

Aetna Health, Inc.
New York Individual Advantage
POS

Page A-1

Table of Contents

<u>Description</u>	<u>Page</u>
Table of Contents	A-1
General	A-2
Premium Rate Manual	A-3 – A-4
Tables 1 and 2 – Medical Plan Benefit	B-1 – B-5
Premium Rates	C-1 – C-5
Index of Applicable Forms	D-1
Loss Ratio	E-1
Underwriting and Marketing Guidelines	F-1
Commissions Schedule and Incentive Fees	G-1

Aetna Health, Inc.
New York Individual Advantage
POS

General

This rate manual contains worksheets and instructions for calculating the community rates for the Direct Pay POS 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.

Aetna Health, Inc.
New York Individual Advantage
POS

The following steps are used to calculate premium rates.

1. 2012 Base Rate

Base Rate
\$1,932.00

2. Rate Increase

The proposed rate increase is 4.9%.

3. 2013 Base Rate

(step 1) x (1 + step 2)

Base Rate
\$2,026.67

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

Aetna Health, Inc.
New York Individual Advantage
POS

7. **Area Factor Table** – factor to reflect differences in cost by geographic area.
Medical Rate x Area Factor = Rate for that Plan for that Rating 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	0.900
Cayuga	0.900
Onondaga	0.900
Oswego	0.900
Tioga	0.900
Other	0.900

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

Benefit Summary

Table 1 - Referred Benefits Copayment and Limits

Plan Identifier	Rating Area	Plan Type	Inpatient Hospital	Outpatient Surgery	Outpatient Cardiac Rehab	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 365-day period)	Maternity Visit (includes pre- and post-natal care)	Contraceptive Counseling (2 visits per 12 months)	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	\$0 per admission	\$10	Not Covered	\$35	\$0	\$10	\$10	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2	Binghamton / Syracuse	Non-Grandfathered	\$0 per admission	\$10	Not Covered	\$35	\$0	\$10	\$10	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3	Greater New York	Grandfathered	\$0 per admission	\$10	Not Covered	\$35	\$0	\$10	\$10	\$10	\$10	\$0	\$0	N/A	N/A	\$0	N/A
4	Binghamton / Syracuse	Grandfathered	\$0 per admission	\$10	Not Covered	\$35	\$0	\$10	\$10	\$10	\$10	\$0	\$0	N/A	N/A	\$0	N/A

Benefit Summary

Table 1 - Referred Benefits Copayment

Plan Identifier	Rating Area	Plan Type	Diabetic Equipment and Supplies	Smoking / Tobacco Cessation Preventive Counseling (8 visits per calendar year)	Alcohol / Substance Abuse Preventive Counseling (5 visits per calendar year)	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	\$10	\$0	\$0	\$0	\$10	\$10	Not Covered	Not Covered	Not Covered	\$0	\$15	\$0	\$0 per trip	\$0	10% of REF	\$100/\$300 individual/F amily deductible thereafter \$5 generic
2	Binghamton / Syracuse	Non-Grandfathered	\$10	\$0	\$0	\$0	\$10	\$10	Not Covered	Not Covered	Not Covered	\$0	\$15	\$0	\$0 per trip	\$0	10% of REF	\$100/\$300 individual/F amily deductible thereafter \$5 generic
3	Greater New York	Grandfathered	\$10	\$10	\$10	\$10	\$10	\$15	Not Covered	Not Covered	Not Covered	\$0	\$15	\$0	\$0 per trip	\$0	10% of REF	\$100/\$300 individual/F amily deductible thereafter \$5 generic
4	Binghamton / Syracuse	Grandfathered	\$10	\$10	\$10	\$10	\$10	\$15	Not Covered	Not Covered	Not Covered	\$0	\$15	\$0	\$0 per trip	\$0	10% of REF	\$100/\$300 individual/F amily deductible thereafter \$5 generic

Benefit Summary

Table 2 - Non-Referred Benefits Deductible/Maximums and Coinsurance

Plan Identifier	Rating Area	Plan Type	Deductible	Out-of-Pocket Maximum	Lifetime Maximum	Hospital	Outpatient Surgery	Outpatient Cardiac Rehab	Emergency Room (waived if admitted)	Skilled Nursing (unlimited number of days)	PCP	Specialist	Routine and Preventive Care	Well Child/Immunization
1	Greater New York	Non-Grandfathered	\$1,000/\$2,000 per member/family per calendar year	\$3,000/\$5,000 per member/family per calendar year	Unlimited	20% coinsurance after deductible	20% coinsurance after deductible	Not Covered	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Not Covered	Not Covered
2	Binghamton / Syracuse	Non-Grandfathered	\$1,000/\$2,000 per member/family per calendar year	\$3,000/\$5,000 per member/family per calendar year	Unlimited	20% coinsurance after deductible	20% coinsurance after deductible	Not Covered	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Not Covered	Not Covered
3	Greater New York	Grandfathered	\$1,000/\$2,000 per member/family per calendar year	\$3,000/\$5,000 per member/family per calendar year	Unlimited	20% coinsurance after deductible	20% coinsurance after deductible	Not Covered	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Not Covered	Not Covered
4	Binghamton / Syracuse	Grandfathered	\$1,000/\$2,000 per member/family per calendar year	\$3,000/\$5,000 per member/family per calendar year	Unlimited	20% coinsurance after deductible	20% coinsurance after deductible	Not Covered	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Not Covered	Not Covered

