

State: New York **Filing Company:** Aetna Life Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: NY IVL 1Q15-4Q15 Filing
Project Name/Number: /

Filing at a Glance

Company: Aetna Life Insurance Company
 Product Name: NY IVL 1Q15-4Q15 Filing
 State: New York
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense
 Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
 Filing Type: Prior Approval Off Exchange Form & Rate Filing
 Date Submitted: 06/13/2014
 SERFF Tr Num: AETN-129591417
 SERFF Status: Assigned
 State Tr Num: 2014060240
 State Status:
 Co Tr Num:

Implementation 01/01/2015

Date Requested:

Author(s): [Redacted]

[Redacted]

Reviewer(s): [Redacted]

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

State: New York Filing Company: Aetna Life Insurance Company
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General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: Individual Market Type: Individual
 Overall Rate Impact: Filing Status Changed: 06/16/2014
 State Status Changed:
 Deemer Date: Created By: [REDACTED]
 Submitted By: [REDACTED] Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related

PPACA Notes: null
 Include Exchange Intentions: No

Filing Description:
 This is Aetna IVL 2015 rate filing.

Company and Contact

Filing Contact Information

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Filing Company Information

Aetna Life Insurance Company CoCode: 60054 State of Domicile: Connecticut
 151 Farmington Avenue Group Code: 1 Company Type:
 Hartford, CT 06156 Group Name: State ID Number:
 [REDACTED] FEIN Number: 06-6033492

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State Specific

1. Is a parallel product being submitted for another issuing entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is a group pre-filing notification, out-of-state, or a report filing. Form

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submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate Only

5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Prior Approval Rate Adjustment

6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No

7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No

8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No

9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No

10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary, a draft initial notification letter, and a draft numerical summary associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes, AETN - 129584565

SERFF Tracking #:

AETN-129591417

State Tracking #:

2014060240

Company Tracking #:

State:

New York

Filing Company:

Aetna Life Insurance Company

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H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

NY IVL 1Q15-4Q15 Filing

Project Name/Number:

/

Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Manual	[REDACTED]	06/16/2014	06/16/2014

SERFF Tracking #:

AETN-129591417

State Tracking #:

2014060240

Company Tracking #:

State: New York **Filing Company:** Aetna Life Insurance Company
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Project Name/Number: /

Amendment Letter

Submitted Date: 06/16/2014

Comments:

We revised sections D and F of the rate manual. In section D, we inadvertently switched the single and child(ren) and couple factors.

Changed Items:

No Form Schedule Items Changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	OffHIXGR-96807-1, OffHIXGR-96810-1, OffHIXGR-96804-1	New		Rate Manual Section D (Rate Tables)_rev20140616.xlsx, NY IVL Rate Manual 2015 - SERFF_rev20140616.pdf,	06/16/2014 By:
<i>Previous Version</i>						
1	<i>Rate Manual</i>	<i>OffHIXGR-96807-1, OffHIXGR-96810-1, OffHIXGR-96804-1</i>	<i>New</i>		<i>NY IVL Rate Manual 2015 - SERFF.pdf,</i>	<i>06/13/2014 By: Joshua Kaplan</i>

No Supporting Documents Changed.

SERFF Tracking #:

AETN-129591417

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Filing Company:

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Product Name:

NY IVL 1Q15-4Q15 Filing

Project Name/Number:

/

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

01/01/2014

Filing Method of Last Filing:

SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Aetna Life Insurance Company	Increase	20.100%	20.100%	\$6,557,295	3,124	\$32,561,207	22.200%	19.600%

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Rate Review Detail

COMPANY:

Company Name: Aetna Life Insurance Company
 HHS Issuer Id: 17210

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
EPO			2969
OAMC			155

Trend Factors:

FORMS:

New Policy Forms: OffHIXGR-96807-1, OffHIXGR-96810-1, OffHIXGR-96804-1
 Affected Forms:
 Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 26,664
 Benefit Change: Increase
 Percent Change Requested: Min: 19.6 Max: 22.2 Avg: 20.1

PRIOR RATE:

Total Earned Premium: 17,004,334.39
 Total Incurred Claims: 32,343,938.43
 Annual \$: Min: 192.00 Max: 842.00 Avg: 647.00

REQUESTED RATE:

Projected Earned Premium: 32,561,207.51
 Projected Incurred Claims: 28,310,656.72
 Annual \$: Min: 176.89 Max: 987.71 Avg: 736.53

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Product Name:

NY IVL 1Q15-4Q15 Filing

Project Name/Number:

/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	OffHIXGR-96807-1, OffHIXGR-96810-1, OffHIXGR-96804-1	New		Rate Manual Section D (Rate Tables)_rev20140616.xlsx, NY IVL Rate Manual 2015 - SERFF_rev20140616.pdf,

Aetna Life Insurance Company

New York Individual

Rate Manual

Table of Contents

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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, 2015.

Aetna Life Insurance Company

**New York Individual
Premium Rate Manual**

1. 2015 Base Rate

Silver Base Premium Rate	\$720.92
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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	\$742.55
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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, Chautaugua, 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
Singe + Spouse	2
Single + Child(ren)	1.7
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 cent.

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 cent.

The rate tables are shown on pages D-2 to D-11. The applicability period for the rate tables is January 1, 2015 through December 31, 2015.

8. Example of Rate Calculations

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Region 3 with Aetna Silver \$20 Copay EPO NY SignatureSM PD (Base Silver) Plan	Base Rate	Age 30 Rider	Plan Pricing Values	Rating Region	Census Tiers	Child Only Plans	Subscriber Rate
Single	\$720.92		1	0.89	1		\$ 641.62
Single + Spouse	\$720.92		1	0.89	2		\$ 1,283.24
Single + Child(ren)	\$720.92		1	0.89	1.7		\$ 1,090.75
Single + Spouse + Child(ren)	\$720.92		1	0.89	2.85		\$ 1,828.61
Single + Child(ren) with Dependent Up to Age 30 Rider	\$720.92	1.03	1	0.89	1.7		\$ 1,123.47
Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider	\$720.92	1.03	1	0.89	2.85		\$ 1,883.47
One Child	\$720.92		1	0.89		0.412	\$ 264.35
Two Children	\$720.92		1	0.89		0.824	\$ 528.69
Three or More Children	\$720.92		1	0.89		1.236	\$ 793.04

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Region 8 with Aetna Silver \$20 Copay EPO NY SignatureSM PD (Base Silver) Plan	Base Rate	Age 30 Rider	Plan Pricing Values	Rating Region	Census Tiers	Child Only Plans	Subscriber Rate
Single	\$720.92		1	1	1		\$ 720.92
Single + Spouse	\$720.92		1	1	2		\$ 1,441.84
Single + Child(ren)	\$720.92		1	1	1.7		\$ 1,225.56
Single + Spouse + Child(ren)	\$720.92		1	1	2.85		\$ 2,054.62
Single + Child(ren) with Dependent Up to Age 30 Rider	\$720.92	1.03	1	1	1.7		\$ 1,262.33
Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider	\$720.92	1.03	1	1	2.85		\$ 2,116.26
One Child	\$720.92		1	1		0.412	\$ 297.02
Two Children	\$720.92		1	1		0.824	\$ 594.04
Three or More Children	\$720.92		1	1		1.236	\$ 891.06

New York Individual Portfolio | Summary of Benefits

Contents

Aetna Platinum \$5 Copay OAMC PD B-2
Aetna Platinum \$5 Copay EPO PD..... B-4
Aetna Gold \$10 Copay EPO PD B-6
Aetna Silver \$20 Copay EPO PD B-8
Aetna Bronze Deductible Only EPO PD B-10

NOTE: This exhibit includes benefit summaries for plans with the “PD” suffix. Plans without the “PD” suffix are identical to plans with the suffix except that they do not cover pediatric dental benefits.

Summary of Benefits Covered

AETNA PLATINUM \$5 COPAY OAMC PD

New York

Platinum Plan

Summary of Features	In-Network	Out-of-Network
Deductible		
Individual	\$0	\$1,000
Family	\$0	\$2,000
Coinsurance <i>(Member Responsibility)</i>	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 <i>(excludes Preventative and X-rays)</i>	\$15 per visit	20% after deductible
Specialist Visit	\$35 per visit	20% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$500/Admit	20% after deductible
Emergency Room Services	\$100 per visit	\$100 per visit
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	\$100 per visit	20% after deductible

Pharmacy	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	Integrated with medical	Integrated with medical
Family	N/A	N/A
Generics	\$10	Not Covered
Preferred Brand Drugs	\$30	Not Covered
Non-Preferred Brand Drugs	\$60	Not Covered
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share	Not Covered

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?	<input type="checkbox"/>	HSA/HRA Options		Narrow Network Options			
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>			
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:			
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:			
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>						
Desired Metal Tier	Platinum	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)		87.51%	82.04%				
OOP Maximum (\$)		\$2,000.00					
OOP Maximum if Separate (\$)							

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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"/>	94%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<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

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.3%
 Metal Tier: Platinum
 Option 3 DedCopay adj: 0.2%
 Final AV: 88.5%

This product, Aetna Platinum \$5 Copay OAMC PD, satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 88.5%

Summary of Benefits Covered

AETNA PLATINUM \$5 COPAY EPO PD

New York

Platinum Plan

Summary of Features In-Network

Deductible	
Individual	\$500
Family	\$1,000
Coinsurance <i>(Member Responsibility)</i>	10%
	varies; see below
	<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>	\$5 per visit
Specialist Visit	\$35 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	10% after deductible
Emergency Room Services	\$250 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$5 per visit
Imaging (CT/PET Scans, MRIs)	10% after deductible
Rehabilitative Speech Therapy	10% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	10% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	10% after deductible
X-rays and Diagnostic Imaging	10% after deductible
Skilled Nursing Facility	10% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% after deductible
Outpatient Surgery Physician/Surgical Services	10% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	Integrated with medical
Family	N
Generics	\$10
Preferred Brand Drugs	\$30
Non-Preferred Brand Drugs	\$60
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

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Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:			
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:			
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>						
Desired Metal Tier	Platinum	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
		Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$500.00	\$500.00				
Coinsurance (% , Insurer's Cost Share)		89.36%	82.04%				
OOP Maximum (\$)		\$2,000.00					
OOP Maximum if Separate (\$)							

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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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<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"/>		\$5.00	<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"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<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"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" 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

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.0%
 Metal Tier: Platinum
 Option 3 DedCopay adj: 0.2%
 Final AV: 88.2%

This product, Aetna Platinum \$5 Copay EPO PD, satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 88.2%

Summary of Benefits Covered

AETNA GOLD \$10 COPAY EPO PD

New York

Gold Plan

Summary of Features		In-Network
Deductible		
Individual		\$1,400
Family		\$2,800
Coinsurance <i>(Member Responsibility)</i>		20%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$5,000
Family		\$10,000
		<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>		\$10 per visit
Specialist Visit		\$40 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>		20% after deductible
Emergency Room Services		\$250 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$10 per visit
Imaging (CT/PET Scans, MRIs)		20% after deductible
Rehabilitative Speech Therapy		20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy		20% after deductible
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		20% after deductible
X-rays and Diagnostic Imaging		20% after deductible
Skilled Nursing Facility		20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		20% after deductible
Outpatient Surgery Physician/Surgical Services		20% after deductible

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

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 (\$)	\$1,400.00	\$500.00				
Coinsurance (% , Insurer's Cost Share)	80.83%	79.46%				
OOP Maximum (\$)	\$5,000.00					
OOP Maximum if Separate (\$)						

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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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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 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?	<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

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.1%
 Metal Tier: Gold
 Option 3 DedCopay adj: 0.2%
 Final AV: 78.3%

This product, Aetna Gold \$10 Copay EPO PD, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.3%

Summary of Benefits Covered

AETNA SILVER \$20 COPAY EPO PD

New York

Silver Plan

Summary of Features		In-Network
Deductible		
Individual		\$4,000
Family		\$8,000
Coinsurance (Member Responsibility)		30%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$6,600
Family		\$13,200
		<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)		\$20 per visit
Specialist Visit		\$75 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)		30% after deductible
Emergency Room Services		\$250 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$20 per visit
Imaging (CT/PET Scans, MRIs)		30% after deductible
Rehabilitative Speech Therapy		30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy		30% after deductible
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		30% after deductible
X-rays and Diagnostic Imaging		30% after deductible
Skilled Nursing Facility		30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		30% after deductible
Outpatient Surgery Physician/Surgical Services		30% after deductible

Pharmacy		In-Network
Pharmacy Deductible		
Individual		Integrated with medical
Family		N
Generics		\$10
Preferred Brand Drugs		\$40
Non-Preferred Brand Drugs		\$100
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share

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 (\$)	\$4,000.00	\$500.00				
Coinsurance (% , Insurer's Cost Share)	71.35%	75.97%				
OOP Maximum (\$)	\$6,600.00					
OOP Maximum if Separate (\$)						

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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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<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"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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

Status/Error Messages: Calculation Successful.

Actuarial Value: 68.4%

Metal Tier: Silver

Option 3 DedCopay adj: 0.2%

Final AV: 68.6%

This product, Aetna Silver \$20 Copay EPO PD, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.6%

AETNA BRONZE DEDUCTIBLE ONLY EPO PD

Summary of Benefits Covered

AETNA BRONZE DEDUCTIBLE ONLY EPO PD

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$5,000
Family	\$10,000
Coinsurance <i>(Member Responsibility)</i>	50%
	varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,600
Family	\$13,200
	<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>	50% after deductible
Specialist Visit	50% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	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	N/A
Generics	\$10
Preferred Brand Drugs	\$40
Non-Preferred Brand Drugs	\$100
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share

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: 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		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (% , Insurer's Cost Share)		55.43%
OOP Maximum (\$)		\$6,600.00
OOP Maximum if Separate (\$)		

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

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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 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%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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 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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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:

Actuarial Value: 58.2%
 Metal Tier: Bronze

Option 3 DedCopay adj: 0.2%
 Final AV: 58.4%

This product, Aetna Bronze Deductible Only EPO PD, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 58.4%

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>Actuarial</u> <u>Value</u>	<u>Plan</u> <u>Factors</u>
SilverOffHIXGR-96807-1-SB	17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM PD	OFF	68.6%	1.0000
SilverOffHIXGR-96810-1-SB	17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	OFF	68.6%	1.0000
OffHIXGR-96807-1Age 29	17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	68.6%	1.0000
BronzeOffHIXGR-96807-1-SB	17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	58.4%	0.8508
BronzeOffHIXGR-96810-1-SB	17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	58.4%	0.8508
OffHIXGR-96807-1Age 29	17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	58.4%	0.8508
PlatinumOffHIXGR-96807-1-SB	17210NY0050021	Aetna Platinum \$5 Copay EPO NY SignatureSM PD	OFF	88.2%	1.3302
PlatinumOffHIXGR-96810-1-SB	17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	OFF	88.2%	1.3302
OffHIXGR-96807-1Age 29	17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	88.2%	1.3302
GoldOffHIXGR-96807-1-SB	17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM PD	OFF	78.3%	1.1417
GoldOffHIXGR-96810-1-SB	17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	OFF	78.3%	1.1417
OffHIXGR-96807-1Age 29	17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	78.3%	1.1417
PlatinumOffHIXGR-96804-1-SB	17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	88.5%	1.3701

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2015 through December 31, 2015

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 1	Single	\$591.15
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 1	Single + Child(ren)	\$1,004.96
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 1	Single + Spouse	\$1,182.31
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 1	Single + Spouse + Child(ren)	\$1,684.79
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 2	Single	\$648.83
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 2	Single + Child(ren)	\$1,103.01
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 2	Single + Spouse	\$1,297.66
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 2	Single + Spouse + Child(ren)	\$1,849.16
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 3	Single	\$641.62
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 3	Single + Child(ren)	\$1,090.75
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 3	Single + Spouse	\$1,283.24
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 3	Single + Spouse + Child(ren)	\$1,828.61
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 4	Single	\$720.92
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 4	Single + Child(ren)	\$1,225.56
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 4	Single + Spouse	\$1,441.84
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 4	Single + Spouse + Child(ren)	\$2,054.62
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 5	Single	\$504.64
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 5	Single + Child(ren)	\$857.89
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 5	Single + Spouse	\$1,009.29
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 5	Single + Spouse + Child(ren)	\$1,438.24
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 6	Single	\$569.53
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 6	Single + Child(ren)	\$968.20
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 6	Single + Spouse	\$1,139.05
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 6	Single + Spouse + Child(ren)	\$1,623.15
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 7	Single	\$591.15
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 7	Single + Child(ren)	\$1,004.96
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 7	Single + Spouse	\$1,182.31
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 7	Single + Spouse + Child(ren)	\$1,684.79
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 8	Single	\$720.92
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 8	Single + Child(ren)	\$1,225.56
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 8	Single + Spouse	\$1,441.84
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM	OFF	Silver	Region 8	Single + Spouse + Child(ren)	\$2,054.62
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 1	Single	\$502.95
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 1	Single + Child(ren)	\$855.01
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 1	Single + Spouse	\$1,005.89

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2015 through December 31, 2015

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 1	Single + Spouse + Child(ren)	\$1,433.40
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 2	Single	\$552.02
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 2	Single + Child(ren)	\$938.43
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 2	Single + Spouse	\$1,104.03
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 2	Single + Spouse + Child(ren)	\$1,573.24
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 3	Single	\$545.88
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 3	Single + Child(ren)	\$928.00
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 3	Single + Spouse	\$1,091.76
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 3	Single + Spouse + Child(ren)	\$1,555.76
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 4	Single	\$613.35
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 4	Single + Child(ren)	\$1,042.70
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 4	Single + Spouse	\$1,226.70
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 4	Single + Spouse + Child(ren)	\$1,748.05
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 5	Single	\$429.35
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 5	Single + Child(ren)	\$729.89
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 5	Single + Spouse	\$858.69
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 5	Single + Spouse + Child(ren)	\$1,223.63
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 6	Single	\$484.55
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 6	Single + Child(ren)	\$823.73
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 6	Single + Spouse	\$969.09
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 6	Single + Spouse + Child(ren)	\$1,380.96
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 7	Single	\$502.95
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 7	Single + Child(ren)	\$855.01
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 7	Single + Spouse	\$1,005.89
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 7	Single + Spouse + Child(ren)	\$1,433.40
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 8	Single	\$613.35
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 8	Single + Child(ren)	\$1,042.70
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 8	Single + Spouse	\$1,226.70
17210NY0050015	Aetna Bronze Deductible Only EPO NY	OFF	Bronze	Region 8	Single + Spouse + Child(ren)	\$1,748.05
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 1	Single	\$786.33
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 1	Single + Child(ren)	\$1,336.76
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 1	Single + Spouse	\$1,572.66
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 1	Single + Spouse + Child(ren)	\$2,241.04
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 2	Single	\$863.05
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 2	Single + Child(ren)	\$1,467.18

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2015 through December 31, 2015

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 2	Single + Spouse	\$1,726.09
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 2	Single + Spouse + Child(ren)	\$2,459.68
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 3	Single	\$853.46
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 3	Single + Child(ren)	\$1,450.88
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 3	Single + Spouse	\$1,706.91
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 3	Single + Spouse + Child(ren)	\$2,432.35
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 4	Single	\$958.94
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 4	Single + Child(ren)	\$1,630.20
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 4	Single + Spouse	\$1,917.88
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 4	Single + Spouse + Child(ren)	\$2,732.98
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 5	Single	\$671.26
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 5	Single + Child(ren)	\$1,141.14
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 5	Single + Spouse	\$1,342.52
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 5	Single + Spouse + Child(ren)	\$1,913.09
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 6	Single	\$757.56
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 6	Single + Child(ren)	\$1,287.86
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 6	Single + Spouse	\$1,515.13
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 6	Single + Spouse + Child(ren)	\$2,159.05
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 7	Single	\$786.33
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 7	Single + Child(ren)	\$1,336.76
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 7	Single + Spouse	\$1,572.66
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 7	Single + Spouse + Child(ren)	\$2,241.04
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 8	Single	\$958.94
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 8	Single + Child(ren)	\$1,630.20
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 8	Single + Spouse	\$1,917.88
17210NY0050021	Aetna Platinum \$5 Copay EPO NY	OFF	Platinum	Region 8	Single + Spouse + Child(ren)	\$2,732.98
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 1	Single	\$674.92
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 1	Single + Child(ren)	\$1,147.36
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 1	Single + Spouse	\$1,349.83
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 1	Single + Spouse + Child(ren)	\$1,923.51
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 2	Single	\$740.76
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 2	Single + Child(ren)	\$1,259.30
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 2	Single + Spouse	\$1,481.53
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 2	Single + Spouse + Child(ren)	\$2,111.17
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 3	Single	\$732.53

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2015 through December 31, 2015

