with Rx	Small Group	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
7	HDHP Grandfathered with Rx	Small Group	\$36	\$67	\$69	\$72	\$112	\$115	\$52	\$95	\$98	\$103	\$160	\$164	44.4%	41.8%	42.0%	43.1%	42.9%	42.6%	\$16	\$28	\$29	\$31	\$48	\$49
8	HDHP Non-Grandfathered with Rx	Small Group	\$36	\$67	\$69	\$72	\$112	\$115	\$52	\$95	\$98	\$103	\$160	\$164	44.4%	41.8%	42.0%	43.1%	42.9%	42.6%	\$16	\$28	\$29	\$31	\$48	\$49
9	HMO Grandfathered with Rx	Sole Proprietor	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
10	HMO Non-Grandfathered with Rx	Sole Proprietor	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
11	HDHP Grandfathered with Rx	Sole Proprietor	\$36	\$67	\$69	\$72	\$112	\$115	\$52	\$95	\$98	\$103	\$160	\$164	44.4%	41.8%	42.0%	43.1%	42.9%	42.6%	\$16	\$28	\$29	\$31	\$48	\$49
12	HDHP Non-Grandfathered with Rx	Sole Proprietor	\$36	\$67	\$69	\$72	\$112	\$115	\$52	\$95	\$98	\$103	\$160	\$164	44.4%	41.8%	42.0%	43.1%	42.9%	42.6%	\$16	\$28	\$29	\$31	\$48	\$49

**1Q2013 Rate Summary  
Block C**

POLICYHOLDERS WHO ARE NOT IN BLOCK A OR BLOCK B

Table 2c - Prescription Drug Riders

			1Q2012				1Q2013				Percent Increase Single	Percent Increase Parent & Child(ren)	Percent Increase dependent up to age 30	Percent Increase Couple	Percent Increase Family	Percent Increase dependent up to age 30	Dollar Increase Single	Dollar Increase Parent & Child(ren)	Dollar Increase dependent up to age 30	Dollar Increase Couple	Dollar Increase Family	Dollar Increase dependent up to age 30				
			1Q2012 Single Premium Rate	1Q2012 Parent & Child(ren) Premium Rate	1Q2012 up to age 30 Premium Rate	1Q2012 Couple Premium Rate	1Q2012 Family Premium Rate	1Q2012 up to age 30 Premium Rate	1Q2013 Single Premium Rate	1Q2013 Parent & Child(ren) Premium Rate													1Q2013 up to age 30 Premium Rate	1Q2013 Couple Premium Rate	1Q2013 Family Premium Rate	1Q2013 up to age 30 Premium Rate
1	HMO Grandfathered with Rx	Individual	\$57	\$105	\$108	\$113	\$175	\$181	\$65	\$121	\$125	\$131	\$203	\$209	14.0%	15.2%	15.7%	15.9%	16.0%	15.5%	\$8	\$16	\$17	\$18	\$28	\$28
2	HMO Non-Grandfathered with Rx	Individual	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
3	HDHP Grandfathered with Rx	Individual	\$46	\$85	\$88	\$92	\$143	\$147	\$61	\$112	\$115	\$121	\$188	\$193	32.6%	31.8%	30.7%	31.5%	31.5%	31.3%	\$15	\$27	\$27	\$29	\$45	\$46
4	HDHP Non-Grandfathered with Rx	Individual	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
5	HMO Grandfathered with Rx	Small Group	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
6	HMO Non-Grandfathered with Rx	Small Group	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
7	HDHP Grandfathered with Rx	Small Group	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
8	HDHP Non-Grandfathered with Rx	Small Group	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
9	HMO Grandfathered with Rx	Sole Proprietor	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
10	HMO Non-Grandfathered with Rx	Sole Proprietor	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
11	HDHP Grandfathered with Rx	Sole Proprietor	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
12	HDHP Non-Grandfathered with Rx	Sole Proprietor	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63