Benefit Summary

Table 2 - Non-Referred Benefits Deducti

Plan Identifier	Rating Area	Plan Type	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	20% coinsurance (not subject to deductible)	Not Covered	Not Covered	Not Covered	0% coinsurance	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance not subject to deductible	10% coinsurance after deductible	Not Covered
2	Binghamton / Syracuse	Non-Grandfathered	20% coinsurance (not subject to deductible)	Not Covered	Not Covered	Not Covered	0% coinsurance	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance not subject to deductible	10% coinsurance after deductible	Not Covered
3	Greater New York	Grandfathered	20% coinsurance (not subject to deductible)	Not Covered	Not Covered	Not Covered	0% coinsurance	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance not subject to deductible	10% coinsurance after deductible	Not Covered
4	Binghamton / Syracuse	Grandfathered	20% coinsurance (not subject to deductible)	Not Covered	Not Covered	Not Covered	0% coinsurance	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance not subject to deductible	10% coinsurance after deductible	Not Covered

Aetna Health, Inc.
New York Individual Advantage
POS

Page C-1

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 POS New York Individual Advantage Plans, for both grandfathered and non-grandfathered members.

Pages C-2 through C-5 display year over year increases for 1st Quarter 2013 through 4th Quarter 2013, dollar difference, and percent increase for all medical plans for all tier structures.

**1Q2013 Rate Summary
Direct Pay POS**

Table 1a - Medical Plans

Plan Identifier	Rating Area	Plan Type	1Q2012 Parent & Child(ren) with					1Q2012 Family with					1Q2013 Parent & Child(ren) with					1Q2013 Family with					Percent Increase Single Premium Rate (1Q2013 / 1Q2012)	Percent Increase Parent & Child(ren) Premium Rate (1Q2013 / 1Q2012)	Percent Increase dependent up to age 30 Premium Rate (1Q2013 / 1Q2012)	Percent Increase Couple Premium Rate (1Q2013 / 1Q2012)	Percent Increase Family Premium Rate (1Q2013 / 1Q2012)	Percent Increase dependent up to age 30 Premium Rate (1Q2013 / 1Q2012)	Dollar Increase Single Premium Rate (1Q2013 - 1Q2012)	Dollar Increase Parent & Child(ren) Premium Rate (1Q2013 - 1Q2012)	Dollar Increase dependent up to age 30 Premium Rate (1Q2013 - 1Q2012)	Dollar Increase Couple Premium Rate (1Q2013 - 1Q2012)	Dollar Increase Family Premium Rate (1Q2013 - 1Q2012)	Dollar Increase dependent up to age 30 Premium Rate (1Q2013 - 1Q2012)
			1Q2012 Single Premium Rate	1Q2012 Parent & Child(ren) Premium Rate	1Q2012 dependent up to age 30 Premium Rate	1Q2012 Couple Premium Rate	1Q2012 Family Premium Rate	1Q2012 dependent up to age 30 Premium Rate	1Q2013 Single Premium Rate	1Q2013 Parent & Child(ren) Premium Rate	1Q2013 dependent up to age 30 Premium Rate	1Q2013 Couple Premium Rate	1Q2013 Family Premium Rate	1Q2013 dependent up to age 30 Premium Rate	1Q2013 Single Premium Rate	1Q2013 Parent & Child(ren) Premium Rate	1Q2013 dependent up to age 30 Premium Rate	1Q2013 Couple Premium Rate	1Q2013 Family Premium Rate	1Q2013 dependent up to age 30 Premium Rate														
1	Greater New York	Non-Grandfathered	\$1,932	\$3,558	\$3,667	\$3,866	\$5,975	\$6,159	\$2,027	\$3,749	\$3,862	\$4,053	\$6,283	\$6,471	4.9%	5.4%	5.3%	4.8%	5.2%	5.1%	\$95	\$191	\$195	\$187	\$308	\$312								
2	Binghamton/Syracuse	Non-Grandfathered	\$1,740	\$3,201	\$3,300	\$3,478	\$5,377	\$5,542	\$1,824	\$3,374	\$3,476	\$3,648	\$5,654	\$5,824	4.8%	5.4%	5.3%	4.9%	5.2%	5.1%	\$84	\$173	\$176	\$170	\$277	\$282								
3	Greater New York	Grandfathered	\$1,932	\$3,558	\$3,667	\$3,866	\$5,975	\$6,159	\$2,027	\$3,749	\$3,862	\$4,053	\$6,283	\$6,471	4.9%	5.4%	5.3%	4.8%	5.2%	5.1%	\$95	\$191	\$195	\$187	\$308	\$312								
4	Binghamton/Syracuse	Grandfathered	\$1,740	\$3,201	\$3,300	\$3,478	\$5,377	\$5,542	\$1,824	\$3,374	\$3,476	\$3,648	\$5,654	\$5,824	4.8%	5.4%	5.3%	4.9%	5.2%	5.1%	\$84	\$173	\$176	\$170	\$277	\$282								