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 3	Single + Child(ren)	\$1,245.30
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 3	Single + Spouse	\$1,465.06
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 3	Single + Spouse + Child(ren)	\$2,087.72
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 4	Single	\$823.07
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 4	Single + Child(ren)	\$1,399.22
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 4	Single + Spouse	\$1,646.14
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 4	Single + Spouse + Child(ren)	\$2,345.75
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 5	Single	\$576.15
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 5	Single + Child(ren)	\$979.45
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 5	Single + Spouse	\$1,152.30
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 5	Single + Spouse + Child(ren)	\$1,642.02
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 6	Single	\$650.23
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 6	Single + Child(ren)	\$1,105.38
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 6	Single + Spouse	\$1,300.45
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 6	Single + Spouse + Child(ren)	\$1,853.14
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 7	Single	\$674.92
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 7	Single + Child(ren)	\$1,147.36
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 7	Single + Spouse	\$1,349.83
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 7	Single + Spouse + Child(ren)	\$1,923.51
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 8	Single	\$823.07
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 8	Single + Child(ren)	\$1,399.22
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 8	Single + Spouse	\$1,646.14
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM	OFF	Gold	Region 8	Single + Spouse + Child(ren)	\$2,345.75
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single	\$809.92
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single + Child(ren)	\$1,376.87
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single + Spouse	\$1,619.84
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single + Spouse + Child(ren)	\$2,308.28
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single	\$888.94
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single + Child(ren)	\$1,511.20
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single + Spouse	\$1,777.88
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single + Spouse + Child(ren)	\$2,533.48
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single	\$879.06
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single + Child(ren)	\$1,494.41
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single + Spouse	\$1,758.12
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single + Spouse + Child(ren)	\$2,505.33

Aetna Life Insurance Company

New York Individual

Monthly Premium

January 1, 2015 through December 31, 2015

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single	\$987.71
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single + Child(ren)	\$1,679.11
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single + Spouse	\$1,975.42
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single + Spouse + Child(ren)	\$2,814.97
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single	\$691.40
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single + Child(ren)	\$1,175.37
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single + Spouse	\$1,382.79
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single + Spouse + Child(ren)	\$1,970.48
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single	\$780.29
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single + Child(ren)	\$1,326.49
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single + Spouse	\$1,560.58
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single + Spouse + Child(ren)	\$2,223.83
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single	\$809.92
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single + Child(ren)	\$1,376.87
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single + Spouse	\$1,619.84
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single + Spouse + Child(ren)	\$2,308.28
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single	\$987.71
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single + Child(ren)	\$1,679.11
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single + Spouse	\$1,975.42
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single + Spouse + Child(ren)	\$2,814.97

Aetna Life Insurance Company

New York Individual

Monthly Premium (Child-Only)

January 1, 2015 through December 31, 2015

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	One Child Monthly	Two Children Monthly	Three or More Children
17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 1	\$243.56	\$487.11	\$730.67
17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 2	\$267.32	\$534.63	\$801.95
17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 3	\$264.35	\$528.69	\$793.04
17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 4	\$297.02	\$594.04	\$891.06
17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 5	\$207.91	\$415.83	\$623.74
17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 6	\$234.65	\$469.29	\$703.94
17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 7	\$243.56	\$487.11	\$730.67
17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 8	\$297.02	\$594.04	\$891.06
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 1	\$207.21	\$414.43	\$621.64
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 2	\$227.43	\$454.86	\$682.29
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 3	\$224.90	\$449.81	\$674.71
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 4	\$252.70	\$505.40	\$758.10
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 5	\$176.89	\$353.78	\$530.67
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 6	\$199.63	\$399.27	\$598.90
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 7	\$207.21	\$414.43	\$621.64
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 8	\$252.70	\$505.40	\$758.10
17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 1	\$323.97	\$647.94	\$971.90
17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 2	\$355.57	\$711.15	\$1,066.72
17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 3	\$351.62	\$703.25	\$1,054.87
17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 4	\$395.08	\$790.17	\$1,185.25
17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 5	\$276.56	\$553.12	\$829.67
17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 6	\$312.12	\$624.23	\$936.35
17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 7	\$323.97	\$647.94	\$971.90
17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 8	\$395.08	\$790.17	\$1,185.25
17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 1	\$278.07	\$556.13	\$834.20
17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 2	\$305.19	\$610.39	\$915.58
17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 3	\$301.80	\$603.61	\$905.41
17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 4	\$339.10	\$678.21	\$1,017.31
17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 5	\$237.37	\$474.75	\$712.12
17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 6	\$267.89	\$535.79	\$803.68
17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 7	\$278.07	\$556.13	\$834.20
17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 8	\$339.10	\$678.21	\$1,017.31

Aetna Life Insurance Company

New York Individual

**Monthly Premium (with Dependent Coverage Up to Age 30 Rider)
January 1, 2015 through December 31, 2015**

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 1	Single	\$608.89
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 1	Single + Child(ren)	\$1,035.11
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 1	Single + Spouse	\$1,217.78
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 1	Single + Spouse + Child(ren)	\$1,735.33
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 2	Single	\$668.29
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 2	Single + Child(ren)	\$1,136.10
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 2	Single + Spouse	\$1,336.59
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 2	Single + Spouse + Child(ren)	\$1,904.63
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 3	Single	\$660.87
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 3	Single + Child(ren)	\$1,123.47
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 3	Single + Spouse	\$1,321.73
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 3	Single + Spouse + Child(ren)	\$1,883.47
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 4	Single	\$742.55
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 4	Single + Child(ren)	\$1,262.33
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 4	Single + Spouse	\$1,485.10
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 4	Single + Spouse + Child(ren)	\$2,116.26
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 5	Single	\$519.78
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 5	Single + Child(ren)	\$883.63
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 5	Single + Spouse	\$1,039.57
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 5	Single + Spouse + Child(ren)	\$1,481.38
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 6	Single	\$586.61
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 6	Single + Child(ren)	\$997.24
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 6	Single + Spouse	\$1,173.23
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 6	Single + Spouse + Child(ren)	\$1,671.85
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 7	Single	\$608.89
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 7	Single + Child(ren)	\$1,035.11
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 7	Single + Spouse	\$1,217.78
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 7	Single + Spouse + Child(ren)	\$1,735.33
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 8	Single	\$742.55
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 8	Single + Child(ren)	\$1,262.33
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 8	Single + Spouse	\$1,485.10
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 8	Single + Spouse + Child(ren)	\$2,116.26
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 1	Single	\$518.04
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 1	Single + Child(ren)	\$880.66
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 1	Single + Spouse	\$1,036.07

Aetna Life Insurance Company

New York Individual

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

January 1, 2015 through December 31, 2015

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 1	Single + Spouse + Child(ren)	\$1,476.40
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 2	Single	\$568.58
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 2	Single + Child(ren)	\$966.58
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 2	Single + Spouse	\$1,137.15
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 2	Single + Spouse + Child(ren)	\$1,620.44
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 3	Single	\$562.26
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 3	Single + Child(ren)	\$955.84
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 3	Single + Spouse	\$1,124.52
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 3	Single + Spouse + Child(ren)	\$1,602.44
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 4	Single	\$631.75
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 4	Single + Child(ren)	\$1,073.98
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 4	Single + Spouse	\$1,263.50
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 4	Single + Spouse + Child(ren)	\$1,800.49
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 5	Single	\$442.23
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 5	Single + Child(ren)	\$751.78
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 5	Single + Spouse	\$884.45
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 5	Single + Spouse + Child(ren)	\$1,260.34
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 6	Single	\$499.08
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 6	Single + Child(ren)	\$848.44
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 6	Single + Spouse	\$998.17
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 6	Single + Spouse + Child(ren)	\$1,422.39
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 7	Single	\$518.04
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 7	Single + Child(ren)	\$880.66
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 7	Single + Spouse	\$1,036.07
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 7	Single + Spouse + Child(ren)	\$1,476.40
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 8	Single	\$631.75
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 8	Single + Child(ren)	\$1,073.98
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 8	Single + Spouse	\$1,263.50
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 8	Single + Spouse + Child(ren)	\$1,800.49
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 1	Single	\$809.92
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 1	Single + Child(ren)	\$1,376.87
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 1	Single + Spouse	\$1,619.84
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 1	Single + Spouse + Child(ren)	\$2,308.27
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 2	Single	\$888.94
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 2	Single + Child(ren)	\$1,511.19

Aetna Life Insurance Company

New York Individual

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

January 1, 2015 through December 31, 2015

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 2	Single + Spouse	\$1,777.87
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 2	Single + Spouse + Child(ren)	\$2,533.47
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 3	Single	\$879.06
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 3	Single + Child(ren)	\$1,494.40
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 3	Single + Spouse	\$1,758.12
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 3	Single + Spouse + Child(ren)	\$2,505.32
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 4	Single	\$987.71
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 4	Single + Child(ren)	\$1,679.10
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 4	Single + Spouse	\$1,975.42
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 4	Single + Spouse + Child(ren)	\$2,814.97
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 5	Single	\$691.40
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 5	Single + Child(ren)	\$1,175.37
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 5	Single + Spouse	\$1,382.79
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 5	Single + Spouse + Child(ren)	\$1,970.48
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 6	Single	\$780.29
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 6	Single + Child(ren)	\$1,326.49
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 6	Single + Spouse	\$1,560.58
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 6	Single + Spouse + Child(ren)	\$2,223.83
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 7	Single	\$809.92
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 7	Single + Child(ren)	\$1,376.87
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 7	Single + Spouse	\$1,619.84
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 7	Single + Spouse + Child(ren)	\$2,308.27
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 8	Single	\$987.71
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 8	Single + Child(ren)	\$1,679.10
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 8	Single + Spouse	\$1,975.42
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 8	Single + Spouse + Child(ren)	\$2,814.97
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 1	Single	\$695.16
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 1	Single + Child(ren)	\$1,181.78
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 1	Single + Spouse	\$1,390.33
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 1	Single + Spouse + Child(ren)	\$1,981.22
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 2	Single	\$762.99
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 2	Single + Child(ren)	\$1,297.08
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 2	Single + Spouse	\$1,525.97
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 2	Single + Spouse + Child(ren)	\$2,174.51
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 3	Single	\$754.51

Aetna Life Insurance Company

New York Individual

**Monthly Premium (with Dependent Coverage Up to Age 30 Rider)
January 1, 2015 through December 31, 2015**

HIOS Plan-Id	Plan	Exchange ON/OFF	Metallic Tier	Rating Area	Tier	Monthly Premium
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 3	Single + Child(ren)	\$1,282.66
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 3	Single + Spouse	\$1,509.02
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 3	Single + Spouse + Child(ren)	\$2,150.35
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 4	Single	\$847.76
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 4	Single + Child(ren)	\$1,441.20
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 4	Single + Spouse	\$1,695.52
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 4	Single + Spouse + Child(ren)	\$2,416.12
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 5	Single	\$593.43
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 5	Single + Child(ren)	\$1,008.84
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 5	Single + Spouse	\$1,186.87
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 5	Single + Spouse + Child(ren)	\$1,691.29
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 6	Single	\$669.73
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 6	Single + Child(ren)	\$1,138.54
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 6	Single + Spouse	\$1,339.46
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 6	Single + Spouse + Child(ren)	\$1,908.74
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 7	Single	\$695.16
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 7	Single + Child(ren)	\$1,181.78
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 7	Single + Spouse	\$1,390.33
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 7	Single + Spouse + Child(ren)	\$1,981.22
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 8	Single	\$847.76
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 8	Single + Child(ren)	\$1,441.20
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 8	Single + Spouse	\$1,695.52
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 8	Single + Spouse + Child(ren)	\$2,416.12

Aetna Life Insurance Company

**New York Individual List of Applicable Forms
(Off-Exchange)**

Forms

Description

Off-Exchange EPO Policy and Schedules

Comments

OffHIXGR-96807-1

Policy

OffHIXGR-96807-1Age 29

Rider

BronzeOffHIXGR-96807-1-SB

Bronze

SilverOffHIXGR-96807-1-SB

Silver

GoldOffHIXGR-96807-1-SB

Gold

PlatinumOffHIXGR-96807-1-SB

Platinum

Off-Exchange Child-Only EPO Policy and Schedules

OffHIXGR-96810-1

Policy

BronzeOffHIXGR-96810-1-SB

Bronze

SilverOffHIXGR-96810-1-SB

Silver

GoldOffHIXGR-96810-1-SB

Gold

PlatinumOffHIXGR-96810-1-SB

Platinum

Off-Exchange PPO Policy and Schedule

OffHIXGR-96804-1

Policy

OffHIXGR-96804-1Age29

Rider

PlatinumOffHIXGR-96804-1-SB

Platinum

Aetna Life Insurance Company

New York Individual

Commissions Schedule and Incentive Fees

Aetna Life Insurance Company does not offer commissions or incentive fees for Individual business in New York.

Aetna Life Insurance Company

New York Individual

Projected Medical Loss Ratio

The 2015 projected loss ratio with Federal adjustments is 93.84%. This estimate does not include a credibility adjustment and is based on projected 2015 experience for plans that comply with the ACA market reform requirements. The following table details this calculation.

	IVL	Formula
(a) Member Months	44,209	
(b) Premium (pmpm)	\$736.53	
(c) Medical Cost (pmpm)(1)	\$640.38	
(d) Medical Benefit Ratio (MBR)	86.95%	= (c) / (b)
(e) Quality Improvement Action (pmpm)	\$6.63	= (b) x 0.9 % (2)
(f) Taxes and Fees (pmpm)	\$47.01	= (b) x 6.385% (3)
(g) Adjusted Premium (pmpm)	\$ 689.51	= (b) - (f)
(h) Adjusted Claims (pmpm)	\$ 647.01	= (c) + (e)
Medical Loss Ratio (MLR)	93.84%	= (h) / (g)

- (1) Medical Costs are net of reinsurance recoveries estimated at \$3.67 PMPM (or 0.498% of incurred claims).
- (2) Spending on quality improvement activities is estimated to be 0.90% of premium.
- (3) Taxes and fees are estimated to be 6.385% 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 2015 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.

SERFF Tracking #:

AETN-129591417

State Tracking #:

2014060240

Company Tracking #:

State:

New York

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

NY IVL 1Q15-4Q15 Filing

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum/Actuarial Certification
Comments:	
Attachment(s):	NY IVL Actuarial Memo 2015.pdf NY IVL 2015 cover letter.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	NY IVL Actuarial Memo 2015.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Value Calculations
Comments:	
Attachment(s):	Rate Manual Section B (Alison).pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 11-General Information
Comments:	
Attachment(s):	Exhibit 11 1Q15-4Q15.pdf Exhibit 11 1Q15-4Q15.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 13-Narrative Summary and Numerical Summary
Comments:	
Attachment(s):	Exhibit 13 - Numerical Summary.xlsx Exhibit 13 - Numerical Summary.pdf Exhibit 13 Narrative Summary.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 14A-Indiv Requested Percentage Changes
Comments:	

SERFF Tracking #:

AETN-129591417

State Tracking #:

2014060240

Company Tracking #:

State:

New York

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

NY IVL 1Q15-4Q15 Filing

Project Name/Number:

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Attachment(s):	Exhibit 14A 1Q15-4Q15 Send .xlsx Exhibit 14A 1Q15-4Q15 Send .pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 15A-Indiv Distribution by Rate Adj Percentages
Comments:	
Attachment(s):	Exhibit 15A 1Q15-4Q15 Send.xlsx Exhibit 15A 1Q15-4Q15 Send.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 16-Summary of Policy Form & Product Changes
Comments:	
Attachment(s):	Exhibit 16 1Q15-4Q15 Send.xlsx Exhibit 16 1Q15-4Q15 Send.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 17-Claims Experience for 2011-13 (Sm Grps)
Comments:	
Attachment(s):	Exhibit 17 ALIC 1Q15-4Q15 serff.pdf Exhibit 17 ALIC 1Q15-4Q15 serff.xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 18-Index Rate Plan-Design Development
Comments:	
Attachment(s):	Exhibit 18 1Q15-4Q15 Send.xlsx Exhibit 18 1Q15-4Q15 Send.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibit 19-Claim Trend, Admin Expenses & Profit
Comments:	
Attachment(s):	Exhibit 19 1Q15-4Q15 Send.pdf Exhibit 19 1Q15-4Q15 Send.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

AETN-129591417

State Tracking #:

2014060240

Company Tracking #:

State:

New York

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

NY IVL 1Q15-4Q15 Filing

Project Name/Number:

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Satisfied - Item:	Exhibit 20-HIOS ID Mapping
Comments:	
Attachment(s):	Exhibit 20 1Q15-4Q15 Send .pdf Exhibit 20 1Q15-4Q15 Send .xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 21A-Hospital Inpatient-Unit Costs
Comments:	
Attachment(s):	Exhibit 21A ALIC 1Q15-4Q15 serff.pdf Exhibit 21A ALIC 1Q15-4Q15 serff.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 21B-Hospital Outpatient-Unit Costs
Comments:	
Attachment(s):	Exhibit 21B ALIC 1Q15-4Q15 serff.pdf Exhibit 21B ALIC 1Q15-4Q15 serff.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 22-Utilization Information
Comments:	
Attachment(s):	Exhibit 22 ALIC 1Q15-4Q15 serff.pdf Exhibit 22 ALIC 1Q15-4Q15 serff.xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Exhibit 23-Requested 2015 Premium Rates
Comments:	
Attachment(s):	Exhibit 24 1Q15-4Q15 Send.pdf Exhibit 24 1Q15-4Q15 Send.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	We will file when the required documentation becomes available.
Attachment(s):	

SERFF Tracking #:

AETN-129591417

State Tracking #:

2014060240

Company Tracking #:**State:**

New York

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

NY IVL 1Q15-4Q15 Filing

Project Name/Number:

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Item Status:	
Status Date:	
Satisfied - Item:	Initial Notice of Proposed Rate Adjustment
Comments:	
Attachment(s):	Rate adjustment notice - initial Individual Policyholder - SERFF DFS adjustments.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	Part II NY IVL.pdf AE_NY_IVL_17210_URRT_OFF_2015_v0 2.xlsm
Item Status:	
Status Date:	

State:

New York

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

NY IVL 1Q15-4Q15 Filing

Project Name/Number:

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Attachment Exhibit 11 1Q15-4Q15.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 13 - Numerical Summary.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 14A 1Q15-4Q15 Send .xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 15A 1Q15-4Q15 Send.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 16 1Q15-4Q15 Send.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 17 ALIC 1Q15-4Q15 serff.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 18 1Q15-4Q15 Send.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 19 1Q15-4Q15 Send.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 20 1Q15-4Q15 Send .xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 21A ALIC 1Q15-4Q15 serff.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 21B ALIC 1Q15-4Q15 serff.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 22 ALIC 1Q15-4Q15 serff.xlsx is not a PDF document and cannot be reproduced here.

Attachment Exhibit 24 1Q15-4Q15 Send.xlsx is not a PDF document and cannot be reproduced here.

SERFF Tracking #:

AETN-129591417

State Tracking #:

2014060240

Company Tracking #:

State:

New York

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

NY IVL 1Q15-4Q15 Filing

Project Name/Number:

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Attachment AE_NY_IVL_17210_URRT_OFF_2015_v0 2.xlsm is not a PDF document and cannot be reproduced here.

Actuarial Memorandum and Certification

General Information

Company Information:

Company Legal Name: Aetna Life Insurance Company
State: New York
HIOS Issuer ID: 17210
Market: Individual
Policy Form: OffHIXGR-96807-1
OffHIXGR-96810-1
OffHIXGR-96804-1

Effective Date: January 1, 2015

Company Contact Information:

Name: Xiaoping Hu, FSA, MAAA
Telephone Number: 215-775-6739
Email Address: HuX@aetna.com

1. Purpose, Scope, and Effective Date

The purpose of this filing is to:

- 1) Provide support for the development of the Part I Unified Rate Review Template,
- 2) Provide support for the assumptions and rate development applicable to the products supported by the policy forms referenced above,
- 3) Request approval of the resulting monthly premium rates for the products supported by the policy forms referenced above, and
- 4) Provide summaries of the benefit details for the products/plan designs referenced by this filing.

The development of the rates reflects the impact of the market forces and rating requirements associated with the Patient Protection and Affordable Care Act (PPACA) and subsequent regulation.

These rates are for plans issued in the New York Individual market by Aetna Life Insurance Company beginning January 1, 2015. The rates comply with all rating guidelines under federal and state regulations. The filing covers plans that will be available off the Federally Facilitated Exchange (Off-Exchange) in New York.

This memorandum is being submitted to satisfy federal rate review requirements and to support the development of the rates submitted with this filing. It is not intended to be used for any other purpose.

2. Proposed Rate Increase

A. Introduction of New Benefit Plans:

This filing includes new benefit plans that will be marketed to individuals living in New York for coverage effective beginning January 1, 2015. The ACA-compliant benefit plans currently offered to individuals in New York will be discontinued as of December 31, 2014. Our decision to withdraw the current plans instead of renewing them is driven by significant changes in plan benefits, and we believe the best member-experience in this situation is to notify members of the

discontinuation of their current benefit plans, and to invite these members to choose a new plan for coverage that will become effective on January 1, 2015. As a result, no rate change will be communicated to Individual policyholders in New York.

B. Key Assumptions Impacting 2015 Rates:

Rates for the new products reflect the following changes from our 2014 offerings:

- Impact of medical claim trend (including increases in provider unit costs and increased utilization of medical cost services),
- The projected impact of the federal risk adjustment program that was put in place by the Affordable Care Act,
- Revisions to our assumptions about population morbidity and the projected population distribution,
- Changes to the reinsurance program,
- Changes in cost sharing levels to ensure that plans comply with Actuarial Value requirements, and
- Changes in provider networks and contracts.

