

**Aetna Health, Inc.**  
**New York Individual Advantage**  
**HMO**

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**General**

This rate manual contains worksheets and instructions for calculating the community rates for the Direct Pay HMO New York Individual Advantage 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.

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**Premium Rate Manual**

The following Steps are used to calculate premium rates.

**1. 2012 Base Rate**

<b>Base Rate</b>
\$1,298.83

**2. Rate Increase**

The proposed rate increase is 1.6%.

**3. 2013 Base Rate**

(Step 1) x (1 + Step 2)

<b>Base Rate</b>
\$1,319.61

**4. Quarterly Trend**

Effective Date	Proposed Annual Rate Factors
1Q2013	0.0%
2Q2013	3.0%
3Q2013	6.1%
4Q2013	9.3%

**5. Tier Adjustment Factor**

Tier	Factor
Individual	1.00
Parent & Child(ren)	1.85
Couple	2.00
Family	3.10

**6. Dependent Age Adjustment Factor**

Dependent Age	Parent & Child(ren)	Family
0 to 26	1.000	1.000
0 to 30	1.030	1.030

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7. **Area Factor Table** – factor to reflect differences in cost by geographic area.

<b>County</b>	<b>Area Factor</b>
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	0.900
Cayuga	0.900
Onondaga	0.900
Oswego	0.900
Tioga	0.900
Other	0.900

8. **Subscriber Rate** (Step 3) x (1 + Step 4) x (Step 5 x Step 6 x Step 7) rounded to the nearest dollar.

**Benefit Summary**

Table 1 - Medical Plans Copay and Limits

Plan Identifier	Rating Area	Plan Type	Inpatient Hospital	Outpatient Surgery	Emergency Room (waived if admitted)	Skilled Nursing (unlimited number of days)	PCP	Specialist	Routine Physicals (1 visit per 12 months for ages 22 and above)	Well Child/Immunization (7 exams per 12 months, 3 exams 13-24 months, 3 exams 25-36 months, 1 exaper per 12 months thereafter through age 21)	Routine GYN Exam (1 visit per 12 months for grandfathered, 2 visits per 12 months for non-grandfathered)	Maternity Visit (includes pre- and post-natal care)	Contraceptive Counseling (2 visits per 12 months)	Contraceptive Devices and Injectibles	Breastfeeding Support, Supplies, and Lactation Counseling (Lactation Counseling - 6 visits/12 months, Breast Pump purchase limited to 1 per 36 months)	Screening for Gestational Diabetes (3 visits for non-grandfathered, 2 visits for grandfathered)	Obesity Preventive Counselling (ages 0-21 unlimited, ages 22 and above 26 visits per 12 months -- up to 10 vists may be used for Healthy Diet Counseling)
1	Greater New York	Non-Grandfathered	\$500 per admission	\$75	\$50	\$0	\$15	\$15	\$0	\$0	\$0	\$0	\$0	\$0 generic, \$15 outpatient brand, \$500 inpatient brand	\$0	\$0	\$0
2	Binghamton / Syracuse	Non-Grandfathered	\$500 per admission	\$75	\$50	\$0	\$15	\$15	\$0	\$0	\$0	\$0	\$0	\$0 generic, \$15 outpatient brand, \$500 inpatient brand	\$0	\$0	\$0
3	Greater New York	Grandfathered	\$500 per admission	\$75	\$50	\$0	\$15	\$15	\$15	\$15	\$0	\$0	N/A	N/A	N/A	\$0	\$15
4	Binghamton / Syracuse	Grandfathered	\$500 per admission	\$75	\$50	\$0	\$15	\$15	\$15	\$15	\$0	\$0	N/A	N/A	N/A	\$0	\$15