**3Q2013 Rate Summary
Direct Pay POS**

Table 1c - Medical Plans

PPID	Rating Area	Plan Type	3Q2012						3Q2013						Percent Increase						Dollar Increase												
			Single	Parent & Child(ren)	dependent up to age 30	Couple	Family	Premium	Single	Parent & Child(ren)	dependent up to age 30	Couple	Family	Premium	Single	Parent & Child(ren)	dependent up to age 30	Couple	Family	Premium	Single	Parent & Child(ren)	dependent up to age 30	Couple	Family	Premium	Single	Parent & Child(ren)	dependent up to age 30	Couple	Family	Premium	
1	Greater New York	Non-Grandfathered	\$2,050	\$3,792	\$3,906	\$4,099	\$6,354	\$6,545	\$2,150	\$3,978	\$4,097	\$4,301	\$6,666	\$6,866	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	\$100	\$186	\$191	\$202	\$312	\$321	\$289	\$100	\$186	\$191	\$202	\$312	\$321
2	Binghamton/Syracuse	Non-Grandfathered	\$1,845	\$3,413	\$3,515	\$3,689	\$5,719	\$5,890	\$1,935	\$3,580	\$3,688	\$3,871	\$5,999	\$6,179	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	\$90	\$167	\$173	\$182	\$280	\$289	\$90	\$167	\$173	\$182	\$280	\$289	
3	Greater New York	Grandfathered	\$2,050	\$3,792	\$3,906	\$4,099	\$6,354	\$6,545	\$2,150	\$3,978	\$4,097	\$4,301	\$6,666	\$6,866	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	\$100	\$186	\$191	\$202	\$312	\$321	\$100	\$186	\$191	\$202	\$312	\$321	
4	Binghamton/Syracuse	Grandfathered	\$1,845	\$3,413	\$3,515	\$3,689	\$5,719	\$5,890	\$1,935	\$3,580	\$3,688	\$3,871	\$5,999	\$6,179	4.9%	4.9%	4.9%	4.9%	4.9%	4.9%	\$90	\$167	\$173	\$182	\$280	\$289	\$90	\$167	\$173	\$182	\$280	\$289	

Aetna Health, Inc.
New York Individual Advantage
POS

Index of Applicable Forms

Form	Form Description
HO ASTATHCRIndPOS 01 NY	Direct Pay POS New York Individual Advantage Plans PPACA
POS/NY INADCOC-1 10/00	Direct Pay POS New York Individual Advantage Plans Certificate of Coverage
POS/NY INADSOB-1 10/00	Direct Pay POS New York Individual Advantage Plans Schedule of Benefits
POS/NY IAPTERMAMEND-1 07/01	Direct Pay POS New York Individual Advantage Plans Contract Amendment
POS/NY IAPGYNAMEND-1 01/02	Direct Pay POS New York Individual Advantage Plans Contract Amendment

Aetna Health, Inc.
New York Individual Advantage
POS

Page E-1

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 172.3%.

As a result of the new pooling methodology established by the Fifth Amendment to Regulation 146, we have included an adjustment of 34.3% of claims for calendar year 2013 for the use of the MSP amounts. We also reduced claims by 13.9% to account for the expected Stop Loss reimbursement. Our projected loss ratio adjusted for MSP and Stop Loss is 88.0%. This reflects projected membership, standardized premium, and claim experience.

Aetna Health, Inc.
New York Individual Advantage
POS

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 877 Direct Pay POS New York Individual Advantage Plans 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 POS 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.

Aetna Health, Inc.
New York Individual Advantage
POS

Page G-1

Commissions Schedule and Incentive Fees

Aetna Health, Inc. does not offer commissions or incentive fees on Direct Pay POS New York Individual Advantage Plans business.