Monthly premium rates for the NY Aetna Pinnacle PD: OAMC plan are being revised for effective dates January 1, 2015 through December 31, 2015 to reflect the following:

- Impact of medical claim trend (including increases in provider unit costs and increased utilization of medical cost services),
- The projected impact of the federal risk adjustment program that was put in place by the Affordable Care Act,
- Revisions to our assumptions about population morbidity and the projected population distribution,
- Changes to the reinsurance program,
- Changes in cost sharing levels to ensure that plans comply with Actuarial Value requirements, and
- Changes in provider networks and contracts.

3. Experience Period Premium and Claims

A. Paid Through Date:

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2013 through December 31, 2013 and paid through March 31, 2014.

B. Premiums (Net of MLR Rebate) in Experience Period:

Experience period premiums are date-of-service premiums from our actuarial experience databases for non-grandfathered Individual business in New York. Based on internal projections and the Medical Loss Ratio Annual Reporting Form for Calendar Year 2013, there is no rebate expected for the Individual New York Minimum Loss Ratio pool in 2013. As such, no adjustment was made to premiums to account for expected rebates.

C. Allowed and Incurred Claims Incurred During the Experience Period:

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level details and allow us to distinguish between Grandfathered and Non-Grandfathered blocks of business. However, they do not include unit cost and utilization metrics.

As such, we relied on our corporate data warehouse and medical cost analytics systems, which do not distinguish between Grandfathered and Non-Grandfathered blocks of business, to estimate unit cost and utilization metrics by medical cost category for the Non-Grandfathered block of business.

A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

4. Benefit Categories

The benefit categories used generally align with the Federal instructions dated April 30, 2014. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services, while Outpatient Hospital includes outpatient surgical as well as emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses. Other includes home health care, mental health care medical pharmacy expenses, as well as laboratory and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services are counted by service type, and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

5. Projection Factors

The source data for our manual rate is the experience incurred from January 1, 2013 to December 31, 2013 and paid through March 2014 in the New York Small Group market. Specifically, we used NY Small Group EC/MC (Elect Choice/Managed Choice) plans experience.

A. Changes in Benefits:

A change in benefits factor is applied to reflect differences between the covered benefits in the base experience data and the 2015 covered benefit level. An adjustment is made to:

- Remove 2013 dental claims from the projection since the benefits are no longer covered,
- Reflect the value of essential health benefits (EHBs) including pediatric dental and vision benefits and state mandated benefits which were not covered in 2013, and
- Reflect the cost of the 2015 pharmacy formulary.

B. Changes in Morbidity:

Since we are using Small Group experience to project Individual business, we apply a morbidity adjustment of 1.197 from Small Group to Individual. Please refer to Exhibit B for more detailed explanation of this factor.

C. Changes in Demographics:

Experience data was normalized for projected changes in the 2015 age/gender mix using Aetna demographic factors. Please refer to Exhibit C for details on the calculation of this factor.

The current experience period age/gender distribution is based on 2013 Aetna Small Group business. The projected age/gender distribution is based on the national enrollment for the Individual business. The current average age for the Small Group 2013 business is 36/36 (male/female), while the projected Individual business in 2015 is average age 44/44. The claim impact from current average age 36/36 to projected average age 44/44 is 16.5% based on Aetna national demographic factors.

D. Changes in Network and Provider Contracts:

We are modifying our network and our provider contracts in 2015 to move to a narrower network. Discussions with our network contracting partners indicate the estimated network savings value is 3.0%.

E. Impact of Benefit Richness:

It is necessary that we adjust for the impact of benefit richness from the Small Group base experience (representing leaner benefits in general) to Individual experience (representing richer benefits). Please refer to Exhibit D for a more detailed explanation of this factor.

F. Other Adjustments:

The expected mix of business for 2015 was projected and used to determine a projected market average rate. The effect of the change in mix of business due to differences in benefits, demographics, and area is shown in the “Other” adjustment column. Please refer to Exhibit E for more details on the calculation of this factor.

Experience data was normalized for rating area comparing the current and projected member distributions by county using our company-specific market defined rating area factors.

G. Trend Factors (Cost/Utilization):

The anticipated annual trend from the experience period to the rating period for the product line is as follows:

Component	Provider Contract Change	Utilization	Business Mix	Total Trend
Medical	3.9%	4.0%	3.7%	12.1%
Pharmacy	3.7%	7.7%	4.3%	16.5%
Total	3.9%	4.8%	3.8%	13.0%

1) **Medical Trend**

Allowed medical trend includes known and anticipated changes in provider contract rates, severity and medical technology impacts, and expected changes in utilization. Aetna expects an acceleration in overall utilization into 2015 from the historically low levels seen over the past several years, and embedded in our 2013 base experience data.

The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

The change in projected utilization trend due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors are an appropriate source to account for the expected change in utilization associated with changes in benefits. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived after considering the federal risk adjustment program factors and other proprietary models.

2) Pharmacy Trend

Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend. In particular, increased cost and utilization associated with the new Hepatitis C drug Sovaldi has been included in our trend projection.

6. Credibility Manual Rate Development

Source of Experience Data Used:

As noted above, the source data for our manual rate is the experience incurred from January 1, 2013 to December 31, 2013 and paid through March 2014 in the New York Small Group market. Specifically, we used NY Small Group EC/MC (Elect Choice/Managed Choice) plans experience.

7. Credibility of Experience

No credibility is assigned to the Individual experience data. This is due to the use of alternate Small Group experience data as directed by New York Department of Financial Services guidance.

8. Paid-to-Allowed Ratio

We project the following distribution of membership by metallic tier, resulting in a projected paid to allowed ratio of approximately 82.2%.

Tier	Projected Membership Distribution	Actuarial Value
Platinum	61.2%	88.3%
Bronze	5.8%	58.4%
Silver	10.9%	68.6%
Gold	22.1%	78.3%
Total	100.0%	82.2%

9. Risk Adjustment and Reinsurance

We developed a market base rate that represents the average market morbidity expected in 2015. We believe the proposed rates are consistent with a market-average risk profile and anticipate that any risk adjustment will approximate the actual deviation in claims from the projected market-average level.

We estimated 2015 reinsurance recoveries by relying on an internally developed model using NY Small Group claims data incurred during calendar year 2012, trended forward with a factor of 9.7% to 2015. We are assuming average coverage in NY of \$0 deductible, \$3000 out-of-pocket limit and 80% coinsurance, and using federally established parameters of 50% of paid claims between \$45,000 and \$250,000, adjusted for 2015 enrollment assumptions and adjusted for the NY geography. We expect the transitional reinsurance program to reduce average claims for NY Individual by approximately \$72.25 pmpm in 2015.

The risk corridors program does not apply for Off-Exchange offerings.

10. Non-Benefit Expenses and Profit & Risk

The Retention Portion of the Market Base Rate is 13.05%. This was developed from the following items and approximated as shown:

1. Taxes and Fees of 6.38%% comprised of:
 - a. Premium Taxes of 1.77%

- b. Patient Centered Outcomes Research Fund of \$0.20 per member per year, converted to 0.03%
- c. Reinsurance Contribution of \$3.67 PMPM, converted to 0.5%
- d. Health Insurer Fee of 3.0%
 - i. 1.95% paid post-tax as the Health Insurer Fee
 - ii. 1.05%, charged as a corporate tax of 35% on the 1.95% pre-tax charge
- e. Exchange User Fee of 0% as these plans will be offered Off-Exchange.
- f. Federal Income Tax of 1.08%, assuming 35% tax rate
- g. Risk Adjustment Program Fee of 0.01%
- 2. Commissions of 0% of premium
- 3. General Administrative Expenses of \$34.40, converted to 4.67% of premium based upon an expected average premium level
- 4. Risk Charge of 2.0%

These prospective expenses are based on historical expense levels and the changes expected with the requirements of PPACA.

11. Projected Loss Ratio

Under the current pricing assumptions, the average MLR using the Federally prescribed MLR methodology before any applicable credibility adjustment is projected to be 93.84%.

The target MBR calculated in the traditional way (incurred claims divided by premium) is 86.95%. This is compliant with NY loss ratio requirements of 82%. The following table provides the details of the calculations.

		IVL	Formula
(a)	Member Months	44,209	
(b)	Premium (pmpm)	\$736.53	
(c)	Medical Cost (pmpm)	\$640.38	
(d)	Medical Benefit Ratio (MBR)	86.95%	= (c) / (b)
(e)	Quality Improvement Action (pmpm)	\$6.63	= (b) x 0.9 % ⁽¹⁾
(f)	Taxes and Fees (pmpm)	\$47.01	= (b) x 6.385% ⁽²⁾
(g)	Adjusted Premium (pmpm)	\$689.51	= (b) - (f)
(h)	Adjusted Claims (pmpm)	\$647.01	= (c) + (e)
	Medical Loss Ratio (MLR)	93.84%	= (h) / (g)

Notes:

(1) The cost of quality improvement action is estimated to be 0.90% of the premium.

(2) Taxes and fees are estimated to be 6.385% of the premium. The components of the 6.385% are listed in Section 9 above.

12. Single Risk Pool

The plans and rates included in the Part I URRT are those for all plans we intend to offer in the Individual market in New York through Aetna Life Insurance Company. Rates for plans that may be renewed outside the single risk pool (due to either being grandfathered or permissible transitional offerings) are not covered in this filing and will be submitted in a separate filing as necessary.

The experience reported on Worksheet 1 includes all non-grandfathered experience that is part of the Individual market in NY state, and includes transitional policies, Conversion policies (Individual market only) and association plans issued to individuals.

13. Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits (non-EHBs).

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are set based on the actuarial value and cost-sharing design of the plan, the impact of induced utilization, and the plan's provider network, delivery system characteristics, and utilization management practices. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR Part 156, §156.80(d)(2).

14. Market-Adjusted Index Rate

Exhibit A illustrates the development of the Market Adjusted Index Rate. The adjustments for Transitional Reinsurance and Risk Adjustment were discussed previously. They are developed as multiplicative adjustments to paid claims for the Essential Health Benefits, and are applied as multiplicative adjustments to the index rate, which differs from the basis on which the adjustments were developed by the paid to allowed ratio.

For the NY Individual business, we have un-used dollars from Regulation 146 (Market Stabilization Pool). We have built into our projections a 13.5% claim credit to distribute a portion of our balance back to our members. The projected spend generated by this credit is approximately \$4.5 million, assuming our current membership and claims levels. The spend generated by the 13.5% credit will be trued up when the actual membership and claims come in for 2015.

15. Plan-Adjusted Index Rates

NY DFS Standard Exhibit 18 illustrates the development of the Plan Adjusted Index Rates, and displays each plan-specific adjustment made to the Market Adjusted Index Rate. The following briefly describes how each set of adjustments was determined.

A. Actuarial Value and Cost Sharing:

We used internal models developed on large group claims experience to estimate the impact of different cost sharing designs. We also reviewed the projected experience and the projected membership by plan to estimate an overall paid-to-allowed ratio.

B. Provider Network, Delivery System, and Utilization Management:

The network adjustment reflects the estimated impact of differences in the network size, efficiency, and provider contract terms. We worked with our contracting area and other subject matter experts to review the impact of these differences, and the expected impact on allowed claims.

C. Distribution and Administrative Costs:

Section 9 discusses the details of this retention component. These expense and profit assumptions do not vary by plan.

16. Calibration

A. Age Curve Calibration:

The New York Individual block of business is community-rated.

B. Geographic Factor Calibration:

Rating areas are defined by NY Department of Financial Services. There are no changes to the rating area factors from the 2014 filing.

Exhibit F summarizes the rating area definitions and factors. Exhibit F displays the projected membership by area and the projected average area factor of .993.

17. Consumer-Adjusted Premium Rate Development

Rates are determined using member composite rating methodology for NY Individual business. The tier ratios are prescribed by NY Department of Financial Services.

The premium for each billable member is calculated as:

$$\text{Market Base Plan Rate} * \text{Area Factor} * \text{Plan Factor} * \\ \text{Tier Factor (Single, Couple, Parent/Child(ren), Family)}$$

The resulting rate for each subscriber is rounded to the nearest cent.

18. AV Metal Values

The AV Metal Values were based on the AV Calculator. Exhibit H lists the AV level of all NY Individual plans. Adjustments were made to account for plan design features that could not be entered into the AV Calculator and have a material impact on the AV. These adjustments were developed using an acceptable alternative method as outlined in 45 CFR Part 156, §156.135 and as discussed in the accompanying certification regarding the development of the AV metal values.

Section B in the Rate Manual provides a description of the benefits and screenshots from the AV Calculator which includes the adjustments.

19. AV Pricing Values

The fixed reference plan (anchor plan) is 17210NY0050024 (Aetna Silver \$20 Copay EPO NY SignatureSM PD). Plan benefit factors were developed taking into account the allowable rating characteristics discussed above and illustrated in NY Standard Exhibit 18. The resulting plan factors are displayed in Exhibit I. We have not adjusted the benefit factors based on morbidity differences or benefit selection.

Final plan factors reflect the value of the Essential Health Benefits and state mandated benefits (including pediatric dental and vision), the impact of out-of-network benefits, and any additional benefits as indicated in the attached benefit summaries.

A plan factor to adjust the market base rate for differences in plan-specific expected claims was calculated. These factors account for differences in benefits, cost sharing, and network design (where applicable). The benchmark Silver plan is assigned a factor of 1.0. The factors were developed using a proprietary pricing model which relies on:

- a) State- and product-specific service category weights;
- b) Rating factors for various levels of cost-sharing options, including deductibles, coinsurance, and, copays

Utilization adjustments within the federal risk adjuster methodology are used to estimate utilization differences by metal tier.

20. Membership Projections

Exhibit J summarizes the membership projections by plan and plan variation. Membership projections are based on historical experience, enrollment in ACA-compliant plans through March 2014, and our

expectations for future sales as additional members move to these plans from grandfathered and transitional plans. We assumed that total enrollment will be similar to our current enrollment in 2014 plans.

21. Terminated Products

The following products will be closed to new sales prior to January 1, 2015, and are included in the Terminated Products reporting column in Worksheet 2:

- 17210NY0050000 (NY Aetna Premier 600)
- 17210NY0050000 (NY Aetna Advantage 2000)
- 17210NY0050000 (NY Aetna Advantage Plus 3000)
- 17210NY0050000 (NY Aetna Pinnacle PD- EC)

Consistent with the URRT instructions, experience for all terminated products is reported in aggregate under the terminated product with the largest membership in the experience period.

22. Plan Type

Plans noted as OAMC are POS plans that do not require referrals. All other plans are consistent with the plan type indicated in Worksheet 2.

23. Warning Alerts

Total Incurred Claims, payable with issuer funds, differs between Worksheet 2 and the check from Worksheet 1 since the total on Worksheet 2 excludes the impact of Reinsurance Contributions and Risk Adjustment User Fees, while the check from Worksheet 1 is net of Reinsurance Contributions and Risk Adjustment User Fees.

For the same reason, the Incurred Claims PMPM differs between Worksheet 2 and the Worksheet 1 check.

24. Benefit Design

This filing includes the following standard plans: one Bronze, one Silver, one Gold, and two Platinum plans.

Please refer to the corresponding policy forms for detailed benefit language. Information on the cost-sharing parameters of the covered benefit plans, including deductibles, copays, and Actuarial Values, is summarized in section B of the rate manual (the benefit and AV screen print file). All benefit and cost sharing parameters comply with New York benefit mandates and the requirements of PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

25. Marketing

All of these plans will be made available Off Exchange.

26. Underwriting

Aetna will verify applicant eligibility for these plans based on any applicable age or geographic limitations.

27. Renewability

These policies are guaranteed renewable as required under §2703 of the Public Health Service Act.

28. Company Financial Condition

As of December 31, 2013, the capital and surplus held by Aetna Life Insurance Company was approximately \$3.2 billion. This amount is disclosed in the Company's statutory financial statement dated December 31, 2013. The Company issues insurance nationwide for multiple lines of business including, large group medical, Small Group medical, Individual medical, and various non-medical products.

Reliance

While I have reviewed the reasonableness of the assumptions in support of both the preparation of the Part I Unified Rate Review Template and the assumptions in support of the rate development applicable to the products discussed in this filing, I relied on the expertise of the following noted individuals, along with work products produced at their direction, for the following items:

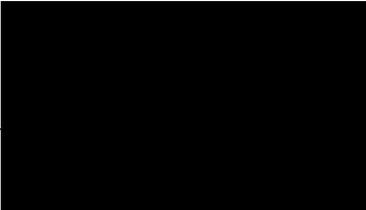
- | | |
|--|-----------------------------------|
| • URRT Methodology and Data Definitions | James Lescoe |
| • Experience Period MLR Rebates | James Lescoe |
| • Actuarial Value, Modifications, and Benefit Relativities | Brent Reis |
| • Supplemental EHB Pricing | Heather Waldron/Michael McCormick |
| • Medical Cost and Utilization Trend | Bethany McAleer |
| • Rx Cost and Utilization Trend | Bradley Schoening |
| • Pediatric Dental Claim Cost | Barbara Weber |
| • Components of Retention/Administrative Fees | Jonathan Kunkle |
| • Value of Network Arrangements | Julie Graziadei |
| • Experience Period Data – Small Group | Paul Marlowe |
| • Impact of Reinsurance | Breann Cartwright |

Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

I,  am a Fellow of the Society of Actuaries, a member of the American Academy of Actuaries, and am qualified in the area of health insurance. I hereby certify that to the best of my knowledge and judgment:

1. This rate filing is in compliance with the applicable laws and regulations of the State of New York, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
 - a. ASOP No. 5, Incurred Health and Disability Claims
 - b. ASOP No. 8, Regulatory Filings for Health Plan Entities
 - c. ASOP No. 12, Risk Classification
 - d. ASOP No. 23, Data Quality
 - e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
 - f. ASOP No. 41, Actuarial Communications.
2. The Projected Index Rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
 - b. Developed in compliance with the applicable Actuarial Standards of Practice,
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered,
 - d. Neither excessive, deficient, nor unfairly discriminatory.
3. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice and are based on the claims expected to be paid for essential health benefits and the expected cost-sharing and administrative expenses associated with those benefits..
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Adjustments were made to reflect benefit features not handled by the AV Calculator, as outlined in the attached certification required by 45 CFR Part 156, §156.135.


_____ y

June 13, 2014

Date

Aetna Life Insurance Company
HIOS ISSUER ID: 17210

Exhibit A
Base Plan Rate and Projected Rate Development

	<u>Medical+ Rx</u>	<u>Comments</u>
Calendar Year 2013 New York Small Group PPO Allowed Claims PMPM:	\$504.68	
<u>Projection Factors</u>		
Change in Morbidity	1.197	See Exhibit B
EHB Impact:	1.037	Including Pediatric Dental
Change in Demographics	1.165	See Exhibit C
Change in Network, Provider Contracts	0.970	Projected network savings
Impact of benefit Richness	1.066	See Exhibit D
<u>Other</u>	<u>1.011</u>	See Exhibit E (Area Shift Factor)
Total	1.512	
Trend	13.0%	Apply for 24 months to trend to 2015
Trend Factor	1.276	
Projected 2015 Individual Allowed Claims PMPM:	\$973.69	
Regulation 146 (MSP) Credit Adjustment:	(\$122.30)	-13.5% of Projected Incurred Claims
Projected ACA reinsurance recoveries	(\$72.25)	
Market Adjusted Index Rate	\$779.14	
	Book of Business	
	Average	Anchor Plan
Projected Paid to Allowed:	0.822	0.670
Projected Incurred Claims:	\$640.38	\$521.83
Retention	13.05%	13.05%
Projected Premium:	\$736.53	\$600.14
Premium calibration factors		
Area	0.993	See Exhibit F
Conversion Factor from PMPM to PEPM	1.193	See Exhibit G
Consumer Adjusted Premium Rates - single rate	\$720.92	

Aetna Life Insurance Company
HIOS ISSUER ID: 17210

Exhibit B
Population Risk - Post ACA Morbidity

	Prior Pricing			Current		
	Pre_ACA morbidity	2014 Mix	2014 Morbidity	Pre_ACA morbidity	2015 Mix	2015 Morbidity
<u>New York</u>						
Uninsured	117%	70%	1.24	1.19	70%	1.24
Ind Pay or Play (High Risk)	117%	1%	3.50	1.19	1%	3.50
Small Group	<u>100%</u>	<u>29%</u>	<u>1.00</u>	<u>1.00</u>	<u>29%</u>	<u>1.00</u>
Overall		100%	1.20		100%	1.20