**2Q2013 Rate Summary  
Block C**

POLICYHOLDERS WHO ARE NOT IN BLOCK A OR BLOCK B

Table 2c - Prescription Drug Riders

			2Q2012				2Q2013				Percent Increase Single Premium Rate	Percent Increase Parent & Child(ren) Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Percent Increase Couple Premium Rate	Percent Increase Family Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Dollar Increase Single Premium Rate	Dollar Increase Parent & Child(ren) Premium Rate	Dollar Increase dependent up to age 30 Premium Rate	Dollar Increase Couple Premium Rate	Dollar Increase Family Premium Rate	Dollar Increase dependent up to age 30 Premium Rate				
			2Q2012 Single Premium Rate	2Q2012 Parent & Child(ren) Premium Rate	2Q2012 up to age 30 Premium Rate	2Q2012 Couple Premium Rate	2Q2012 Family Premium Rate	2Q2012 up to age 30 Premium Rate	2Q2013 Single Premium Rate	2Q2013 Parent & Child(ren) Premium Rate													2Q2013 up to age 30 Premium Rate	2Q2013 Couple Premium Rate	2Q2013 Family Premium Rate	2Q2013 up to age 30 Premium Rate
1	HMO Grandfathered with Rx	Individual	\$57	\$105	\$108	\$113	\$175	\$181	\$65	\$121	\$125	\$131	\$203	\$209	14.0%	15.2%	15.7%	15.9%	16.0%	15.5%	\$8	\$16	\$17	\$18	\$28	\$28
2	HMO Non-Grandfathered with Rx	Individual	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
3	HDHP Grandfathered with Rx	Individual	\$46	\$85	\$88	\$92	\$143	\$147	\$61	\$112	\$115	\$121	\$188	\$193	32.6%	31.8%	30.7%	31.5%	31.5%	31.3%	\$15	\$27	\$27	\$29	\$45	\$46
4	HDHP Non-Grandfathered with Rx	Individual	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
5	HMO Grandfathered with Rx	Small Group	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
6	HMO Non-Grandfathered with Rx	Small Group	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
7	HDHP Grandfathered with Rx	Small Group	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
8	HDHP Non-Grandfathered with Rx	Small Group	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
9	HMO Grandfathered with Rx	Sole Proprietor	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
10	HMO Non-Grandfathered with Rx	Sole Proprietor	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
11	HDHP Grandfathered with Rx	Sole Proprietor	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
12	HDHP Non-Grandfathered with Rx	Sole Proprietor	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63

**3Q2013 Rate Summary  
Block C**

POLICYHOLDERS WHO ARE NOT IN BLOCK A OR BLOCK B

Table 2c - Prescription Drug Riders

			3Q2012 Parent & Child(ren) with dependent up to age 30		3Q2012 Parent & Child(ren) with Family with dependent up to age 30		3Q2013 Parent & Child(ren) with dependent up to age 30		3Q2013 Parent & Child(ren) with Family with dependent up to age 30		Percent Increase Single Premium Rate	Percent Increase Parent & Child(ren) Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Percent Increase Couple Premium Rate	Percent Increase Family Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Dollar Increase Single Premium Rate	Dollar Increase Parent & Child(ren) Premium Rate	Dollar Increase dependent up to age 30 Premium Rate	Dollar Increase Couple Premium Rate	Dollar Increase Family Premium Rate	Dollar Increase dependent up to age 30 Premium Rate				
			3Q2012 Single Premium Rate	3Q2012 Parent & Child(ren) Premium Rate	3Q2012 Couple Premium Rate	3Q2012 Family Premium Rate	3Q2012 Single Premium Rate	3Q2012 Parent & Child(ren) Premium Rate	3Q2012 Couple Premium Rate	3Q2012 Family Premium Rate													3Q2013 Single Premium Rate	3Q2013 Parent & Child(ren) Premium Rate	3Q2013 Couple Premium Rate	3Q2013 Family Premium Rate
1	HMO Grandfathered with Rx	Individual	\$57	\$105	\$108	\$113	\$175	\$181	\$65	\$121	\$125	\$131	\$203	\$209	14.0%	15.2%	15.7%	15.9%	16.0%	15.5%	\$8	\$16	\$17	\$18	\$28	\$28
2	HMO Non-Grandfathered with Rx	Individual	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
3	HDHP Grandfathered with Rx	Individual	\$46	\$85	\$88	\$92	\$143	\$147	\$61	\$112	\$115	\$121	\$188	\$193	32.6%	31.8%	30.7%	31.5%	31.5%	31.3%	\$15	\$27	\$27	\$29	\$45	\$46
4	HDHP Non-Grandfathered with Rx	Individual	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
5	HMO Grandfathered with Rx	Small Group	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
6	HMO Non-Grandfathered with Rx	Small Group	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
7	HDHP Grandfathered with Rx	Small Group	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
8	HDHP Non-Grandfathered with Rx	Small Group	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
9	HMO Grandfathered with Rx	Sole Proprietor	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
10	HMO Non-Grandfathered with Rx	Sole Proprietor	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
11	HDHP Grandfathered with Rx	Sole Proprietor	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
12	HDHP Non-Grandfathered with Rx	Sole Proprietor	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63