**Benefit Summary**

Table 1 - Medical Plans Copay and Limi

Plan Identifier	Rating Area	Plan Type	Diabetic Supplies	Smoking / Tobacco Cessation Preventive Counseling (8 visits per 12 months)	Alcohol / Substance Abuse Preventive Counseling (5 visits per 12 months)	Prostate Cancer Screening	Physical Therapy (90 visits per condition per calendar year)	Home Health Care (200 visits per calendar year)	Pediatric Preventive Dental	Chiropractic Care, Speech and Occupational Therapy	Infertility	Routine Eye Exam (when done as part of PCP visit, otherwise vision is not covered)	Private Duty Nursing (\$5k per calendar year, \$10k lifetime)	Durable Medical Equipment (Including Prosthetics, Orthotics and Medical Supplies)	Ambulance	Inpatient Mental Health (30 days per calendar year, MH and Detox combined, can use MH benefits for Rehab)	Outpatient Mental Health (30 non-emergency and 3 emergency per calendar year, can use MH benefits for Rehab)	Prescription Drug
1	Greater New York	Non-Grandfathered	\$15	\$0	\$0	\$0	\$15	\$15	Not Covered	Not Covered	Not Covered	\$0	\$0	\$0	\$0	\$500 per admission	10% of REF	\$100/\$300 individual/Family deductible thereafter \$5 generic and \$10 brand \$100/\$300 individual/Family deductible thereafter \$5 generic and \$10 brand
2	Binghamton / Syracuse	Non-Grandfathered	\$15	\$0	\$0	\$0	\$15	\$15	Not Covered	Not Covered	Not Covered	\$0	\$0	\$0	\$0	\$500 per admission	10% of REF	\$100/\$300 individual/Family deductible thereafter \$5 generic and \$10 brand \$100/\$300 individual/Family deductible thereafter \$5 generic and \$10 brand
3	Greater New York	Grandfathered	\$15	\$15	\$15	\$15	\$15	\$15	Not Covered	Not Covered	Not Covered	\$0	\$15	\$0	\$0	\$500 per admission	10% of REF	\$100/\$300 individual/Family deductible thereafter \$5 generic and \$10 brand \$100/\$300 individual/Family deductible thereafter \$5 generic and \$10 brand
4	Binghamton / Syracuse	Grandfathered	\$15	\$15	\$15	\$15	\$15	\$15	Not Covered	Not Covered	Not Covered	\$0	\$15	\$0	\$0	\$500 per admission	10% of REF	\$100/\$300 individual/Family deductible thereafter \$5 generic and \$10 brand

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**Premium Rates**

Rates for effective dates January 1, 2013 through December 31, 2013 are shown in pages C-2 through C-5. The rates apply to Direct Pay HMO New York Individual Advantage Plans, for both grandfathered and non-grandfathered members.

Pages C-2 through C-5 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 for all tier structures.



**2Q2013 Rate Summary**  
**Direct Pay HMO**  
 Table 1b - Medical Plans

PPID	Rating Area	Plan Type	2Q2012 Parent & Child(ren) with dependent up to age 30		2Q2012 Family with dependent up to age 30		2Q2013 Parent & Child(ren) with dependent up to age 30		2Q2013 Family with dependent up to age 30		Percent Increase Single Premium Rate (2Q2013/2Q2012)	Percent Increase Parent & Child(ren) Premium Rate (2Q2013/2Q2012)	Percent Increase with dependent up to age 30 (1Q2013/1Q2012)	Percent Increase Couple Premium Rate (2Q2013/2Q2012)	Percent Increase Family Premium Rate (2Q2013/1Q2012)	Dollar Increase Single Premium Rate (2Q2013 - 2Q2012)	Dollar Increase Parent & Child(ren) Premium Rate (2Q2013 - 1Q2012)	Dollar Increase with dependent up to age 30 (2Q2013 - 1Q2012)	Dollar Increase Couple Premium Rate (2Q2013 - 2Q2012)	Dollar Increase Family Premium Rate (2Q2013 - 1Q2012)						
			2Q2012 Single Premium Rate	2Q2012 Parent & Child(ren) Premium Rate	2Q2012 Couple Premium Rate	2Q2012 Family Premium Rate	2Q2013 Single Premium Rate	2Q2013 Parent & Child(ren) Premium Rate	2Q2013 Couple Premium Rate	2Q2013 Family Premium Rate																
6032167	Greater New York	Non-Grandfathered	\$1,338	\$2,475	\$2,549	\$2,676	\$4,147	\$4,272	\$1,359	\$2,515	\$2,590	\$2,718	\$4,214	\$4,340	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$21	\$40	\$41	\$42	\$67	\$68
6032267	Binghamton/Syracuse	Non-Grandfathered	\$1,204	\$2,227	\$2,294	\$2,408	\$3,732	\$3,844	\$1,223	\$2,263	\$2,331	\$2,447	\$3,792	\$3,906	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$19	\$36	\$37	\$39	\$60	\$62
6082767	Greater New York	Grandfathered	\$1,338	\$2,475	\$2,549	\$2,676	\$4,147	\$4,272	\$1,359	\$2,515	\$2,590	\$2,718	\$4,214	\$4,340	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$21	\$40	\$41	\$42	\$67	\$68
6072716	Binghamton/Syracuse	Grandfathered	\$1,204	\$2,227	\$2,294	\$2,408	\$3,732	\$3,844	\$1,223	\$2,263	\$2,331	\$2,447	\$3,792	\$3,906	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$19	\$36	\$37	\$39	\$60	\$62