Aetna Life Insurance Company
HIOS ISSUER ID: 17210

Exhibit C
Claim Impact due to Demographic Changes

Age	Current Distribution		Projected Distribution		Demographic Factor	
	Male	Female	Male	Female	Male	Female
0	0.47%	0.49%	0.10%	0.13%	1.050	0.939
1	0.47%	0.39%	0.10%	0.13%	1.050	0.939
2	0.47%	0.45%	0.10%	0.13%	0.601	0.596
3	0.49%	0.44%	0.10%	0.13%	0.601	0.596
4	0.45%	0.48%	0.10%	0.13%	0.601	0.596
5	0.48%	0.44%	0.10%	0.13%	0.570	0.565
6	0.49%	0.48%	0.10%	0.13%	0.570	0.565
7	0.48%	0.52%	0.10%	0.13%	0.570	0.565
8	0.54%	0.49%	0.10%	0.13%	0.570	0.565
9	0.54%	0.51%	0.10%	0.13%	0.570	0.565
10	0.58%	0.51%	0.10%	0.13%	0.578	0.565
11	0.54%	0.54%	0.10%	0.13%	0.578	0.565
12	0.53%	0.46%	0.10%	0.13%	0.578	0.565
13	0.56%	0.54%	0.10%	0.13%	0.578	0.565
14	0.55%	0.51%	0.10%	0.13%	0.578	0.565
15	0.59%	0.54%	0.10%	0.13%	0.606	0.615
16	0.58%	0.54%	0.10%	0.13%	0.606	0.615
17	0.54%	0.56%	0.10%	0.13%	0.606	0.615
18	0.57%	0.60%	0.51%	0.65%	0.606	0.615
19	0.55%	0.55%	0.51%	0.65%	0.606	0.615
20	0.58%	0.59%	0.51%	0.65%	0.451	0.741
21	0.61%	0.63%	0.51%	0.65%	0.451	0.741
22	0.69%	0.67%	0.51%	0.65%	0.451	0.741
23	0.71%	0.77%	0.51%	0.65%	0.451	0.741
24	0.75%	0.86%	0.51%	0.65%	0.451	0.741
25	0.83%	0.97%	0.51%	0.65%	0.460	1.106
26	0.83%	1.05%	0.80%	1.03%	0.460	1.106
27	0.96%	1.13%	0.80%	1.03%	0.460	1.106
28	0.91%	1.07%	0.80%	1.03%	0.460	1.106
29	0.94%	1.10%	0.80%	1.03%	0.460	1.106
30	0.90%	1.09%	0.80%	1.03%	0.519	1.197
31	0.93%	1.06%	0.80%	1.03%	0.519	1.197
32	0.85%	0.98%	0.80%	1.03%	0.519	1.197
33	0.84%	0.96%	0.80%	1.03%	0.519	1.197
34	0.82%	0.91%	0.80%	1.03%	0.519	1.197
35	0.81%	0.95%	0.67%	0.86%	0.630	1.197
36	0.82%	0.85%	0.67%	0.86%	0.630	1.197
37	0.87%	0.87%	0.67%	0.86%	0.630	1.197
38	0.76%	0.86%	0.67%	0.86%	0.630	1.197
39	0.63%	0.84%	0.67%	0.86%	0.630	1.197
40	0.80%	0.85%	0.67%	0.86%	0.790	1.197
41	0.77%	0.80%	0.67%	0.86%	0.790	1.197
42	0.79%	0.83%	0.67%	0.86%	0.790	1.197
43	0.84%	0.86%	0.67%	0.86%	0.790	1.197
44	0.86%	0.98%	0.67%	0.86%	0.790	1.197
45	0.84%	0.85%	0.97%	1.24%	1.000	1.269
46	0.86%	0.90%	0.97%	1.24%	1.000	1.269
47	0.82%	0.93%	0.97%	1.24%	1.000	1.269
48	0.89%	0.91%	0.97%	1.24%	1.000	1.269
49	0.88%	1.01%	0.97%	1.24%	1.000	1.269
50	0.92%	0.93%	0.97%	1.24%	1.370	1.460
51	0.90%	1.03%	0.97%	1.24%	1.370	1.460
52	0.90%	0.99%	0.97%	1.24%	1.370	1.460
53	0.87%	0.88%	0.97%	1.24%	1.370	1.460
54	0.90%	0.92%	0.97%	1.24%	1.370	1.460
55	0.84%	0.89%	1.41%	1.81%	1.757	1.745
56	0.81%	0.94%	1.41%	1.81%	1.757	1.745
57	0.77%	0.86%	1.41%	1.81%	1.757	1.745
58	0.76%	0.87%	1.41%	1.81%	1.757	1.745
59	0.80%	0.90%	1.41%	1.81%	1.757	1.745
60	0.75%	0.78%	1.41%	1.81%	2.218	2.128
61	0.72%	0.74%	1.41%	1.81%	2.218	2.128
62	0.70%	0.81%	1.41%	1.81%	2.218	2.128
63	0.64%	0.70%	1.41%	1.81%	2.218	2.128
64	0.60%	0.67%	1.41%	1.81%	2.218	2.128
65+	1.79%	1.38%	0.19%	0.24%	3.200	2.700

Current Demographic Factor	1.1207
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Note:
Current Demographic Factor computed as the weighted average of gender specific Demographic Factor by current population distribution.

Projected Demographic Factor	1.3058
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Note:
Projected Demographic Factor computed as the weighted average of gender specific Demographic Factor by projected population distribution.

Claim Impact due to Demographic Changes	1.1652
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Note:
Claim Impact due to Demographic Changes computed as the ratio of the Projected Demographic Factor over the Current Demographic Factor

Aetna Life Insurance Company
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Exhibit D
Impact of Benefit Richness

Impact of Benefit Richness

This is to adjust the impact of benefit richness from Small Group Experience (leaner) to Individual Experience (richer)

	Paid	Allowed	Paid to Allowed	Utilization Adjustment Factor	Utilization Impact	Portfolio Richness	Final Utilization Impact
NY SG Experience	\$123,407,274	\$167,394,978	0.737	1.049	1.044	1.020	1.066
Projection Period - NY Individual	\$35,384,066	\$43,046,309	0.822				
	Paid to Allowed using AVs		0.822	1.095			

Risk Corridor Benefit Factors	
AV	Util Adj
0.6	1.00
0.7	1.03
0.8	1.08
0.9	1.15

Aetna Life Insurance Company
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Exhibit E
Projected Membership Distribution by County

Rating Area	Counties	Current Membership Distribution	Current Area Factor	Projected Membership Distribution	Projection Area Factor	Pricing Area Factor
1	Albany	0.1%	0.8200	0.2%	0.8200	0.8200
1	Columbia	0.2%	0.8200	0.2%	0.8200	0.8200
1	Fulton	0.0%	0.8200	0.0%	-	0.8200
1	Greene	0.0%	0.8200	0.1%	0.8200	0.8200
1	Montgomery	0.0%	0.8200	0.0%	-	0.8200
1	Rensselaer	0.1%	0.8200	0.0%	-	0.8200
1	Saratoga	0.2%	0.8200	0.2%	0.8200	0.8200
1	Schenectady	0.1%	0.8200	0.0%	0.8200	0.8200
1	Schoharie	0.0%	0.8200	0.0%	-	0.8200
1	Warren	0.1%	0.8200	0.0%	-	0.8200
1	Washington	0.0%	0.8200	0.0%	-	0.8200
2	Allegany	0.0%	0.9000	0.0%	-	0.9000
2	Cattaraugus	0.0%	0.9000	0.0%	0.9000	0.9000
2	Chautauqua	0.0%	0.9000	0.0%	0.9000	0.9000
2	Erie	0.2%	0.9000	0.1%	0.9000	0.9000
2	Genesee	0.0%	0.9000	0.0%	-	0.9000
2	Niagara	0.0%	0.9000	0.0%	0.9000	0.9000
2	Orleans	0.0%	0.9000	0.0%	-	0.9000
2	Wyoming	0.0%	0.9000	0.0%	-	0.9000
3	Delaware	0.1%	0.8900	0.0%	-	0.8900
3	Dutchess	3.4%	0.8900	1.1%	0.8900	0.8900
3	Orange	4.6%	0.8900	1.6%	0.8900	0.8900
3	Putnam	2.0%	0.8900	0.8%	0.8900	0.8900
3	Sullivan	1.4%	0.8900	0.1%	0.8900	0.8900
3	Ulster	1.0%	0.8900	0.4%	0.8900	0.8900
4	Bronx	3.1%	1.0000	2.7%	1.0000	1.0000
4	Kings	13.3%	1.0000	12.4%	1.0000	1.0000
4	New York	22.8%	1.0000	35.9%	1.0000	1.0000
4	Queens	9.4%	1.0000	7.5%	1.0000	1.0000
4	Richmond	2.7%	1.0000	1.8%	1.0000	1.0000
4	Rockland	4.0%	1.0000	3.8%	1.0000	1.0000
4	Westchester	12.4%	1.0000	12.8%	1.0000	1.0000
5	Livingston	0.0%	0.7000	0.0%	-	0.7000
5	Monroe	0.2%	0.7000	0.2%	0.7000	0.7000
5	Ontario	0.0%	0.7000	0.0%	-	0.7000
5	Seneca	0.0%	0.7000	0.0%	-	0.7000
5	Wayne	0.0%	0.7000	0.0%	-	0.7000
5	Yates	0.0%	0.7000	0.0%	-	0.7000
6	Broome	0.1%	0.7900	0.0%	-	0.7900
6	Cayuga	0.1%	0.7900	0.0%	-	0.7900
6	Chemung	0.0%	0.7900	0.0%	-	0.7900
6	Cortland	0.0%	0.7900	0.0%	-	0.7900
6	Onondaga	0.2%	0.7900	0.2%	0.7900	0.7900
6	Schuyler	0.0%	0.7900	0.0%	-	0.7900
6	Steuben	0.1%	0.7900	0.0%	-	0.7900
6	Tioga	0.0%	0.7900	0.0%	-	0.7900
6	Tompkins	0.1%	0.7900	0.0%	-	0.7900
7	Chenango	0.0%	0.8200	0.0%	0.8200	0.8200
7	Clinton	0.0%	0.8200	0.0%	-	0.8200
7	Essex	0.0%	0.8200	0.0%	-	0.8200
7	Franklin	0.0%	0.8200	0.0%	-	0.8200
7	Hamilton	0.0%	0.8200	0.0%	-	0.8200
7	Herkimer	0.0%	0.8200	0.0%	-	0.8200
7	Jefferson	0.0%	0.8200	0.0%	0.8200	0.8200
7	Lewis	0.1%	0.8200	0.0%	-	0.8200
7	Madison	0.0%	0.8200	0.0%	-	0.8200
7	Oneida	0.0%	0.8200	0.1%	0.8200	0.8200
7	Oswego	0.0%	0.8200	0.0%	-	0.8200
7	Otsego	0.0%	0.8200	0.0%	-	0.8200
7	Saint Lawrence	0.0%	0.8200	0.0%	-	0.8200
8	Nassau	10.2%	1.0000	10.1%	1.0000	1.0000
8	Suffolk	7.3%	1.0000	7.5%	1.0000	1.0000

Current Area Normalization Factor	0.9819
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Note:
Current Area Normalization Factor computed as the weighted average of Current Area Factors by current membership distribution.

Projected Area Normalization Factor	0.9927
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Note:
Projected Area Normalization Factor computed as the weighted average of Current Area Factors by projected membership distribution.

Area Shift Factor	1.0110
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Note:
Area Shift Factor computed as the ratio of the Projected Area Normalization Factor over the Current Area Normalization Factor. Factor represents the impact due to the shift of the population distribution across areas.

Projected Network Factor	0.9927
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Note:
Projected Network Factor computed as the weighted average of Projected Area Factors by projected membership distribution.

Network Shift Factor	1.0000
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Note:
Network Shift Factor computed as the ratio of the Projected Network Factor over the Projected Area Normalization Factor. Factor represents the impact due to network changes from the experience period to rating period.

Aetna Life Insurance Company
HIOS ISSUER ID: 17210

Exhibit F
Projected Area Distribution

Rating Area	Projected Membership Distribution	Area Factor
1	0.8%	0.820
2	0.1%	0.900
3	3.9%	0.890
4	76.9%	1.000
5	0.2%	0.700
6	0.2%	0.790
7	0.1%	0.820
8	17.6%	1.000

Projected Area Calibration Factor	0.9927
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Note:

Projected Area Calibration Factor computed as the weighted average of Area Factors by Projected Membership Distribution.

**Aetna Health Insurance Company
New York Individual**

**Exhibit G
Conersion factor from PMPM to Single Rate**

Small Group Membership Data
As of December, 2013

Tier	Subscribers	Members	2014 Tier Factor
Single	13,966	13,966	1.000
Single + Spouse	1,512	3,024	2.000
Single + Child(ren)	1,347	3,687	1.700
Single + Spouse + Child(ren)	3,386	13,823	2.850
Total	20,211	34,500	28,930
Conersion factor from PMPM to Single rate			1.193

AV and Benefit screen print

Aetna Life Insurance Company

Exhibit I AV and Plan factors

NY SG Plan Name	Exchange ON/OFF	Metallic Tier	Actuarial Value	Plan Factors
Aetna Platinum \$5 Copay EPO PD	OFF	Platinum	88.2%	1.330159
Aetna Platinum \$5 Copay OAMC PD	OFF	Platinum	88.5%	1.370064
Aetna Gold \$10 Copay EPO PD	OFF	Gold	78.3%	1.141688
Aetna Silver \$20 Copay EPO PD	OFF	Silver	68.6%	1.000000
Aetna Bronze Deductible Only EPO PD	OFF	Bronze	58.4%	0.850792

Aetna Life Insurance Company
HIOS ISSUER ID: 17210

Exhibit J
Projected Membership Distribution by Plan

HIOS Plan-ID	Plan	Metallic Tier	Projected Membership Distribution
17210NY0050021	NY Aetna Pinnacle PD - EC	Platinum	54.36%
17210NY0060001	NY Aetna Pinnacle PD - MC	Platinum	6.82%
17210NY0050018	NY Aetna Premier 600	Gold	22.08%
0	NY Aetna Advantage 2000	Silver	10.93%
17210NY0050015	NY Aetna Advantage Plus 3000	Bronze	5.81%

Metallic Tier	Projected Membership Distribution
Platinum	61%
Gold	22%
Silver	11%
Bronze	6%
Catastrophic	0%



[REDACTED]

June 13, 2014

[REDACTED]
New York State Insurance Department
25 Beaver Street - Health Bureau
New York, NY 10004-2319

Subject: Aetna Life Insurance Company
SERFF ID: AETN-129591417

Dear [REDACTED]

The purpose of this filing is to provide details of the premium rate development and resulting proposed monthly premium rates for Individual policies which will be offered off-Exchange in the State of NY by Aetna Life Insurance Company (Aetna) for effective dates of January 1, 2015 and later. This filing is being provided to comply with regulatory rate filing requirements and is not intended to be used for other purposes.

The health benefit plans proposed in this filing are new benefit plans and are in compliance with all state-specific benefit requirements and rating regulations, as well as those associated with Federal Health Care Reform H.R. 3590 – the Patient Protection and Affordable Care Act (PPACA), signed into law on March 23, 2010. Additionally, these health benefit plans conform to each respective tier of coverage, defined as Bronze, Silver, Gold, and Platinum. All plans within a tier are expected to achieve an actuarial value consistent with the thresholds established for each tier – 60%, 70%, 80%, and 90%, respectively – approximated within the allowable range of deviation defined as 2 percentage points.

This rate filing is intended for new business issued through the State of NY off-Exchange marketplace effective January 1, 2015.

All products and associated proposed monthly premium rates contained within this rate filing will be available to existing business upon their request. Existing business that is not considered grandfathered under PPACA regulation will be converted to the plans and rates in this filing upon renewal.

This submission includes the following:

Mr. [REDACTED]

June 13, 2014

Page 2 of 2

- Actuarial Memorandum and Certification,
- NY IVL Rate Manual, and
- NY required standard exhibits

We have tried to present this information in a manner that will facilitate your Department's review. If there are changes we can make to improve the process or you would like us to present the information differently in the future, please let us know.

Please feel free to contact me at the above listed telephone number and/or e-mail address if you have any additional questions.

Very truly yours,

[REDACTED]
any

Encl: a/s

Actuarial Memorandum and Certification

General Information

Company Information:

Company Legal Name: Aetna Life Insurance Company
State: New York
HIOS Issuer ID: 17210
Market: Individual
Policy Form: OffHIXGR-96807-1
OffHIXGR-96810-1
OffHIXGR-96804-1

Effective Date: January 1, 2015

Company Contact Information:

Name: Xiaoping Hu, FSA, MAAA
Telephone Number: 215-775-6739
Email Address: HuX@aetna.com

1. Purpose, Scope, and Effective Date

The purpose of this filing is to:

- 1) Provide support for the development of the Part I Unified Rate Review Template,
- 2) Provide support for the assumptions and rate development applicable to the products supported by the policy forms referenced above,
- 3) Request approval of the resulting monthly premium rates for the products supported by the policy forms referenced above, and
- 4) Provide summaries of the benefit details for the products/plan designs referenced by this filing.

The development of the rates reflects the impact of the market forces and rating requirements associated with the Patient Protection and Affordable Care Act (PPACA) and subsequent regulation.

These rates are for plans issued in the New York Individual market by Aetna Life Insurance Company beginning January 1, 2015. The rates comply with all rating guidelines under federal and state regulations. The filing covers plans that will be available off the Federally Facilitated Exchange (Off-Exchange) in New York.

This memorandum is being submitted to satisfy federal rate review requirements and to support the development of the rates submitted with this filing. It is not intended to be used for any other purpose.

2. Proposed Rate Increase

A. Introduction of New Benefit Plans:

This filing includes new benefit plans that will be marketed to individuals living in New York for coverage effective beginning January 1, 2015. The ACA-compliant benefit plans currently offered to individuals in New York will be discontinued as of December 31, 2014. Our decision to withdraw the current plans instead of renewing them is driven by significant changes in plan benefits, and we believe the best member-experience in this situation is to notify members of the

discontinuation of their current benefit plans, and to invite these members to choose a new plan for coverage that will become effective on January 1, 2015. As a result, no rate change will be communicated to Individual policyholders in New York.

B. Key Assumptions Impacting 2015 Rates:

Rates for the new products reflect the following changes from our 2014 offerings:

- Impact of medical claim trend (including increases in provider unit costs and increased utilization of medical cost services),
- The projected impact of the federal risk adjustment program that was put in place by the Affordable Care Act,
- Revisions to our assumptions about population morbidity and the projected population distribution,
- Changes to the reinsurance program,
- Changes in cost sharing levels to ensure that plans comply with Actuarial Value requirements, and
- Changes in provider networks and contracts.

Monthly premium rates for the NY Aetna Pinnacle PD: OAMC plan are being revised for effective dates January 1, 2015 through December 31, 2015 to reflect the following:

- Impact of medical claim trend (including increases in provider unit costs and increased utilization of medical cost services),
- The projected impact of the federal risk adjustment program that was put in place by the Affordable Care Act,
- Revisions to our assumptions about population morbidity and the projected population distribution,
- Changes to the reinsurance program,
- Changes in cost sharing levels to ensure that plans comply with Actuarial Value requirements, and
- Changes in provider networks and contracts.

3. Experience Period Premium and Claims

A. Paid Through Date:

The experience data reported in Worksheet 1, Section I of the Part I Unified Rate Review Template reflects incurred claims from January 1, 2013 through December 31, 2013 and paid through March 31, 2014.

B. Premiums (Net of MLR Rebate) in Experience Period:

Experience period premiums are date-of-service premiums from our actuarial experience databases for non-grandfathered Individual business in New York. Based on internal projections and the Medical Loss Ratio Annual Reporting Form for Calendar Year 2013, there is no rebate expected for the Individual New York Minimum Loss Ratio pool in 2013. As such, no adjustment was made to premiums to account for expected rebates.

C. Allowed and Incurred Claims Incurred During the Experience Period:

Allowed and incurred claims are sourced from our actuarial experience databases. These databases provide member-level details and allow us to distinguish between Grandfathered and Non-Grandfathered blocks of business. However, they do not include unit cost and utilization metrics.

As such, we relied on our corporate data warehouse and medical cost analytics systems, which do not distinguish between Grandfathered and Non-Grandfathered blocks of business, to estimate unit cost and utilization metrics by medical cost category for the Non-Grandfathered block of business.

A reconciliation of aggregate data in our actuarial experience databases is performed to ensure that data is consistent with the experience data contained in our enterprise-wide data warehouse.

4. Benefit Categories

The benefit categories used generally align with the Federal instructions dated April 30, 2014. Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, including day-based mental health services, while Outpatient Hospital includes outpatient surgical as well as emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses. Other includes home health care, mental health care medical pharmacy expenses, as well as laboratory and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

The utilization for these services are counted by service type, and aggregated for each benefit category. Inpatient Hospital utilization is counted as days; Outpatient Hospital, Professional, and Other Medical utilization are counted as visits. Prescription Drug utilization is counted per script.

5. Projection Factors

The source data for our manual rate is the experience incurred from January 1, 2013 to December 31, 2013 and paid through March 2014 in the New York Small Group market. Specifically, we used NY Small Group EC/MC (Elect Choice/Managed Choice) plans experience.

A. Changes in Benefits:

A change in benefits factor is applied to reflect differences between the covered benefits in the base experience data and the 2015 covered benefit level. An adjustment is made to:

- Remove 2013 dental claims from the projection since the benefits are no longer covered,
- Reflect the value of essential health benefits (EHBs) including pediatric dental and vision benefits and state mandated benefits which were not covered in 2013, and
- Reflect the cost of the 2015 pharmacy formulary.

B. Changes in Morbidity:

Since we are using Small Group experience to project Individual business, we apply a morbidity adjustment of 1.197 from Small Group to Individual. Please refer to Exhibit B for more detailed explanation of this factor.

C. Changes in Demographics:

Experience data was normalized for projected changes in the 2015 age/gender mix using Aetna demographic factors. Please refer to Exhibit C for details on the calculation of this factor.

The current experience period age/gender distribution is based on 2013 Aetna Small Group business. The projected age/gender distribution is based on the national enrollment for the Individual business. The current average age for the Small Group 2013 business is 36/36 (male/female), while the projected Individual business in 2015 is average age 44/44. The claim impact from current average age 36/36 to projected average age 44/44 is 16.5% based on Aetna national demographic factors.