**4Q2013 Rate Summary  
Block C**

POLICYHOLDERS WHO ARE NOT IN BLOCK A OR BLOCK B

Table 2c - Prescription Drug Riders

			4Q2012 Parent & Child(ren) with dependent up to age 30		4Q2012 Family with dependent up to age 30		4Q2013 Parent & Child(ren) with dependent up to age 30		4Q2013 Family with dependent up to age 30		Percent Increase Single Premium Rate	Percent Increase Parent & Child(ren) Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Percent Increase Couple Premium Rate	Percent Increase Family Premium Rate	Percent Increase dependent up to age 30 Premium Rate	Dollar Increase Single Premium Rate	Dollar Increase Parent & Child(ren) Premium Rate	Dollar Increase dependent up to age 30 Premium Rate	Dollar Increase Couple Premium Rate	Dollar Increase Family Premium Rate	Dollar Increase dependent up to age 30 Premium Rate				
			4Q2012 Single Premium Rate	4Q2012 Parent & Child(ren) Premium Rate	4Q2012 Couple Premium Rate	4Q2012 Family Premium Rate	4Q2013 Single Premium Rate	4Q2013 Parent & Child(ren) Premium Rate	4Q2013 Couple Premium Rate	4Q2013 Family Premium Rate													(4Q2013 / 4Q2012)	(4Q2013 / 4Q2012)	(4Q2013 / 4Q2012)	(4Q2013 / 4Q2012)
1	HMO Grandfathered with Rx	Individual	\$57	\$105	\$108	\$113	\$175	\$181	\$65	\$121	\$125	\$131	\$203	\$209	14.0%	15.2%	15.7%	15.9%	16.0%	15.5%	\$8	\$16	\$17	\$18	\$28	\$28
2	HMO Non-Grandfathered with Rx	Individual	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
3	HDHP Grandfathered with Rx	Individual	\$46	\$85	\$88	\$92	\$143	\$147	\$61	\$112	\$115	\$121	\$188	\$193	32.6%	31.8%	30.7%	31.5%	31.5%	31.3%	\$15	\$27	\$27	\$29	\$45	\$46
4	HDHP Non-Grandfathered with Rx	Individual	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
5	HMO Grandfathered with Rx	Small Group	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
6	HMO Non-Grandfathered with Rx	Small Group	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
7	HDHP Grandfathered with Rx	Small Group	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
8	HDHP Non-Grandfathered with Rx	Small Group	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
9	HMO Grandfathered with Rx	Sole Proprietor	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
10	HMO Non-Grandfathered with Rx	Sole Proprietor	\$57	\$105	\$108	\$113	\$175	\$181	\$71	\$131	\$135	\$142	\$220	\$227	24.6%	24.8%	25.0%	25.7%	25.7%	25.4%	\$14	\$26	\$27	\$29	\$45	\$46
11	HDHP Grandfathered with Rx	Sole Proprietor	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63
12	HDHP Non-Grandfathered with Rx	Sole Proprietor	\$46	\$85	\$88	\$92	\$143	\$147	\$66	\$122	\$125	\$132	\$204	\$210	43.5%	43.5%	42.0%	43.5%	42.7%	42.9%	\$20	\$37	\$37	\$40	\$61	\$63