**3Q2013 Rate Summary**  
**Direct Pay HMO**  
 Table 1c - Medical Plans

PPID	Rating Area	Plan Type	3Q2012 Parent & Child(ren)		3Q2012 Parent & Child(ren) with dependent up to age 30		3Q2012 Family with dependent up to age 30		3Q2013 Parent & Child(ren)		3Q2013 Parent & Child(ren) with dependent up to age 30		3Q2013 Family with dependent up to age 30		Percent Increase Single Premium Rate	Percent Increase Parent & Child(ren) Premium Rate	Percent Increase with dependent up to age 30 Premium Rate	Percent Increase Couple Premium Rate	Percent Increase Family Premium Rate	Percent Increase up to age 30 Premium Rate	Dollar Increase Single Premium Rate	Dollar Increase Parent & Child(ren) Premium Rate	Dollar Increase with dependent up to age 30 Premium Rate	Dollar Increase Couple Premium Rate	Dollar Increase Family Premium Rate	Dollar Increase up to age 30 Premium Rate
			Single Premium Rate	Parent & Child(ren) Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate	Single Premium Rate	Parent & Child(ren) Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate	Single Premium Rate	Parent & Child(ren) Premium Rate												
6032167	Greater New York	Non-Grandfathered	\$1,378	\$2,549	\$2,626	\$2,756	\$4,272	\$4,400	\$1,400	\$2,590	\$2,668	\$2,800	\$4,340	\$4,471	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$20	\$37	\$38	\$40	\$62	\$63
6032267	Binghamton/Syracuse	Non-Grandfathered	\$1,240	\$2,294	\$2,363	\$2,480	\$3,844	\$3,960	\$1,260	\$2,331	\$2,401	\$2,520	\$3,906	\$4,023	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$22	\$41	\$42	\$44	\$68	\$71
6082767	Greater New York	Grandfathered	\$1,378	\$2,549	\$2,626	\$2,756	\$4,272	\$4,400	\$1,400	\$2,590	\$2,668	\$2,800	\$4,340	\$4,471	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$20	\$37	\$38	\$40	\$62	\$63
6072716	Binghamton/Syracuse	Grandfathered	\$1,240	\$2,294	\$2,363	\$2,480	\$3,844	\$3,960	\$1,260	\$2,331	\$2,401	\$2,520	\$3,906	\$4,023	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$20	\$37	\$38	\$40	\$62	\$63