D. Changes in Network and Provider Contracts:

We are modifying our network and our provider contracts in 2015 to move to a narrower network. Discussions with our network contracting partners indicate the estimated network savings value is 3.0%.

E. Impact of Benefit Richness:

It is necessary that we adjust for the impact of benefit richness from the Small Group base experience (representing leaner benefits in general) to Individual experience (representing richer benefits). Please refer to Exhibit D for a more detailed explanation of this factor.

F. Other Adjustments:

The expected mix of business for 2015 was projected and used to determine a projected market average rate. The effect of the change in mix of business due to differences in benefits, demographics, and area is shown in the “Other” adjustment column. Please refer to Exhibit E for more details on the calculation of this factor.

Experience data was normalized for rating area comparing the current and projected member distributions by county using our company-specific market defined rating area factors.

G. Trend Factors (Cost/Utilization):

The anticipated annual trend from the experience period to the rating period for the product line is as follows:

Component	Provider Contract Change	Utilization	Business Mix	Total Trend
Medical	3.9%	4.0%	3.7%	12.1%
Pharmacy	3.7%	7.7%	4.3%	16.5%
Total	3.9%	4.8%	3.8%	13.0%

1) **Medical Trend**

Allowed medical trend includes known and anticipated changes in provider contract rates, severity and medical technology impacts, and expected changes in utilization. Aetna expects an acceleration in overall utilization into 2015 from the historically low levels seen over the past several years, and embedded in our 2013 base experience data.

The impact of benefit leveraging is accounted for separately in the projected paid to allowed ratio.

The change in projected utilization trend due to changes in benefits is also considered. As cost sharing decreases (measured by increasing Actuarial Value), utilization increases. This pattern is reflected in the factors that are built into the federal risk adjustment mechanism that started in 2014. The federal risk adjustment program factors are an appropriate source to account for the expected change in utilization associated with changes in benefits. The average cost sharing in the experience period was compared with the average cost sharing in the projection period. From the average cost sharing change, an expected utilization change was derived after considering the federal risk adjustment program factors and other proprietary models.

2) Pharmacy Trend

Pharmacy trend considers the impact of formulary changes, patent expirations, new drugs, other general market share shifts, and overall utilization trend. In particular, increased cost and utilization associated with the new Hepatitis C drug Sovaldi has been included in our trend projection.

6. Credibility Manual Rate Development

Source of Experience Data Used:

As noted above, the source data for our manual rate is the experience incurred from January 1, 2013 to December 31, 2013 and paid through March 2014 in the New York Small Group market. Specifically, we used NY Small Group EC/MC (Elect Choice/Managed Choice) plans experience.

7. Credibility of Experience

No credibility is assigned to the Individual experience data. This is due to the use of alternate Small Group experience data as directed by New York Department of Financial Services guidance.

8. Paid-to-Allowed Ratio

We project the following distribution of membership by metallic tier, resulting in a projected paid to allowed ratio of approximately 82.2%.

Tier	Projected Membership Distribution	Actuarial Value
Platinum	61.2%	88.3%
Bronze	5.8%	58.4%
Silver	10.9%	68.6%
Gold	22.1%	78.3%
Total	100.0%	82.2%

9. Risk Adjustment and Reinsurance

We developed a market base rate that represents the average market morbidity expected in 2015. We believe the proposed rates are consistent with a market-average risk profile and anticipate that any risk adjustment will approximate the actual deviation in claims from the projected market-average level.

We estimated 2015 reinsurance recoveries by relying on an internally developed model using NY Small Group claims data incurred during calendar year 2012, trended forward with a factor of 9.7% to 2015. We are assuming average coverage in NY of \$0 deductible, \$3000 out-of-pocket limit and 80% coinsurance, and using federally established parameters of 50% of paid claims between \$45,000 and \$250,000, adjusted for 2015 enrollment assumptions and adjusted for the NY geography. We expect the transitional reinsurance program to reduce average claims for NY Individual by approximately \$72.25 pmpm in 2015.

The risk corridors program does not apply for Off-Exchange offerings.

10. Non-Benefit Expenses and Profit & Risk

The Retention Portion of the Market Base Rate is 13.05%. This was developed from the following items and approximated as shown:

1. Taxes and Fees of 6.38%% comprised of:
 - a. Premium Taxes of 1.77%

- b. Patient Centered Outcomes Research Fund of \$0.20 per member per year, converted to 0.03%
- c. Reinsurance Contribution of \$3.67 PMPM, converted to 0.5%
- d. Health Insurer Fee of 3.0%
 - i. 1.95% paid post-tax as the Health Insurer Fee
 - ii. 1.05%, charged as a corporate tax of 35% on the 1.95% pre-tax charge
- e. Exchange User Fee of 0% as these plans will be offered Off-Exchange.
- f. Federal Income Tax of 1.08%, assuming 35% tax rate
- g. Risk Adjustment Program Fee of 0.01%
- 2. Commissions of 0% of premium
- 3. General Administrative Expenses of \$34.40, converted to 4.67% of premium based upon an expected average premium level
- 4. Risk Charge of 2.0%

These prospective expenses are based on historical expense levels and the changes expected with the requirements of PPACA.

11. Projected Loss Ratio

Under the current pricing assumptions, the average MLR using the Federally prescribed MLR methodology before any applicable credibility adjustment is projected to be 93.84%.

The target MBR calculated in the traditional way (incurred claims divided by premium) is 86.95%. This is compliant with NY loss ratio requirements of 82%. The following table provides the details of the calculations.

		IVL	Formula
(a)	Member Months	44,209	
(b)	Premium (pmpm)	\$736.53	
(c)	Medical Cost (pmpm)	\$640.38	
(d)	Medical Benefit Ratio (MBR)	86.95%	= (c) / (b)
(e)	Quality Improvement Action (pmpm)	\$6.63	= (b) x 0.9 % ⁽¹⁾
(f)	Taxes and Fees (pmpm)	\$47.01	= (b) x 6.385% ⁽²⁾
(g)	Adjusted Premium (pmpm)	\$689.51	= (b) - (f)
(h)	Adjusted Claims (pmpm)	\$647.01	= (c) + (e)
	Medical Loss Ratio (MLR)	93.84%	= (h) / (g)

Notes:

(1) The cost of quality improvement action is estimated to be 0.90% of the premium.

(2) Taxes and fees are estimated to be 6.385% of the premium. The components of the 6.385% are listed in Section 9 above.

12. Single Risk Pool

The plans and rates included in the Part I URRT are those for all plans we intend to offer in the Individual market in New York through Aetna Life Insurance Company. Rates for plans that may be renewed outside the single risk pool (due to either being grandfathered or permissible transitional offerings) are not covered in this filing and will be submitted in a separate filing as necessary.

The experience reported on Worksheet 1 includes all non-grandfathered experience that is part of the Individual market in NY state, and includes transitional policies, Conversion policies (Individual market only) and association plans issued to individuals.

13. Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits (non-EHBs).

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are set based on the actuarial value and cost-sharing design of the plan, the impact of induced utilization, and the plan's provider network, delivery system characteristics, and utilization management practices. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR Part 156, §156.80(d)(2).

14. Market-Adjusted Index Rate

Exhibit A illustrates the development of the Market Adjusted Index Rate. The adjustments for Transitional Reinsurance and Risk Adjustment were discussed previously. They are developed as multiplicative adjustments to paid claims for the Essential Health Benefits, and are applied as multiplicative adjustments to the index rate, which differs from the basis on which the adjustments were developed by the paid to allowed ratio.

For the NY Individual business, we have un-used dollars from Regulation 146 (Market Stabilization Pool). We have built into our projections a 13.5% claim credit to distribute a portion of our balance back to our members. The projected spend generated by this credit is approximately \$4.5 million, assuming our current membership and claims levels. The spend generated by the 13.5% credit will be trued up when the actual membership and claims come in for 2015.

15. Plan-Adjusted Index Rates

NY DFS Standard Exhibit 18 illustrates the development of the Plan Adjusted Index Rates, and displays each plan-specific adjustment made to the Market Adjusted Index Rate. The following briefly describes how each set of adjustments was determined.

A. Actuarial Value and Cost Sharing:

We used internal models developed on large group claims experience to estimate the impact of different cost sharing designs. We also reviewed the projected experience and the projected membership by plan to estimate an overall paid-to-allowed ratio.

B. Provider Network, Delivery System, and Utilization Management:

The network adjustment reflects the estimated impact of differences in the network size, efficiency, and provider contract terms. We worked with our contracting area and other subject matter experts to review the impact of these differences, and the expected impact on allowed claims.

C. Distribution and Administrative Costs:

Section 9 discusses the details of this retention component. These expense and profit assumptions do not vary by plan.

16. Calibration

A. Age Curve Calibration:

The New York Individual block of business is community-rated.

B. Geographic Factor Calibration:

Rating areas are defined by NY Department of Financial Services. There are no changes to the rating area factors from the 2014 filing.

Exhibit F summarizes the rating area definitions and factors. Exhibit F displays the projected membership by area and the projected average area factor of .993.

17. Consumer-Adjusted Premium Rate Development

Rates are determined using member composite rating methodology for NY Individual business. The tier ratios are prescribed by NY Department of Financial Services.

The premium for each billable member is calculated as:

$$\text{Market Base Plan Rate} * \text{Area Factor} * \text{Plan Factor} * \\ \text{Tier Factor (Single, Couple, Parent/Child(ren), Family)}$$

The resulting rate for each subscriber is rounded to the nearest cent.

18. AV Metal Values

The AV Metal Values were based on the AV Calculator. Exhibit H lists the AV level of all NY Individual plans. Adjustments were made to account for plan design features that could not be entered into the AV Calculator and have a material impact on the AV. These adjustments were developed using an acceptable alternative method as outlined in 45 CFR Part 156, §156.135 and as discussed in the accompanying certification regarding the development of the AV metal values.

Section B in the Rate Manual provides a description of the benefits and screenshots from the AV Calculator which includes the adjustments.

19. AV Pricing Values

The fixed reference plan (anchor plan) is 17210NY0050024 (Aetna Silver \$20 Copay EPO NY SignatureSM PD). Plan benefit factors were developed taking into account the allowable rating characteristics discussed above and illustrated in NY Standard Exhibit 18. The resulting plan factors are displayed in Exhibit I. We have not adjusted the benefit factors based on morbidity differences or benefit selection.

Final plan factors reflect the value of the Essential Health Benefits and state mandated benefits (including pediatric dental and vision), the impact of out-of-network benefits, and any additional benefits as indicated in the attached benefit summaries.

A plan factor to adjust the market base rate for differences in plan-specific expected claims was calculated. These factors account for differences in benefits, cost sharing, and network design (where applicable). The benchmark Silver plan is assigned a factor of 1.0. The factors were developed using a proprietary pricing model which relies on:

- a) State- and product-specific service category weights;
- b) Rating factors for various levels of cost-sharing options, including deductibles, coinsurance, and, copays

Utilization adjustments within the federal risk adjuster methodology are used to estimate utilization differences by metal tier.

20. Membership Projections

Exhibit J summarizes the membership projections by plan and plan variation. Membership projections are based on historical experience, enrollment in ACA-compliant plans through March 2014, and our

expectations for future sales as additional members move to these plans from grandfathered and transitional plans. We assumed that total enrollment will be similar to our current enrollment in 2014 plans.

21. Terminated Products

The following products will be closed to new sales prior to January 1, 2015, and are included in the Terminated Products reporting column in Worksheet 2:

- 17210NY0050000 (NY Aetna Premier 600)
- 17210NY0050000 (NY Aetna Advantage 2000)
- 17210NY0050000 (NY Aetna Advantage Plus 3000)
- 17210NY0050000 (NY Aetna Pinnacle PD- EC)

Consistent with the URRT instructions, experience for all terminated products is reported in aggregate under the terminated product with the largest membership in the experience period.

22. Plan Type

Plans noted as OAMC are POS plans that do not require referrals. All other plans are consistent with the plan type indicated in Worksheet 2.

23. Warning Alerts

Total Incurred Claims, payable with issuer funds, differs between Worksheet 2 and the check from Worksheet 1 since the total on Worksheet 2 excludes the impact of Reinsurance Contributions and Risk Adjustment User Fees, while the check from Worksheet 1 is net of Reinsurance Contributions and Risk Adjustment User Fees.

For the same reason, the Incurred Claims PMPM differs between Worksheet 2 and the Worksheet 1 check.

24. Benefit Design

This filing includes the following standard plans: one Bronze, one Silver, one Gold, and two Platinum plans.

Please refer to the corresponding policy forms for detailed benefit language. Information on the cost-sharing parameters of the covered benefit plans, including deductibles, copays, and Actuarial Values, is summarized in section B of the rate manual (the benefit and AV screen print file). All benefit and cost sharing parameters comply with New York benefit mandates and the requirements of PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

25. Marketing

All of these plans will be made available Off Exchange.

26. Underwriting

Aetna will verify applicant eligibility for these plans based on any applicable age or geographic limitations.

27. Renewability

These policies are guaranteed renewable as required under §2703 of the Public Health Service Act.

28. Company Financial Condition

As of December 31, 2013, the capital and surplus held by Aetna Life Insurance Company was approximately \$3.2 billion. This amount is disclosed in the Company's statutory financial statement dated December 31, 2013. The Company issues insurance nationwide for multiple lines of business including, large group medical, Small Group medical, Individual medical, and various non-medical products.

Reliance

While I have reviewed the reasonableness of the assumptions in support of both the preparation of the Part I Unified Rate Review Template and the assumptions in support of the rate development applicable to the products discussed in this filing, I relied on the expertise of the following noted individuals, along with work products produced at their direction, for the following items:

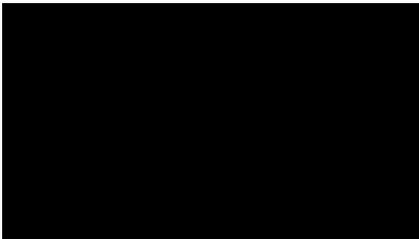
- | | |
|--|-----------------------------------|
| • URRT Methodology and Data Definitions | James Lescoe |
| • Experience Period MLR Rebates | James Lescoe |
| • Actuarial Value, Modifications, and Benefit Relativities | Brent Reis |
| • Supplemental EHB Pricing | Heather Waldron/Michael McCormick |
| • Medical Cost and Utilization Trend | Bethany McAleer |
| • Rx Cost and Utilization Trend | Bradley Schoening |
| • Pediatric Dental Claim Cost | Barbara Weber |
| • Components of Retention/Administrative Fees | Jonathan Kunkle |
| • Value of Network Arrangements | Julie Graziadei |
| • Experience Period Data – Small Group | Paul Marlowe |
| • Impact of Reinsurance | Breann Cartwright |

Certification

While this memorandum discusses both our development of rates for these products and the completion of the Part I Unified Rate Review Template (URRT), the Part I URRT does not demonstrate the process used by Aetna to develop the rates. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally-facilitated exchanges, and for certification that the index rate is developed in accordance with Federal regulation, is used consistently, and is only adjusted by the allowable modifiers. The information provided above is intended to comply with these requirements.

I, [REDACTED] am a Fellow of the Society of Actuaries, a member of the American Academy of Actuaries, and am qualified in the area of health insurance. I hereby certify that to the best of my knowledge and judgment:

1. This rate filing is in compliance with the applicable laws and regulations of the State of New York, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including but not limited to:
 - a. ASOP No. 5, Incurred Health and Disability Claims
 - b. ASOP No. 8, Regulatory Filings for Health Plan Entities
 - c. ASOP No. 12, Risk Classification
 - d. ASOP No. 23, Data Quality
 - e. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
 - f. ASOP No. 41, Actuarial Communications.
2. The Projected Index Rate is:
 - a. In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)),
 - b. Developed in compliance with the applicable Actuarial Standards of Practice,
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered,
 - d. Neither excessive, deficient, nor unfairly discriminatory.
3. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice and are based on the claims expected to be paid for essential health benefits and the expected cost-sharing and administrative expenses associated with those benefits..
5. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Adjustments were made to reflect benefit features not handled by the AV Calculator, as outlined in the attached certification required by 45 CFR Part 156, §156.135.



A
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June 13, 2014

Date

Aetna Life Insurance Company
HIOS ISSUER ID: 17210

Exhibit A
Base Plan Rate and Projected Rate Development

	<u>Medical+ Rx</u>	<u>Comments</u>
Calendar Year 2013 New York Small Group PPO Allowed Claims PMPM:	\$504.68	
<u>Projection Factors</u>		
Change in Morbidity	1.197	See Exhibit B
EHB Impact:	1.037	Including Pediatric Dental
Change in Demographics	1.165	See Exhibit C
Change in Network, Provider Contracts	0.970	Projected network savings
Impact of benefit Richness	1.066	See Exhibit D
<u>Other</u>	<u>1.011</u>	See Exhibit E (Area Shift Factor)
Total	1.512	
Trend	13.0%	Apply for 24 months to trend to 2015
Trend Factor	1.276	
Projected 2015 Individual Allowed Claims PMPM:	\$973.69	
Regulation 146 (MSP) Credit Adjustment:	(\$122.30)	-13.5% of Projected Incurred Claims
Projected ACA reinsurance recoveries	(\$72.25)	
Market Adjusted Index Rate	\$779.14	
	Book of Business	
	Average	Anchor Plan
Projected Paid to Allowed:	0.822	0.670
Projected Incurred Claims:	\$640.38	\$521.83
Retention	13.05%	13.05%
Projected Premium:	\$736.53	\$600.14
Premium calibration factors		
Area	0.993	See Exhibit F
Conversion Factor from PMPM to PEPM	1.193	See Exhibit G
Consumer Adjusted Premium Rates - single rate	\$720.92	

Aetna Life Insurance Company
HIOS ISSUER ID: 17210

Exhibit B
Population Risk - Post ACA Morbidity

	Prior Pricing			Current		
	Pre_ACA morbidity	2014 Mix	2014 Morbidity	Pre_ACA morbidity	2015 Mix	2015 Morbidity
<u>New York</u>						
Uninsured	117%	70%	1.24	1.19	70%	1.24
Ind Pay or Play (High Risk)	117%	1%	3.50	1.19	1%	3.50
<u>Small Group</u>	<u>100%</u>	<u>29%</u>	<u>1.00</u>	<u>1.00</u>	<u>29%</u>	<u>1.00</u>
Overall		100%	1.20		100%	1.20

**Aetna Life Insurance Company
HIOS ISSUER ID: 17210**

**Exhibit C
Claim Impact due to Demographic Changes**

Age	Current Distribution		Projected Distribution		Demographic Factor	
	Male	Female	Male	Female	Male	Female
0	0.47%	0.49%	0.10%	0.13%	1.050	0.939
1	0.47%	0.39%	0.10%	0.13%	1.050	0.939
2	0.47%	0.45%	0.10%	0.13%	0.601	0.596
3	0.49%	0.44%	0.10%	0.13%	0.601	0.596
4	0.45%	0.48%	0.10%	0.13%	0.601	0.596
5	0.48%	0.44%	0.10%	0.13%	0.570	0.565
6	0.49%	0.48%	0.10%	0.13%	0.570	0.565
7	0.48%	0.52%	0.10%	0.13%	0.570	0.565
8	0.54%	0.49%	0.10%	0.13%	0.570	0.565
9	0.54%	0.51%	0.10%	0.13%	0.570	0.565
10	0.58%	0.51%	0.10%	0.13%	0.578	0.565
11	0.54%	0.54%	0.10%	0.13%	0.578	0.565
12	0.53%	0.46%	0.10%	0.13%	0.578	0.565
13	0.56%	0.54%	0.10%	0.13%	0.578	0.565
14	0.55%	0.51%	0.10%	0.13%	0.578	0.565
15	0.59%	0.54%	0.10%	0.13%	0.606	0.615
16	0.58%	0.54%	0.10%	0.13%	0.606	0.615
17	0.54%	0.56%	0.10%	0.13%	0.606	0.615
18	0.57%	0.60%	0.51%	0.65%	0.606	0.615
19	0.55%	0.55%	0.51%	0.65%	0.606	0.615
20	0.58%	0.59%	0.51%	0.65%	0.451	0.741
21	0.61%	0.63%	0.51%	0.65%	0.451	0.741
22	0.69%	0.67%	0.51%	0.65%	0.451	0.741
23	0.71%	0.77%	0.51%	0.65%	0.451	0.741
24	0.75%	0.86%	0.51%	0.65%	0.451	0.741
25	0.83%	0.97%	0.51%	0.65%	0.460	1.106
26	0.83%	1.05%	0.80%	1.03%	0.460	1.106
27	0.96%	1.13%	0.80%	1.03%	0.460	1.106
28	0.91%	1.07%	0.80%	1.03%	0.460	1.106
29	0.94%	1.10%	0.80%	1.03%	0.460	1.106
30	0.90%	1.09%	0.80%	1.03%	0.519	1.197
31	0.93%	1.06%	0.80%	1.03%	0.519	1.197
32	0.85%	0.98%	0.80%	1.03%	0.519	1.197
33	0.84%	0.96%	0.80%	1.03%	0.519	1.197
34	0.82%	0.91%	0.80%	1.03%	0.519	1.197
35	0.81%	0.95%	0.67%	0.86%	0.630	1.197
36	0.82%	0.85%	0.67%	0.86%	0.630	1.197
37	0.87%	0.87%	0.67%	0.86%	0.630	1.197
38	0.76%	0.86%	0.67%	0.86%	0.630	1.197
39	0.63%	0.84%	0.67%	0.86%	0.630	1.197
40	0.80%	0.85%	0.67%	0.86%	0.790	1.197
41	0.77%	0.80%	0.67%	0.86%	0.790	1.197
42	0.79%	0.83%	0.67%	0.86%	0.790	1.197
43	0.84%	0.86%	0.67%	0.86%	0.790	1.197
44	0.86%	0.98%	0.67%	0.86%	0.790	1.197
45	0.84%	0.85%	0.97%	1.24%	1.000	1.269
46	0.86%	0.90%	0.97%	1.24%	1.000	1.269
47	0.82%	0.93%	0.97%	1.24%	1.000	1.269
48	0.89%	0.91%	0.97%	1.24%	1.000	1.269
49	0.88%	1.01%	0.97%	1.24%	1.000	1.269
50	0.92%	0.93%	0.97%	1.24%	1.370	1.460
51	0.90%	1.03%	0.97%	1.24%	1.370	1.460
52	0.90%	0.99%	0.97%	1.24%	1.370	1.460
53	0.87%	0.88%	0.97%	1.24%	1.370	1.460
54	0.90%	0.92%	0.97%	1.24%	1.370	1.460
55	0.84%	0.89%	1.41%	1.81%	1.757	1.745
56	0.81%	0.94%	1.41%	1.81%	1.757	1.745
57	0.77%	0.86%	1.41%	1.81%	1.757	1.745
58	0.76%	0.87%	1.41%	1.81%	1.757	1.745
59	0.80%	0.90%	1.41%	1.81%	1.757	1.745
60	0.75%	0.78%	1.41%	1.81%	2.218	2.128
61	0.72%	0.74%	1.41%	1.81%	2.218	2.128
62	0.70%	0.81%	1.41%	1.81%	2.218	2.128
63	0.64%	0.70%	1.41%	1.81%	2.218	2.128
64	0.60%	0.67%	1.41%	1.81%	2.218	2.128
65+	1.79%	1.38%	0.19%	0.24%	3.200	2.700

Current Demographic Factor	1.1207
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Note:
Current Demographic Factor computed as the weighted average of gender specific Demographic Factor by current population distribution.