### Index of Applicable Forms

Form	Form Description
HMO/NY-APPEALS-IND (9/10)	Grievances and Appeals - Individual
HMO/NY HNY-APPEALS-GRP (9/10)	Grievances and Appeals - Group
HMO/NY HEALTHY IND-DEPS AMEND 09/09 (individual deps to age 29)	Individual - Dependents to age 29
HMO/NY HEALTHYGRP-DEPS AMEND 09/09 (group deps to age 29)	Group - Dependents to age 29
HMO/NY HEALTHY-HCR (08/10)	HMO PPACA Requirements
HMO/NY HEALTHY-HDHP-RIDER (01/10)	HMO Healthy New York High Deductible Rider
HMO/NY HEALTHYCONT (07/09)	HMO Healthy New York Mini COBRA
HMO/NY HEALTHY-GRP AMEND (03/09)	HMO Healthy New York Group Amendment
HMO/NY HEALTHY-IND AMEND (03/09)	HMO Healthy New York Individual Amendment
HMO/NY HEALTHYDP-1 09/00	HMO Healthy New York Domestic Partner Rider
HMO/NY HEALTHYGRCOC-1 09/00	HMO Healthy New York Certificate of Coverage
HMO/NY HEALTHYGRCON-1 09/00	HMO Healthy New York Group Contract
HMO/NY HEALTHYIND-1 09/00	HMO Healthy New York Individual Subscriber Contract
HMO/NY HEALTHYRXAMEND-1 11/00	HMO Healthy New York Prescription Benefit Amendment
HMO/NY HEALTHY-DOL-AMEND-1 (3/04)	HMO Healthy New York Grievances and Appeals
HMO/NY HEALTHY-IND-DEFINITIONS 3/04	HMO Healthy New York Definitions and Amendments
HMO/NY HEALTHY-MAMMO/DIABETIC-AMEND-1 3/04	HMO Healthy New York Mammography / Diabetic Amendment
HMO/NY HNY-GR-RX-AMEND-1 04/03	HMO Healthy New York Group Rx Amendment
HMO/NY NHY-GR-WC-PREX-AMEND-1 06/03	HMO Healthy New York Group Well Child / Pre-existing conditions Amendment
HMO/NY HNY-IND RX-AMEND-1 04/03	HMO Healthy New York Individual Rx Amendment
HMO/NY HNY-IND WC-PREX-AMEND-1 04/03	HMO Healthy New York Individual Well Child / Pre-existing conditions Amendment
HMO/NY HEALTHY-HDHP-RIDER (01-07)	Optional High Deductible Rider
HMO/NY HEALTHY-DISCLOSURE (01-07)	Disclosure of High Deductible Health Plan
HMO/NY HEALTHY - ADDBENE - AMEND (01-07)	Additional Benefits Amendment

**Healthy New York**

**Loss Ratio**

Without expected credits 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 (1Q2013-4Q2013) would be 163.4%.

The projected loss ratio adjusted for the Stop Loss Reimbursement is 119.8%. This reflects expected membership, standardized premium, and claim experience.

**Healthy New York**

**Outline of General Underwriting and Marketing Methods**

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

Aetna Health, Inc. has approximately 5,240 Healthy New York members as of March 2012.

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

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

Aetna Health, Inc. offers Healthy New York to small employer groups, sole proprietors, and individuals with premium rates that are filed and approved, and compliant with all insurance laws, regulations and practices in the state of New York. Healthy New York is community rated. Healthy New York coverage is guaranteed issue but is subject to a pre-existing condition waiting period.

**Healthy New York**

**Commissions Schedule and Incentive Fees**

Aetna Health, Inc. does not offer commissions or incentive fees on Healthy New York Individual business. For Healthy New York Small Group and Healthy New York Sole Proprietors, the commission is a flat rate of 4%.