**4Q2013 Rate Summary**  
**Direct Pay HMO**  
 Table 1d - Medical Plans

PPID	Rating Area	Plan Type	4Q2012 Parent & Child(ren)		4Q2012 Parent & Child(ren) with dependent up to age 30		4Q2012 Family with dependent up to age 30		4Q2012 Family with dependent up to age 30		4Q2013 Parent & Child(ren)		4Q2013 Parent & Child(ren) with dependent up to age 30		4Q2013 Family with dependent up to age 30		4Q2013 Family with dependent up to age 30		Percent Increase Single Premium Rate (4Q2013 / 4Q2012)	Percent Increase Parent & Child(ren) Premium Rate (4Q2013 / 4Q2012)	Percent Increase with dependent up to age 30 Premium Rate (1Q2013 / 1Q2012)	Percent Increase Couple Premium Rate (4Q2013 / 4Q2012)	Percent Increase Family Premium Rate (4Q2013 / 4Q2012)	Percent Increase up to age 30 Premium Rate (1Q2013 / 1Q2012)	Dollar Increase Single Premium Rate (4Q2013 - 4Q2012)	Dollar Increase Parent & Child(ren) Premium Rate (4Q2013 - 4Q2012)	Dollar Increase with dependent up to age 30 Premium Rate (1Q2013 - 1Q2012)	Dollar Increase Couple Premium Rate (4Q2013 - 4Q2012)	Dollar Increase Family Premium Rate (4Q2013 - 4Q2012)	Dollar Increase up to age 30 Premium Rate (1Q2013 - 1Q2012)
			Single Premium Rate	Parent & Child(ren) Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate	Family Premium Rate	Single Premium Rate	Parent & Child(ren) Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate	Family Premium Rate	Family Premium Rate	Family Premium Rate	Family Premium Rate	Family Premium Rate												
6032167	Greater New York	Non-Grandfathered	\$1,419	\$2,626	\$2,704	\$2,839	\$4,400	\$4,532	\$1,442	\$2,668	\$2,748	\$2,885	\$4,471	\$4,605	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$21	\$38	\$40	\$41	\$64	\$66	
6032267	Binghamton/Syracuse	Non-Grandfathered	\$1,277	\$2,363	\$2,434	\$2,555	\$3,960	\$4,079	\$1,298	\$2,401	\$2,474	\$2,596	\$4,024	\$4,145	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$23	\$42	\$44	\$46	\$71	\$73	
6082767	Greater New York	Grandfathered	\$1,419	\$2,626	\$2,704	\$2,839	\$4,400	\$4,532	\$1,442	\$2,668	\$2,748	\$2,885	\$4,471	\$4,605	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$21	\$38	\$40	\$41	\$64	\$66	
6072716	Binghamton/Syracuse	Grandfathered	\$1,277	\$2,363	\$2,434	\$2,555	\$3,960	\$4,079	\$1,298	\$2,401	\$2,474	\$2,596	\$4,024	\$4,145	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	1.6%	\$21	\$38	\$40	\$41	\$64	\$66	

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**Index of Applicable Forms**

<b>Form</b>	<b>Form Description</b>
HI ASTATHCRInd 01 NY	Direct Pay HMO New York Individual Advantage Plans PPACA
HMO/NY INDADVCOB-2 7/04	Direct Pay HMO New York Individual Advantage Plans Certificate of Coverage
HMO/NY INDADVSOB-2 7/04	Direct Pay HMO New York Individual Advantage Plans Schedule of Benefits
HMO/NY ENDORSE-INDADCLR-3 7/04	Direct Pay HMO New York Individual Advantage Plans Prescription Plan Endorsement

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**Loss Ratio**

Without expected credits from the Market Stabilization Pool (MSP) and the Stop Loss Reimbursement, the Direct Pay HMO New York Individual Advantage projected loss ratio with rate increases effective for the 4 quarters provided in this filing (1Q2013 to 4Q2013) would be 132.8%.

As a result of the new pooling methodology established by the Fifth Amendment to Regulation 146, we have included an adjustment of 22.6% of claims for calendar year 2013 for the use of the MSP amounts. We also reduced claims by 11.3% to account for the expected Stop Loss reimbursement. Our projected loss ratio adjusted for MSP and Stop Loss is 87.8%. This reflects projected membership, standardized premium, and claim experience.

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**Outline of General Underwriting and Marketing Guidelines**

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 1,477 Direct Pay HMO New York Individual Advantage 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 New York Individual Advantage Plans Direct Pay HMO to individuals with premium rates that are filed and approved, and compliant with all insurance laws, regulations and practices in the state of New York. Coverage for the New York Individual Advantage plans is guaranteed issue.

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**Commissions Schedule and Incentive Fees**

Aetna Health, Inc. does not offer commissions or incentive fees on Direct Pay HMO Individual Advantage business.