Projected Demographic Factor	1.3058
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Note:
Projected Demographic Factor computed as the weighted average of gender specific Demographic Factor by projected population distribution.

Claim Impact due to Demographic Changes	1.1652
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Note:
Claim Impact due to Demographic Changes computed as the ratio of the Projected Demographic Factor over the Current Demographic Factor

Aetna Life Insurance Company
HIOS ISSUER ID: 17210

Exhibit D
Impact of Benefit Richness

Impact of Benefit Richness

This is to adjust the impact of benefit richness from Small Group Experience (leaner) to Individual Experience (richer)

	Paid	Allowed	Paid to Allowed	Utilization Adjustment Factor	Utilization Impact	Portfolio Richness	Final Utilization Impact
NY SG Experience	\$123,407,274	\$167,394,978	0.737	1.049	1.044	1.020	1.066
Projection Period - NY Individual	\$35,384,066	\$43,046,309	0.822				
	Paid to Allowed using AVs		0.822	1.095			

Risk Corridor Benefit Factors	
AV	Util Adj
0.6	1.00
0.7	1.03
0.8	1.08
0.9	1.15

Aetna Life Insurance Company
HIOS ISSUER ID: 17210

Exhibit E
Projected Membership Distribution by County

Rating Area	Counties	Current Membership Distribution	Current Area Factor	Projected Membership Distribution	Projection Area Factor	Pricing Area Factor
1	Albany	0.1%	0.8200	0.2%	0.8200	0.8200
1	Columbia	0.2%	0.8200	0.2%	0.8200	0.8200
1	Fulton	0.0%	0.8200	0.0%	-	0.8200
1	Greene	0.0%	0.8200	0.1%	0.8200	0.8200
1	Montgomery	0.0%	0.8200	0.0%	-	0.8200
1	Rensselaer	0.1%	0.8200	0.0%	-	0.8200
1	Saratoga	0.2%	0.8200	0.2%	0.8200	0.8200
1	Schenectady	0.1%	0.8200	0.0%	0.8200	0.8200
1	Schoharie	0.0%	0.8200	0.0%	-	0.8200
1	Warren	0.1%	0.8200	0.0%	-	0.8200
1	Washington	0.0%	0.8200	0.0%	-	0.8200
2	Allegany	0.0%	0.9000	0.0%	-	0.9000
2	Cattaraugus	0.0%	0.9000	0.0%	0.9000	0.9000
2	Chautauqua	0.0%	0.9000	0.0%	0.9000	0.9000
2	Erie	0.2%	0.9000	0.1%	0.9000	0.9000
2	Genesee	0.0%	0.9000	0.0%	-	0.9000
2	Niagara	0.0%	0.9000	0.0%	0.9000	0.9000
2	Orleans	0.0%	0.9000	0.0%	-	0.9000
2	Wyoming	0.0%	0.9000	0.0%	-	0.9000
3	Delaware	0.1%	0.8900	0.0%	-	0.8900
3	Dutchess	3.4%	0.8900	1.1%	0.8900	0.8900
3	Orange	4.6%	0.8900	1.6%	0.8900	0.8900
3	Putnam	2.0%	0.8900	0.8%	0.8900	0.8900
3	Sullivan	1.4%	0.8900	0.1%	0.8900	0.8900
3	Ulster	1.0%	0.8900	0.4%	0.8900	0.8900
4	Bronx	3.1%	1.0000	2.7%	1.0000	1.0000
4	Kings	13.3%	1.0000	12.4%	1.0000	1.0000
4	New York	22.8%	1.0000	35.9%	1.0000	1.0000
4	Queens	9.4%	1.0000	7.5%	1.0000	1.0000
4	Richmond	2.7%	1.0000	1.8%	1.0000	1.0000
4	Rockland	4.0%	1.0000	3.8%	1.0000	1.0000
4	Westchester	12.4%	1.0000	12.8%	1.0000	1.0000
5	Livingston	0.0%	0.7000	0.0%	-	0.7000
5	Monroe	0.2%	0.7000	0.2%	0.7000	0.7000
5	Ontario	0.0%	0.7000	0.0%	-	0.7000
5	Seneca	0.0%	0.7000	0.0%	-	0.7000
5	Wayne	0.0%	0.7000	0.0%	-	0.7000
5	Yates	0.0%	0.7000	0.0%	-	0.7000
6	Broome	0.1%	0.7900	0.0%	-	0.7900
6	Cayuga	0.1%	0.7900	0.0%	-	0.7900
6	Chemung	0.0%	0.7900	0.0%	-	0.7900
6	Cortland	0.0%	0.7900	0.0%	-	0.7900
6	Onondaga	0.2%	0.7900	0.2%	0.7900	0.7900
6	Schuyler	0.0%	0.7900	0.0%	-	0.7900
6	Steuben	0.1%	0.7900	0.0%	-	0.7900
6	Tioga	0.0%	0.7900	0.0%	-	0.7900
6	Tompkins	0.1%	0.7900	0.0%	-	0.7900
7	Chenango	0.0%	0.8200	0.0%	0.8200	0.8200
7	Clinton	0.0%	0.8200	0.0%	-	0.8200
7	Essex	0.0%	0.8200	0.0%	-	0.8200
7	Franklin	0.0%	0.8200	0.0%	-	0.8200
7	Hamilton	0.0%	0.8200	0.0%	-	0.8200
7	Herkimer	0.0%	0.8200	0.0%	-	0.8200
7	Jefferson	0.0%	0.8200	0.0%	0.8200	0.8200
7	Lewis	0.1%	0.8200	0.0%	-	0.8200
7	Madison	0.0%	0.8200	0.0%	-	0.8200
7	Oneida	0.0%	0.8200	0.1%	0.8200	0.8200
7	Oswego	0.0%	0.8200	0.0%	-	0.8200
7	Otsego	0.0%	0.8200	0.0%	-	0.8200
7	Saint Lawrence	0.0%	0.8200	0.0%	-	0.8200
8	Nassau	10.2%	1.0000	10.1%	1.0000	1.0000
8	Suffolk	7.3%	1.0000	7.5%	1.0000	1.0000

Current Area Normalization Factor	0.9819
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Note:
Current Area Normalization Factor computed as the weighted average of Current Area Factors by current membership distribution.

Projected Area Normalization Factor	0.9927
--	--------

Note:
Projected Area Normalization Factor computed as the weighted average of Current Area Factors by projected membership distribution.

Area Shift Factor	1.0110
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Note:
Area Shift Factor computed as the ratio of the Projected Area Normalization Factor over the Current Area Normalization Factor. Factor represents the impact due to the shift of the population distribution across areas.

Projected Network Factor	0.9927
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Note:
Projected Network Factor computed as the weighted average of Projected Area Factors by projected membership distribution.

Network Shift Factor	1.0000
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Note:
Network Shift Factor computed as the ratio of the Projected Network Factor over the Projected Area Normalization Factor. Factor represents the impact due to network changes from the experience period to rating period.

Aetna Life Insurance Company
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Exhibit F
Projected Area Distribution

Rating Area	Projected Membership Distribution	Area Factor
1	0.8%	0.820
2	0.1%	0.900
3	3.9%	0.890
4	76.9%	1.000
5	0.2%	0.700
6	0.2%	0.790
7	0.1%	0.820
8	17.6%	1.000

Projected Area Calibration Factor	0.9927
--	--------

Note:

Projected Area Calibration Factor computed as the weighted average of Area Factors by Projected Membership Distribution.

**Aetna Health Insurance Company
New York Individual**

**Exhibit G
Conersion factor from PMPM to Single Rate**

Small Group Membership Data
As of December, 2013

Tier	Subscribers	Members	2014 Tier Factor
Single	13,966	13,966	1.000
Single + Spouse	1,512	3,024	2.000
Single + Child(ren)	1,347	3,687	1.700
Single + Spouse + Child(ren)	3,386	13,823	2.850
Total	20,211	34,500	28,930
Conersion factor from PMPM to Single rate			1.193

AV and Benefit screen print

Aetna Life Insurance Company

Exhibit I AV and Plan factors

NY SG Plan Name	Exchange ON/OFF	Metallic Tier	Actuarial Value	Plan Factors
Aetna Platinum \$5 Copay EPO PD	OFF	Platinum	88.2%	1.330159
Aetna Platinum \$5 Copay OAMC PD	OFF	Platinum	88.5%	1.370064
Aetna Gold \$10 Copay EPO PD	OFF	Gold	78.3%	1.141688
Aetna Silver \$20 Copay EPO PD	OFF	Silver	68.6%	1.000000
Aetna Bronze Deductible Only EPO PD	OFF	Bronze	58.4%	0.850792

Aetna Life Insurance Company
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Exhibit J
Projected Membership Distribution by Plan

HIOS Plan-ID	Plan	Metallic Tier	Projected Membership Distribution
17210NY0050021	NY Aetna Pinnacle PD - EC	Platinum	54.36%
17210NY0060001	NY Aetna Pinnacle PD - MC	Platinum	6.82%
17210NY0050018	NY Aetna Premier 600	Gold	22.08%
0	NY Aetna Advantage 2000	Silver	10.93%
17210NY0050015	NY Aetna Advantage Plus 3000	Bronze	5.81%

Metallic Tier	Projected Membership Distribution
Platinum	61%
Gold	22%
Silver	11%
Bronze	6%
Catastrophic	0%

New York Individual Portfolio | Summary of Benefits

Contents

Aetna Platinum \$5 Copay OAMC PD B-2
Aetna Platinum \$5 Copay EPO PD..... B-4
Aetna Gold \$10 Copay EPO PD B-6
Aetna Silver \$20 Copay EPO PD B-8
Aetna Bronze Deductible Only EPO PD B-10

NOTE: This exhibit includes benefit summaries for plans with the “PD” suffix. Plans without the “PD” suffix are identical to plans with the suffix except that they do not cover pediatric dental benefits.

Summary of Benefits Covered

AETNA PLATINUM \$5 COPAY OAMC PD

New York

Platinum Plan

Summary of Features	In-Network	Out-of-Network
Deductible		
Individual	\$0	\$1,000
Family	\$0	\$2,000
Coinsurance <i>(Member Responsibility)</i>	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 <i>(excludes Preventative and X-rays)</i>	\$15 per visit	20% after deductible
Specialist Visit	\$35 per visit	20% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$500/Admit	20% after deductible
Emergency Room Services	\$100 per visit	\$100 per visit
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	\$100 per visit	20% after deductible

Pharmacy	In-Network	Out-of-Network
Pharmacy Deductible		
Individual	Integrated with medical	Integrated with medical
Family	N/A	N/A
Generics	\$10	Not Covered
Preferred Brand Drugs	\$30	Not Covered
Non-Preferred Brand Drugs	\$60	Not Covered
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share	Not Covered

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?	<input type="checkbox"/>	HSA/HRA Options		Narrow Network Options			
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>			
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:			
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:			
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>						
Desired Metal Tier	Platinum	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)		87.51%	82.04%				
OOP Maximum (\$)		\$2,000.00					
OOP Maximum if Separate (\$)							

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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"/>	94%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<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

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.3%
 Metal Tier: Platinum
 Option 3 DedCopay adj: 0.2%
 Final AV: 88.5%

This product, Aetna Platinum \$5 Copay OAMC PD, satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 88.5%

Summary of Benefits Covered

AETNA PLATINUM \$5 COPAY EPO PD

New York

Platinum Plan

Summary of Features		In-Network
Deductible		
Individual		\$500
Family		\$1,000
Coinsurance <i>(Member Responsibility)</i>		10%
		varies; see below
		<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>		\$5 per visit
Specialist Visit		\$35 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>		10% after deductible
Emergency Room Services		\$250 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$5 per visit
Imaging (CT/PET Scans, MRIs)		10% after deductible
Rehabilitative Speech Therapy		10% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy		10% after deductible
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		10% after deductible
X-rays and Diagnostic Imaging		10% after deductible
Skilled Nursing Facility		10% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		10% after deductible
Outpatient Surgery Physician/Surgical Services		10% after deductible

Pharmacy		In-Network
Pharmacy Deductible		
Individual		Integrated with medical
Family		N
Generics		\$10
Preferred Brand Drugs		\$30
Non-Preferred Brand Drugs		\$60
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share

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?	<input type="checkbox"/>	HSA/HRA Options		Narrow Network Options			
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>			
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:			
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:			
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>						
Desired Metal Tier	Platinum	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
		Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$500.00	\$500.00				
Coinsurance (% , Insurer's Cost Share)		89.36%	82.04%				
OOP Maximum (\$)		\$2,000.00					
OOP Maximum if Separate (\$)							

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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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<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"/>		\$5.00	<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"/>		\$5.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<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"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" 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

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.0%
 Metal Tier: Platinum
 Option 3 DedCopay adj: 0.2%
 Final AV: 88.2%

This product, Aetna Platinum \$5 Copay EPO PD, satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 88.2%

Summary of Benefits Covered

AETNA GOLD \$10 COPAY EPO PD

New York

Gold Plan

Summary of Features		In-Network
Deductible		
Individual		\$1,400
Family		\$2,800
Coinsurance <i>(Member Responsibility)</i>		20%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$5,000
Family		\$10,000
		<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>		\$10 per visit
Specialist Visit		\$40 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>		20% after deductible
Emergency Room Services		\$250 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$10 per visit
Imaging (CT/PET Scans, MRIs)		20% after deductible
Rehabilitative Speech Therapy		20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy		20% after deductible
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		20% after deductible
X-rays and Diagnostic Imaging		20% after deductible
Skilled Nursing Facility		20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		20% after deductible
Outpatient Surgery Physician/Surgical Services		20% after deductible

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

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 (\$)	\$1,400.00	\$500.00				
Coinsurance (% , Insurer's Cost Share)	80.83%	79.46%				
OOP Maximum (\$)	\$5,000.00					
OOP Maximum if Separate (\$)						

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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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<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 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?	<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: 78.1%
 Metal Tier: Gold
 Option 3 DedCopay adj: 0.2%
 Final AV: 78.3%

This product, Aetna Gold \$10 Copay EPO PD, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.3%

Summary of Benefits Covered

AETNA SILVER \$20 COPAY EPO PD

New York

Silver Plan

Summary of Features		In-Network
Deductible		
Individual		\$4,000
Family		\$8,000
Coinsurance <i>(Member Responsibility)</i>		30%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$6,600
Family		\$13,200
		<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>		\$20 per visit
Specialist Visit		\$75 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>		30% after deductible
Emergency Room Services		\$250 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$20 per visit
Imaging (CT/PET Scans, MRIs)		30% after deductible
Rehabilitative Speech Therapy		30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy		30% after deductible
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		30% after deductible
X-rays and Diagnostic Imaging		30% after deductible
Skilled Nursing Facility		30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		30% after deductible
Outpatient Surgery Physician/Surgical Services		30% after deductible

Pharmacy		In-Network
Pharmacy Deductible		
Individual		Integrated with medical
Family		N
Generics		\$10
Preferred Brand Drugs		\$40
Non-Preferred Brand Drugs		\$100
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share

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?	<input type="checkbox"/>	HSA/HRA Options		Narrow Network Options			
Apply Inpatient Copay per Day?	<input type="checkbox"/>	HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>			
Apply Skilled Nursing Facility Copay per Day?	<input type="checkbox"/>	Annual Contribution Amount:		1st Tier Utilization:			
Use Separate OOP Maximum for Medical and Drug Spending?	<input type="checkbox"/>			2nd Tier Utilization:			
Indicate if Plan Meets CSR Standard?	<input type="checkbox"/>						
Desired Metal Tier	Silver	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
		Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)		\$4,000.00	\$500.00				
Coinsurance (% , Insurer's Cost Share)		71.35%	75.97%				
OOP Maximum (\$)		\$6,600.00					
OOP Maximum if Separate (\$)							

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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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<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"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 68.4%
 Metal Tier: Silver
 Option 3 DedCopay adj: 0.2%
 Final AV: 68.6%

This product, Aetna Silver \$20 Copay EPO PD, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.6%

AETNA BRONZE DEDUCTIBLE ONLY EPO PD

Summary of Benefits Covered

AETNA BRONZE DEDUCTIBLE ONLY EPO PD

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$5,000
Family	\$10,000
Coinsurance <i>(Member Responsibility)</i>	50% varies; see below <i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,600
Family	\$13,200
	<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>	50% after deductible
Specialist Visit	50% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	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	N/A
Generics	\$10
Preferred Brand Drugs	\$40
Non-Preferred Brand Drugs	\$100
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share

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: 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 (\$)			\$5,000.00			
Coinsurance (% , Insurer's Cost Share)			55.43%			
OOP Maximum (\$)			\$6,600.00			
OOP Maximum if Separate (\$)						

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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 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%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<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 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"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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:

Actuarial Value: 58.2%
 Metal Tier: Bronze
 Option 3 DedCopay adj: 0.2%
 Final AV: 58.4%

This product, Aetna Bronze Deductible Only EPO PD, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 58.4%

EXHIBIT 11: GENERAL INFORMATION ABOUT THE RATE APPLICATION

Company Name: Aetna Life Insurance Company
NAIC Code: 60054
SERFF Tracking #: AETN-129591417
Market Segment: Individuals Off Exchange

A. Insurer Information:	<u>Aetna Life Insurance Company</u> Company submitting the rate adjustment request	<u>A&H - 42</u> Company Type	<u>For Profit</u> Org. Type	<u>60054</u> Company NAIC Code
	<u>151 Farmington Ave. Hartford, CT 06156</u> Company mailing address			
B. Contact Person:	<u>[REDACTED] Actuarial Analyst</u> Rate filing contact person name, title	<u>[REDACTED]</u> Contact phone number	<u>[REDACTED]</u> Contact Email address	
C. Actuarial Contact (If different from above):	<u>[REDACTED] Director, Actuarial</u> Actuary name, title	<u>[REDACTED]</u> Actuary phone number	<u>[REDACTED]</u> Actuary Email address	
D. New Rate Information:	<u>January 1, 2015 to December 31, 2015</u> New rate applicability period	<u>01/01/2015</u> New rate effective date	<u>AETN-129591417</u> SERFF Tracking Number	
E. Market segment included in filing (e.g., Small Group (including Healthy NY Small Group), Individual - only one market segment per rate adjustment filing):	<u>Individual</u>			
F. Provide responses for the following questions:	Response			
1. Does this filing include any revision to contract language that is not yet approved? See note (1). If yes, provide a brief description of the contract language changes included in this filing.	<u>No</u>			
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing? If yes, mention these filings on Exhibit 18.	<u>No</u>			
3. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (2).	<u>No, they will be sent out 06/18/2014</u>			
4. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>Yes</u>			
5. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefilling.	<u>Yes, AETN-129584565</u>			

Notes:

- (1) As mentioned in the checklist, this combined non-grandfathered product rate adjustment and form/rate filing can only include minor contract revisions, such as due to changes in the model language, changes to the catastrophic plan due to change in out of pocket maximum, changes to the standard plan designs. Substantial changes need to be submitted as a separate form and rate filing (e.g., a new plan design not replacing an existing plan design, contract language changes not just due to changes in the model language).
- (2) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Department of Financial Services.

EXHIBIT 13: NARRATIVE SUMMARY AND NUMERICAL SUMMARY

Company Name: Aetna Life Insurance Company
NAIC Code: 60054
SERFF Tracking #: AETN-129584565
Market Segment: Individuals Off Exchange

- 1) Please complete this Narrative Summary and Numerical Summary for each market segment for which you are submitted a rate filing.
- 2) The Narrative Summary must be in plain English and should clearly and simply explain the reasons for the requested rate adjustment.
- 3) The purpose of the Narrative Summary is to provide a written explanation to the company's policyholders to help them understand the reasons why a rate increase is needed.
- 4) The purpose of the Numerical Summary is to provide a clear and simple overview of the requested rate adjustment.
- 5) These Summaries will be public documents and will be posted on DFS's website and furnished by DFS to the public upon request.
- 6) The company should submit these Summaries to DFS ten (10) days before submitting a rate adjustment filing.
- 7) A draft of these Summaries and of the Initial Notice must be included in a "Prior Approval Prefiling" submitted to DFS via SERFF.
- 8) Once reviewed by DFS, these Summaries must be posted to a location on its website that is publicly available and accessible without the need for a user ID/password.
- 9) Links should be provided on key pages of the company's website so that the information may be easily located.
- 10) Any change(s) made to the Narrative Summary/Numerical Summary subsequent to the posting must be submitted to DFS with the specific change(s) identified.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

A. Average 2014 and 2015 Premium Rates:

- 1) Average Monthly Premium Rates for Individual Only on Individual Plans and First Quarter Rates for Employee Only on Small Group Plans.
- 2) Premium Rates are Average Arithmetic Premium Rates for All Plans Combined and for all Regions combined.
- 3) Premium Rates are with Through Age 29, with Domestic Partner and with Family Planning Coverage.
- 4) Premium Rates for 2015 should be Consistent with the Premium Rates reflected in Exhibit 23.
- 5) Premium Rates for 2014 should be on a Consistent Basis as the Premium Rates for 2015.

	Managed Choice Open Access Platinum Plan with
2014 Premium Rates	\$ 719.97
2015 Premium Rates	\$ 880.00

B. Weighted Average Annual Percentage Requested Adjustments [Per Exhibit 14A for Individual Plans]*:

	2014 to 2015
Requested Rate Adjustment	22.2%

C. Weighted Average Annual Percentage Requested Adjustments for each of the Past Three Years [Per Exhibits 4A-4D] [If Applicable]*:

	2011 to 2012	2012 to 2013	2013 to 2014
Average Rate Adjustment	N/A	N/A	N/A

D. Average Medical Loss Ratios [MLR] for All Policies Impacted [Ratios of Incurred Claims to Earned Premiums] [If Applicable]*:

	2011	2012	2013
MLR	N/A	N/A	N/A

E. Claim Trend Rates and Average Ratios to Earned Premiums [Per Exhibit 19 for 2014-15 and Comparable Exhibits for 2013] [If Applicable]*:

	2013	2014	2015
Annual Claim Trend Rates	N/A	10.7%	13.0%
Expense Ratios	N/A	12.8%	10.0%
Pre Tax Profit Ratios	N/A	4.0%	3.1%

* If product was not offered in a particular year, indicate "N/A" in the applicable box.

Exhibit 13 Narrative Summary

The requested rate for Aetna's Individual MC plan is directly related to medical claim trend due to changes in unit costs and utilization. Trends were based on a review of small group data over the period January 2013 – December 2013. The table below reflects our total trend:

Utilization Trend	Unit Cost Trend	Other Trend	Total Trend
3.9%	4.8%	3.8%	13%

Utilization represents the number of services per member per year across all medical expense categories. Increase in Unit Cost represents the change in dollar amount per claim. Increases in Unit Cost reflect changes in our contracted rates and prescription drug costs as well as the price escalation due to usage of more intensive services or expensive technologies. Hospital unit cost is projected to increase at 5.7% and physician unit cost is projected to increase at 1.5%.

Other Trend represents deductible leveraging. Deductible leveraging occurs when the rate of change in deductibles is less than the rate of change in total medical costs. This results in the rate of change in insurer plan cost exceeding the rate of change in total medical costs. The deductible leveraging adds 3.8% to our total trend.

For this rate filing, we have used 13% as the projected change in total medical cost.

Our pricing projection and the resulting rate increases assume that 86.95% of premium is used for medical care. New York state law requires that at least 82% of premium must be used to pay medical member costs. The remaining 13.05% are used for administrative expenses, profit, and taxes. Administrative costs include (but are not limited to) customer service, processing and paying claims, medical management programs, maintaining our provider networks, and complying with State and Federal regulations.

"Aetna takes our commitment to our customers seriously. We have taken a number of steps to try to keep our products as affordable as possible, such as:

- Reducing our administrative costs by cutting back on the number of plan designs we offer, focusing only on the most popular plans that meet the needs of the majority of our members.
- Developing innovative new relationships with health care providers that compensate them for the quality of care they provide, and not the quantity.
- Creating medical management programs which address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services. "

We are also dedicated to increasing transparency within the health care system, as well as helping our members best utilize the plans that they have. Members can also access Aetna Navigator, our secure member website, which allows members to research their specific plan benefits, health care providers in

a given area, and in some locations, the cost of certain health care services. Additionally, Aetna's Plan for Your Health website aims to educate all consumers—not just Aetna members—on how to take advantage of their health care benefits.

This narrative (exhibit 13) will be placed under Aetna.com, which is open to the public.

<http://www.aetna.com/individuals-families-health-insurance/member-guidelines/stateprocess.html>

EXHIBIT 14 - PART A: SUMMARY OF REQUESTED PERCENTAGE CHANGES TO EXISTING RATES
-- for Individual Medical Plans

Company Name: Aetna Life Insurance Company
NAIC Code: 60054
SERFF Tracking #: AETN-129591417
Market Segment: Individuals Off Exchange

- 1) Use this Exhibit for Individual Medical Plans. Individual market ACA compliant plans must use non-rolling rates where rates change each January 1.
- 2) The format of this exhibit is discussed below. Add more rows as needed. Only use the first tab for data entry.
- 3) Market segment refers to Individual plans.
- 4) The requested percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated combination of market segment, metal level,
- 5) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/metal level when communicating with the Department). A separate row is to be used for each combination of metal level, rating region
- 6) If the percentage changes (lowest and highest and weighted average) are identical for all the rating regions, then separate rows by rating region need not be used, and "All Regions" can be shown in the Rating Region column. If the rate change range information
- 7) The "requested rate change" includes the impact of any riders (such as: age 29, domestic partner, family planning, pediatric dental, etc.).
- 8) Lowest should be the smallest percentage change that could affect any contract holder due to the submitted rate filing with that market segment, medical product, metal level, and rating region, including any applicable riders. This includes benefit designs
- 9) Highest should be the largest percentage change that could affect any contract holder due to the submitted rate filing with that market segment, medical product, metal level, and rating region, including any applicable riders. This includes plan designs included in
- 10) The weighted average percentage should be developed based on annualized premium volume or membership for that market segment, medical product, metal level, and rating region, including any applicable riders.
- 11) This exhibit must be submitted as an Excel file and as a PDF file.

Individual Medical Plan Products

Market Segment	Effective Date of New Rate	Metal Level (or catastrophic)	Rating Region	Product Name	Product Street Name	Requested Percentage Rate Change		
						Lowest	Highest	Weighted Avg
Individual	01/01/15	Silver	1 - Albany Area	Aetna Gold \$10 Copay EPO PD	Aetna Gold \$10 Copay EPO PD	19.6%	19.6%	19.6%
Individual	01/01/15	Bronze	1 - Albany Area	Aetna Silver \$20 Copay EPO PD	Aetna Silver \$20 Copay EPO PD	20.8%	20.8%	20.8%
Individual	01/01/15	Platinum	1 - Albany Area	Aetna Bronze Deductible Only EPO NY Signature PD plan	Aetna Bronze Deductible Only EPO NY Signature PD plan	19.6%	19.6%	19.6%
Individual	01/01/15	Gold	1 - Albany Area	Aetna Platinum \$5 Copay EPO PD	Aetna Platinum \$5 Copay EPO PD	20.0%	20.0%	20.0%
Individual	01/01/15	Platinum	1 - Albany Area	Aetna Platinum \$5 Copay OAMC PD	Aetna Platinum \$5 Copay OAMC PD	22.2%	22.2%	22.2%
Individual	01/01/15	Silver	2 - Buffalo Area	Aetna Gold \$10 Copay EPO PD	Aetna Gold \$10 Copay EPO PD	19.6%	19.6%	19.6%
Individual	01/01/15	Bronze	2 - Buffalo Area	Aetna Silver \$20 Copay EPO PD	Aetna Silver \$20 Copay EPO PD	20.8%	20.8%	20.8%
Individual	01/01/15	Platinum	2 - Buffalo Area	Aetna Bronze Deductible Only EPO NY Signature PD plan	Aetna Bronze Deductible Only EPO NY Signature PD plan	19.6%	19.6%	19.6%
Individual	01/01/15	Gold	2 - Buffalo Area	Aetna Platinum \$5 Copay EPO PD	Aetna Platinum \$5 Copay EPO PD	20.0%	20.0%	20.0%
Individual	01/01/15	Platinum	2 - Buffalo Area	Aetna Platinum \$5 Copay OAMC PD	Aetna Platinum \$5 Copay OAMC PD	22.2%	22.2%	22.2%
Individual	01/01/15	Silver	3 - Mid Hudson Area	Aetna Gold \$10 Copay EPO PD	Aetna Gold \$10 Copay EPO PD	19.6%	19.6%	19.6%
Individual	01/01/15	Bronze	3 - Mid Hudson Area	Aetna Silver \$20 Copay EPO PD	Aetna Silver \$20 Copay EPO PD	20.8%	20.8%	20.8%
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Aetna Bronze Deductible Only EPO NY Signature PD plan	Aetna Bronze Deductible Only EPO NY Signature PD plan	19.6%	19.6%	19.6%
Individual	01/01/15	Gold	3 - Mid Hudson Area	Aetna Platinum \$5 Copay EPO PD	Aetna Platinum \$5 Copay EPO PD	20.0%	20.0%	20.0%
Individual	01/01/15	Platinum	3 - Mid Hudson Area	Aetna Platinum \$5 Copay OAMC PD	Aetna Platinum \$5 Copay OAMC PD	22.2%	22.2%	22.2%
Individual	01/01/15	Silver	4 - New York City Area	Aetna Gold \$10 Copay EPO PD	Aetna Gold \$10 Copay EPO PD	19.6%	19.6%	19.6%
Individual	01/01/15	Bronze	4 - New York City Area	Aetna Silver \$20 Copay EPO PD	Aetna Silver \$20 Copay EPO PD	20.8%	20.8%	20.8%
Individual	01/01/15	Platinum	4 - New York City Area	Aetna Bronze Deductible Only EPO NY Signature PD plan	Aetna Bronze Deductible Only EPO NY Signature PD plan	19.6%	19.6%	19.6%
Individual	01/01/15	Gold	4 - New York City Area	Aetna Platinum \$5 Copay EPO PD	Aetna Platinum \$5 Copay EPO PD	20.0%	20.0%	20.0%
Individual	01/01/15	Platinum	4 - New York City Area	Aetna Platinum \$5 Copay OAMC PD	Aetna Platinum \$5 Copay OAMC PD	22.2%	22.2%	22.2%
Individual	01/01/15	Silver	5 - Rochester Area	Aetna Gold \$10 Copay EPO PD	Aetna Gold \$10 Copay EPO PD	19.6%	19.6%	19.6%
Individual	01/01/15	Bronze	5 - Rochester Area	Aetna Silver \$20 Copay EPO PD	Aetna Silver \$20 Copay EPO PD	20.8%	20.8%	20.8%
Individual	01/01/15	Platinum	5 - Rochester Area	Aetna Bronze Deductible Only EPO NY Signature PD plan	Aetna Bronze Deductible Only EPO NY Signature PD plan	19.6%	19.6%	19.6%
Individual	01/01/15	Gold	5 - Rochester Area	Aetna Platinum \$5 Copay EPO PD	Aetna Platinum \$5 Copay EPO PD	20.0%	20.0%	20.0%
Individual	01/01/15	Platinum	5 - Rochester Area	Aetna Platinum \$5 Copay OAMC PD	Aetna Platinum \$5 Copay OAMC PD	22.2%	22.2%	22.2%
Individual	01/01/15	Silver	6 - Syracuse Area	Aetna Gold \$10 Copay EPO PD	Aetna Gold \$10 Copay EPO PD	19.6%	19.6%	19.6%
Individual	01/01/15	Bronze	6 - Syracuse Area	Aetna Silver \$20 Copay EPO PD	Aetna Silver \$20 Copay EPO PD	20.8%	20.8%	20.8%
Individual	01/01/15	Platinum	6 - Syracuse Area	Aetna Bronze Deductible Only EPO NY Signature PD plan	Aetna Bronze Deductible Only EPO NY Signature PD plan	19.6%	19.6%	19.6%
Individual	01/01/15	Gold	6 - Syracuse Area	Aetna Platinum \$5 Copay EPO PD	Aetna Platinum \$5 Copay EPO PD	20.0%	20.0%	20.0%
Individual	01/01/15	Platinum	6 - Syracuse Area	Aetna Platinum \$5 Copay OAMC PD	Aetna Platinum \$5 Copay OAMC PD	22.2%	22.2%	22.2%
Individual	01/01/15	Silver	7 - Utica/Watertown Area	Aetna Gold \$10 Copay EPO PD	Aetna Gold \$10 Copay EPO PD	19.6%	19.6%	19.6%
Individual	01/01/15	Bronze	7 - Utica/Watertown Area	Aetna Silver \$20 Copay EPO PD	Aetna Silver \$20 Copay EPO PD	20.8%	20.8%	20.8%
Individual	01/01/15	Platinum	7 - Utica/Watertown Area	Aetna Bronze Deductible Only EPO NY Signature PD plan	Aetna Bronze Deductible Only EPO NY Signature PD plan	19.6%	19.6%	19.6%
Individual	01/01/15	Gold	7 - Utica/Watertown Area	Aetna Platinum \$5 Copay EPO PD	Aetna Platinum \$5 Copay EPO PD	20.0%	20.0%	20.0%
Individual	01/01/15	Platinum	7 - Utica/Watertown Area	Aetna Platinum \$5 Copay OAMC PD	Aetna Platinum \$5 Copay OAMC PD	22.2%	22.2%	22.2%
Individual	01/01/15	Silver	8 - Long Island Area	Aetna Gold \$10 Copay EPO PD	Aetna Gold \$10 Copay EPO PD	19.6%	19.6%	19.6%
Individual	01/01/15	Bronze	8 - Long Island Area	Aetna Silver \$20 Copay EPO PD	Aetna Silver \$20 Copay EPO PD	20.8%	20.8%	20.8%
Individual	01/01/15	Platinum	8 - Long Island Area	Aetna Bronze Deductible Only EPO NY Signature PD plan	Aetna Bronze Deductible Only EPO NY Signature PD plan	19.6%	19.6%	19.6%
Individual	01/01/15	Gold	8 - Long Island Area	Aetna Platinum \$5 Copay EPO PD	Aetna Platinum \$5 Copay EPO PD	20.0%	20.0%	20.0%
Individual	01/01/15	Platinum	8 - Long Island Area	Aetna Platinum \$5 Copay OAMC PD	Aetna Platinum \$5 Copay OAMC PD	22.2%	22.2%	22.2%

EXHIBIT 15 - PART A: DISTRIBUTION OF CONTRACTS BY REQUESTED PERCENT ADJUSTMENTS FOR INDIVIDUAL PRODUCTS

Company Name: Aetna Life Insurance Company
 NAIC Code: 60054
 SERFF Tracking #: AETN-129591417
 Market Segment: Individuals Off Exchange

Instructions:

- 1) The percentage rate change reflects the impact of all riders that apply to the contracts. The percentage rate change reflects the expected change in premium that would apply to the contract holder on that contract holder's next rate change date.
- 2) The distribution is by number of members or number of contracts. The Company should fill in the appropriate column below (members or contracts) and replace the mm/dd/yy placeholder with the applicable as of date.
- 3) The Weighted Average Percentage should be developed based on the distribution of annualized premiums for that Market Segment/Rating Region/Metal Level and for the market segment in total.
- 4) Market segment refers to Individual market segment.
- 5) Rating region refers to the standard rating regions applicable to this submission. If the percentage change for each plan design does not vary by region, then "All Regions" can be used in the rating region column; otherwise indicate the applicable rating region.
- 6) Under each market segment, the table should provide the distribution by metal level (platinum, gold, silver, bronze, catastrophic).
- 7) Provide the distribution of contracts or members affected by proposed rate change for all contracts by rating region/metal level.
- 8) Edit the worksheet to add more rows as needed. Only use the first tab for data entry.
- 9) Enter the sum of the counts in the various columns, and the market segment weighted avg change %.
- 10) This exhibit must be submitted as an Excel file and a PDF file.

Distribution by Requested Rate Adjustment

Market Segment	Effective Date	Metal Level (or catastrophic)	Rating Region	Weighted Avg Change %	Annualized Premiums as of	Total # of Members as of	Total # of Contracts as of	Number of (*) with Requested Percentage Rate Change at Renewal													
								04/30/2014													
								Decrease	No Change	0.1% - 4.9%	5.0% - 9.9%	10.0% - 14.9%	15.0% - 19.9%	20.0% - 24.9%	25.0% - 29.9%	30.0% - 39.9%	40.0% - 49.9%	50.0% or higher			
Individual	01/01/2015	Bronze	1 - Albany Area	19.10%	\$5,052.00	1	1														
Individual	01/01/2015	Gold	1 - Albany Area	19.33%	\$6,768.00	2	2														
Individual	01/01/2015	Platinum	1 - Albany Area	19.65%	\$7,218.00	14	8														
Individual	01/01/2015	Silver	1 - Albany Area	20.44%	\$5,746.29	7	4														
Individual	01/01/2015	Bronze	2 - Buffalo Area	19.10%	\$5,544.00	2	2														
Individual	01/01/2015	Gold	2 - Buffalo Area	19.33%	\$14,868.00	1	1														
Individual	01/01/2015	Platinum	2 - Buffalo Area	19.65%	\$8,628.00	1	1														
Individual	01/01/2015	Silver	2 - Buffalo Area																		
Individual	01/01/2015	Bronze	3 - Mid Hudson Area	19.10%	\$4,410.55	11	7														
Individual	01/01/2015	Gold	3 - Mid Hudson Area	19.33%	\$7,158.35	17	12														
Individual	01/01/2015	Platinum	3 - Mid Hudson Area	20.40%	\$7,749.77	70	51														
Individual	01/01/2015	Silver	3 - Mid Hudson Area	20.44%	\$4,384.97	29	12														
Individual	01/01/2015	Bronze	4 - New York City Area	19.10%	\$5,425.99	175	110														
Individual	01/01/2015	Gold	4 - New York City Area	19.33%	\$6,978.45	592	362														
Individual	01/01/2015	Platinum	4 - New York City Area	20.65%	\$8,696.38	1,360	1,027														
Individual	01/01/2015	Silver	4 - New York City Area	20.44%	\$6,464.29	272	186														
Individual	01/01/2015	Bronze	5 - Rochester Area	19.10%	\$4,308.00	1	1														
Individual	01/01/2015	Gold	5 - Rochester Area	19.33%	\$5,784.00	1	1														
Individual	01/01/2015	Platinum	5 - Rochester Area	19.65%	\$6,712.00	3	2														
Individual	01/01/2015	Silver	5 - Rochester Area																		
Individual	01/01/2015	Bronze	6 - Syracuse Area																		
Individual	01/01/2015	Gold	6 - Syracuse Area	19.33%	\$6,528.00	2	2														
Individual	01/01/2015	Platinum	6 - Syracuse Area	19.65%	\$6,122.00	6	3														
Individual	01/01/2015	Silver	6 - Syracuse Area																		
Individual	01/01/2015	Bronze	7 - Utica/Watertown Area																		
Individual	01/01/2015	Gold	7 - Utica/Watertown Area	19.33%	\$6,768.00	1	1														
Individual	01/01/2015	Platinum	7 - Utica/Watertown Area	19.65%	\$7,860.00	1	1														
Individual	01/01/2015	Silver	7 - Utica/Watertown Area	20.44%	\$5,868.00	2	2														
Individual	01/01/2015	Bronze	8 - Long Island Area	19.10%	\$4,924.67	18	10														
Individual	01/01/2015	Gold	8 - Long Island Area	19.33%	\$6,760.71	191	102														
Individual	01/01/2015	Platinum	8 - Long Island Area	20.78%	\$8,252.74	291	181														
Individual	01/01/2015	Silver	8 - Long Island Area	20.44%	\$6,014.26	53	27														
Market Segment Total:				19.95%	\$7,652.72	3,124	2,119														

EXHIBIT 16: SUMMARY OF POLICY FORM AND PRODUCT CHANGES

Company Name: Aetna Life Insurance Company
 NAIC Code: 95234
 SERFF Number: AETN-129591417
 Market Segment: Individuals Off Exchange

Instructions:

- 1) This Exhibit summarizes all benefit/rate changes filed after the initial rate filing in calendar year 2013 that impacts the rate tables in this current filing.
- 2) The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- 3) Enter filing status (approved or pending) using the drop down list. For pending files leave the approval date blank.
- 4) Extend the worksheet to add more rows as needed. Only use the first tab for data entry.
- 5) This form must be submitted as an Excel file and as a PDF file.

List of rate filings that have been approved since the §3231(e)(1) or §4308(c) initial rate filing in calendar year 2013, or are currently pending with DFS.

Filing Status	SERFF #	NY State Tracking #	Date of Submission	Policy Form #	Product Name (including Street Name)	Brief Description of Benefit/Rate Change	Approval Date
Approved	AETN-129085532	2013060121	06/21/2013	B2aOffHIXGR-96807-SB	NY Aetna AdvantagePlus 3000 PD: OAEPO	New Plan for 2015	09/25/2013
Approved	AETN-129085532	2013060121	06/21/2013	S2aOffHIXGR-96807-SB	NY Aetna Advantage 2000 PD: OAEPO	New Plan for 2015	09/25/2013
Approved	AETN-129085532	2013060121	06/21/2013	G2aOffHIXGR-96807-SB	NY Aetna Premier 600 PD: OAEPO	New Plan for 2015	09/25/2013
Approved	AETN-129085532	2013060121	06/21/2013	P2aOffHIXGR-96807-SB	NY Aetna Pinnacle PD: OAEPO	New Plan for 2015	09/25/2013
Approved	AETN-129085532	2013060121	06/21/2013	P3aOffHIXGR-96804-SB	NY Aetna Pinnacle PD: OAMC	Renewal to 2015 Aetna Platinum \$5 Copay OAMC PD	09/25/2013
Approved	AETN-129085532	2013060121	06/21/2013	B2aOffHIXGR-96810-SB	NY Aetna AdvantagePlus 3000 PD: OAEPO C/O	New Plan for 2015	09/25/2013
Approved	AETN-129085532	2013060121	06/21/2013	S2aOffHIXGR-96810-SB	NY Aetna Advantage 2000 PD: OAEPO C/O	New Plan for 2015	09/25/2013
Approved	AETN-129085532	2013060121	06/21/2013	G2aOffHIXGR-96810-SB	NY Aetna Premier 600 PD: OAEPO C/O	New Plan for 2015	09/25/2013
Approved	AETN-129085532	2013060121	06/21/2013	P2aOffHIXGR-96810-SB	NY Aetna Pinnacle PD: OAEPO C/O	New Plan for 2015	09/25/2013

Exhibit 18 - Index Rate/Plan Design Level Adjustment Worksheet

Company Name: Aetna Life Insurance Company
 NAIC Code: 60054
 SERFF Number: AETN-129591417
 Market Segment: Individual Off Exchange

Separate column for each plan design (on or off Exchange)

Line #	General		ElectChoiceOpenAccess	ElectChoiceOpenAccess	ElectChoiceOpenAccess	ElectChoiceOpenAccess	ElectChoiceOpenAccess
1	Product*						ElectChoiceOpenAccess
2	Product ID*						
3	Metal Level (or catastrophic)*		Platinum	Platinum	Gold	Silver	Bronze
4	AV Metal Value (HHS Calculator)*		0.8822	0.8855	0.7827	0.6858	0.5838
5	AV Pricing Value (total, risk pool experience based)*	1.1460	1.3302	1.3701	1.1417	1.0000	0.8508
6	Plan Type*		EPO	EPO	EPO	EPO	EPO
7	Plan Name*		Aetna Platinum \$5 Copay EPO NY SignatureSM PD	NY Aetna Pinnacle PD: OAMC	Aetna Gold \$10 Copay EPO NY SignatureSM PD	Aetna Silver \$20 Copay EPO NY SignatureSM PD	Aetna Bronze Deductible Only EPO NY SignatureSM PD
8	HQS Plan ID*		17210NY0050021	17210NY0060001	17210NY0050018	17210NY0050024	17210NY0050015
9	Exchange Plan**		No	No	No	No	No

* This field should be the same as used in the Unified Rate Review Template, Worksheet 2

Experience Period Index Rate

10A	Incurring Claims [exc. Reg 146 & Stop Loss pools & federal risk sharing and reinsurance pools] for Latest Experience Period	123,407,274					
10B	Member-Months for Latest Experience Period	331,685					
10C	Average PMPM Incurred Claims [L10A/L10B] (Initial Index Rate Factor)	372.06					
11	Average Pricing Actuarial Value reflected in experience period	0.737					
12	AV Adjusted Experience Period Index Rate PMPM (L10C / L11)	504.68	504.68	504.68	504.68	504.68	504.68

Market Wide Adjustments to the AV Adjusted Experience Period Index Rate

13	Impact of adjusting experience period data to EHB benefit level	1.037					
14	Market wide adjustment for changes in provider network **	0.970					
15	Market wide adjustment for fee schedule changes **	1.000					
16	Market wide adjustment for utilization management changes **	1.000					
17	Market wide adjustment for impact on claim costs from quality improvement and cost containment initiatives **	1.000					
18	Impact on risk pool of changes in expected covered membership risk characteristics **	1.000					
19	Post ACA: Ratio Individual risk pool to Small Group risk pool (div. Only)	1.197					
20	Adjustment for changes in distribution of risk pool membership by rating regions **	1.011					
21	Federal Risk Adjustment Program Impact (less than 1.00 to reflect a recovery)	1.000					
22	Federal Transitional Reinsurance Program Recovery (less than 1.00 to reflect a recovery)	0.926					
23	Impact of adjustments due to experience period claim data not being sufficiently credible	1.000					
24	Claim trend projection factor (midpoint of experience period to mid point of rate applicability period)	1.288					
25	Other 1 (Adjustment to Silver Plan level plus Pediatric Dental)	0.686					
26	Other 2 (Conversion factor)	1.193					
	Other 3 (MSP credit)	0.874					
	Other 4 (Impact of Benefit Richness)	1.032					
27	Other 4 (Age/Gender Projection)	1.165					
28	Impact of Market Wide Adjustments (product L13 through L27)	1.249	1.249	1.249	1.249	1.249	1.249

** Not Included in Claim Trend Adjustment

Plan Level Adjustments

29	Pricing actuarial value (without induced demand factor) #	1.000	0.882	0.885	0.783	0.686	0.584
30	Pricing actuarial value (only the induced demand factor) #	1.000	1.034	1.061	1.000	1.000	0.999
31	Impact of provider network characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000
32	Impact of delivery system characteristics ##	1.000	1.000	1.000	1.000	1.000	1.000
33	Impact of utilization management practices ##	1.000	1.000	1.000	1.000	1.000	1.000
34	Impact on claim costs from quality improvement and cost containment initiatives ##	1.000	1.000	1.000	1.000	1.000	1.000
35	Benefits in additional to EHB (greater than 1.00)	1.000	1.000	1.000	1.000	1.000	1.000
36	Administrative costs (excluding Exchange user fees and profits)	1.121	1.121	1.121	1.121	1.121	1.121
37	Profit/Contribution to surplus margins	1.020	1.020	1.020	1.020	1.020	1.020
38	Impact of eligibility categories (catastrophic plans only)	1.000	1.000	1.000	1.000	1.000	1.000
39	Addition of Out of Network Benefit Option (e.g., POS or PPO, if applicable)	1.000	1.000	1.000	1.000	1.000	1.000
40	Impact of Adjustment for NYS Stop Loss reimbursements on SG HNY	1.000	1.000	1.000	1.000	1.000	1.000
41	Other 1 (adjust Silver metal level 0.7 to Pricing Anchor 1.0)	1.000	1.458	1.458	1.458	1.458	1.458
42	Other 2 (OON impact)	1.000	1.000	1.000	1.000	1.000	1.000
43	Impact of Plan Level Adjustments (product L29 through L42)	1.144	1.521	1.567	1.306	1.144	0.973

Changes that affect an entire standard population as cost sharing changes, not based on health status, age, gender or occupation

Beyond what is reflected in Market Wide adjustments

44	TOTAL PROJECTED INDEX RATE PMPM = (L12 x L28 x L43)	720.95	958.98	987.75	823.10	720.95	613.38
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EXHIBIT 20: HIOS ID MAPPING TO PRODUCT NAMES

Company Name:	<u>Aetna Life Insurance Company</u>
NAIC Code:	<u>95234</u>
SERFF Number:	<u>AETN-129591417</u>
Market Segment:	<u>Individuals Off Exchange</u>

- 1) This exhibit is to help DFS reconcile the HIOS IDs used to the different plan designs and to reconcile the rate manual to the binder rate template.
- 2) The HIOS IDs should be without the variants after the hyphen.
- 3) Column 3: Enter Metal Level. Use drop down menu.
- 4) Column 4: Enter On/Off Plan Designation. Use drop down menu.
- 5) Column 5: Enter Standard/Non Standard Plan Designation. Use drop down menu.
- 6) Column 6: Enter coverage of children to 26th birthday (26) or to 30th birthday. Use drop down menu.
- 7) Column 7: Enter Yes/No for coverage of Domestic Partner. Use drop down menu.
- 8) Column 8: Enter Yes/No for coverage of Family Planning. Use drop down menu.
- 9) Column 9: Enter Yes/No for coverage of Embedded Pediatric Dental. Use drop down menu.
- 10) Column 10: Enter Yes/No for coverage of Out of Network Benefits [PPO or POS]. Use drop down menu.
- 11) Column 11: Indicate if the plan design includes benefits in addition to the EHB benefits (yes) or (no). Use drop down menu.
- 12) This exhibit must be submitted as an Excel and as PDF file.

1 HIOS ID	2 Rate Manual Plan Name	3 Metal Level	4 Exchange Plan? (on, off, both)	5 Standard Plan Design? (yes, no)	6 Limiting Child Age? (26 or 29)	7 Domestic Partner Coverage Included? (yes,no)	8 Family Planning Coverage? (included, excluded)	9 Pediatric Dental Coverage Included? (yes,no)	10. Out of Network Benefits (yes,no)
17210NY0050024	Aetna Silver \$20 Copay EPO NY SignatureSM PD	Silver	OFF	NO	26	YES	INCLUDED	YES	YES
17210NY0050025	Aetna Silver \$20 Copay EPO NY SignatureSM PD C/O	Silver	OFF	NO		NO	EXCLUDED	YES	YES
17210NY0050026	Aetna Silver \$20 Copay EPO NY SignatureSM PD DEP 30	Silver	OFF	NO	29	YES	INCLUDED	YES	YES
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	Bronze	OFF	NO	26	YES	INCLUDED	YES	YES
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	Bronze	OFF	NO		NO	EXCLUDED	YES	YES
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	Bronze	OFF	NO	29	YES	INCLUDED	YES	YES
17210NY0050021	Aetna Platinum \$5 Copay EPO NY SignatureSM PD	Platinum	OFF	NO	26	YES	INCLUDED	YES	YES
17210NY0050022	Aetna Platinum \$5 Copay EPO NY SignatureSM PD C/O	Platinum	OFF	NO		NO	EXCLUDED	YES	YES
17210NY0050023	Aetna Platinum \$5 Copay EPO NY SignatureSM PD DEP 30	Platinum	OFF	NO	29	YES	INCLUDED	YES	YES
17210NY0050018	Aetna Gold \$10 Copay EPO NY SignatureSM PD	Gold	OFF	NO	26	YES	INCLUDED	YES	YES
17210NY0050019	Aetna Gold \$10 Copay EPO NY SignatureSM PD C/O	Gold	OFF	NO		NO	EXCLUDED	YES	YES
17210NY0050020	Aetna Gold \$10 Copay EPO NY SignatureSM PD DEP 30	Gold	OFF	NO	29	YES	INCLUDED	YES	YES
17210NY0060001	NY Aetna Pinnacle PD: OAMC	Platinum	OFF	NO	26	YES	INCLUDED	YES	YES

11 Include Benefits in Addition to EHB? (yes,no)
YES

EXHIBIT 22: MEDICAL AND HOSPITAL UTILIZATION DATA FOR SMALL GROUPS

Company Name: Aetna Life Insurance Company
NAIC Code: 60054
SERFF Number: AETN-129585656
Market Segment: Small Groups Off Exchange

- 1) Information requested applies to New York State business only, for all rating regions combined for Small Groups and Small Group Healthy New York Plans (
- 2) Include riders that may be available with policy forms. Discontinued policy forms and products are to be included in the Exhibit.
- 3) If members, covered lives or member months are not known, use reasonable estimates (note methodology used in the actuarial memorandum).
- 4) This exhibit must be submitted as an Excel file and as a PDF file.

Experience Period:	1/1/13 - 12/31/13					
1. Medical and Hospital	2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
Inpatient Hospital	42,640	\$ 36,627,718	37,204	\$ 859.00	1.15	\$ 984.51
Inpatient Mental Health	1,077	\$ 1,447,949	37,204	\$ 1,344.43	0.03	\$ 38.92
Inpatient Alcohol and Sub. Abuse	514	\$ 489,324	37,204	\$ 951.99	0.01	\$ 13.15
Newborn Birth Services	1,755	\$ 5,358,485	37,204	\$ 3,053.27	0.05	\$ 144.03
Primary Care	106,837	\$ 8,081,889	37,204	\$ 75.65	2.87	\$ 217.23
Physician Specialty Services	246,219	\$ 38,213,763	37,204	\$ 155.20	6.62	\$ 1,027.14
Ambulatory Surgery	27,418	\$ 13,508,455	37,204	\$ 492.69	0.74	\$ 363.09
Other Professional Services	15,491	\$ 844,287	37,204	\$ 54.50	0.42	\$ 22.69
Special Therapies	127,984	\$ 3,806,178	37,204	\$ 29.74	3.44	\$ 102.31
Out-of-Area Other	-	\$ -	37,204		0.00	\$ -
Emergency Room	9,746	\$ 1,133,008	37,204	\$ 116.25	0.26	\$ 30.45
Outpatient Mental Health	36,368	\$ 4,360,281	37,204	\$ 119.89	0.98	\$ 117.20
Outpatient Drug & Alcohol Treatment	421	\$ 931,886	37,204	\$ 2,213.51	0.01	\$ 25.05
Dental (excluding Orthodontia)	233	\$ 70,491	37,204	\$ 302.54	0.01	\$ 1.89
Pharmacy	-	\$ -	37,204		0.00	\$ -
Durable Medical Equipment	190,539	\$ 5,407,428	37,204	\$ 28.38	5.12	\$ 145.35
Home Health Care	6,754	\$ 519,835	37,204	\$ 76.97	0.18	\$ 13.97
Transportation -Emergent	10,066	\$ 762,464	37,204	\$ 75.75	0.27	\$ 20.49
Diagnostic Testing, Lab & X-Ray	608,735	\$ 16,796,071	37,204	\$ 27.59	16.36	\$ 451.46
Family Planning	-	\$ -	37,204		0.00	\$ -
Vision Care (incl. eyeglasses)	27,976	\$ 2,544,234	37,204	\$ 90.94	0.75	\$ 68.39
Pharmacy(Non Prescription Drugs)	811,059	\$ 11,624,050	37,204	\$ 14.33	21.80	\$ 312.44
Speech & Hearing	5,503	\$ 208,958	37,204	\$ 37.97	0.15	\$ 5.62
Other Medical	-	\$ -	37,204		0.00	\$ -
Total Medical & Hospital	2,277,335	\$ 152,736,752	37,204	\$ 67.07	61.21	\$ 4,105.39

Small Group Sole Proprietor plans to be excluded).

1/1/12 - 12/31/12					
2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
23,210	\$ 30,254,787	30,622	\$ 1,303.52	0.76	\$ 988.01
1,017	\$ 1,416,332	30,622	\$ 1,392.66	0.03	\$ 46.25
504	\$ 594,227	30,622	\$ 1,179.02	0.02	\$ 19.41
1,372	\$ 3,669,169	30,622	\$ 2,674.32	0.04	\$ 119.82
86,638	\$ 6,574,451	30,622	\$ 75.88	2.83	\$ 214.70
213,475	\$ 33,541,543	30,622	\$ 157.12	6.97	\$ 1,095.34
22,245	\$ 9,929,495	30,622	\$ 446.37	0.73	\$ 324.26
8,283	\$ 785,602	30,622	\$ 94.85	0.27	\$ 25.65
108,264	\$ 3,383,860	30,622	\$ 31.26	3.54	\$ 110.50
-	\$ -	30,622		-	\$ -
3,207	\$ 450,914	30,622	\$ 140.60	0.10	\$ 14.73
33,796	\$ 3,737,520	30,622	\$ 110.59	1.10	\$ 122.05
538	\$ 845,498	30,622	\$ 1,571.56	0.02	\$ 27.61
310	\$ 62,157	30,622	\$ 200.51	0.01	\$ 2.03
-	\$ -	30,622		-	\$ -
170,032	\$ 4,327,984	30,622	\$ 25.45	5.55	\$ 141.34
8,799	\$ 654,773	30,622	\$ 74.41	0.29	\$ 21.38
6,850	\$ 584,478	30,622	\$ 85.33	0.22	\$ 19.09
538,959	\$ 14,127,571	30,622	\$ 26.21	17.60	\$ 461.35
-	\$ -	30,622		-	\$ -
22,371	\$ 2,063,485	30,622	\$ 92.24	0.73	\$ 67.39
594,435	\$ 11,800,811	30,622	\$ 19.85	19.41	\$ 385.37
3,544	\$ 155,279	30,622	\$ 43.81	0.12	\$ 5.07
-	\$ -	30,622		-	\$ -
1,847,849	\$ 128,959,934	30,622	\$ 69.79	60.34	\$ 4,211.35

1/1/11 - 12/31/11

2. Number of Services	3. Amounts of Allowed Charges	4. Average Membership	5. Average Allowed Charge [=3/2]	6. Utilization per Member [=2/4]	7. Allowed Charge per Member [=3/4]
22,124	\$ 23,504,092	26,800	\$ 1,062.38	0.83	\$ 877.02
1,357	\$ 1,550,127	26,800	\$ 1,142.32	0.05	\$ 57.84
399	\$ 387,191	26,800	\$ 970.40	0.01	\$ 14.45
1,480	\$ 2,917,892	26,800	\$ 1,971.55	0.06	\$ 108.88
77,255	\$ 5,792,107	26,800	\$ 74.97	2.88	\$ 216.12
185,681	\$ 29,377,316	26,800	\$ 158.21	6.93	\$ 1,096.17
15,203	\$ 8,656,892	26,800	\$ 569.42	0.57	\$ 323.02
14,209	\$ 833,965	26,800	\$ 58.69	0.53	\$ 31.12
100,906	\$ 3,113,332	26,800	\$ 30.85	3.77	\$ 116.17
-	\$ -	26,800		-	\$ -
2,321	\$ 267,364	26,800	\$ 115.19	0.09	\$ 9.98
33,099	\$ 3,621,253	26,800	\$ 109.41	1.24	\$ 135.12
1,460	\$ 320,503	26,800	\$ 219.52	0.05	\$ 11.96
264	\$ 77,671	26,800	\$ 294.21	0.01	\$ 2.90
-	\$ -	26,800		-	\$ -
150,439	\$ 3,721,753	26,800	\$ 24.74	5.61	\$ 138.87
6,381	\$ 446,273	26,800	\$ 69.94	0.24	\$ 16.65
6,347	\$ 473,897	26,800	\$ 74.66	0.24	\$ 17.68
450,194	\$ 13,059,176	26,800	\$ 29.01	16.80	\$ 487.28
-	\$ -	26,800		-	\$ -
19,325	\$ 1,773,541	26,800	\$ 91.77	0.72	\$ 66.18
410,247	\$ 9,635,884	26,800	\$ 23.49	15.31	\$ 359.55
3,266	\$ 149,711	26,800	\$ 45.84	0.12	\$ 5.59
-	\$ -	26,800		-	\$ -
1,501,957	\$ 109,679,941	26,800	\$ 73.02	56.04	\$ 4,093

EXHIBIT 24: SUMMARY OF REQUESTED 2015 PREMIUM RATES

Company Name: Aetna Life Insurance Company
NAIC Code: 95234
SERFF Number: AETN-129591417
Market Segment: Individuals Off Exchange

- 1) Purpose of this Exhibit is to summarize all Premium Rates for all Metal Levels and for all Regions.
- 2) Premium rates are Calendar Year 2015 premium rates for Individual Only on Individual Plans and First quarter 2015 premium rates for Employee Only on Small Group Plans.
- 3) Premium rates are for plans with the following benefit provisions:
 - (a) To Age 29; **and**
 - (b) With Domestic Partner; **and**
 - (c) With Family Planning.
- 4) This exhibit must be submitted as an Excel and as a PDF file.

SUMMARY OF REQUESTED 2015 PREMIUM RATES													
1. HIOS ID PLAN	2. Metal Level	3. Exchange [Ind/Sml Grp]	4. ON/Off Exchange	5. Plan Type [Std or Non Std]	6. Pediatric Dental [Yes/No]	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
						Albany	Buffalo	Mid-Hudson	New York	Rochester	Syracuse	Utica	Long Island
17210NY0050024	Silver	IND	Off	Non-Standard	Yes	608.89	668.29	660.87	742.55	519.78	586.61	608.89	742.55
17210NY0050015	Bronze	IND	Off	Non-Standard	Yes	518.04	568.58	562.26	631.75	442.23	499.08	518.04	631.75
17210NY0050021	Platinum	IND	Off	Non-Standard	Yes	809.92	888.94	879.06	987.71	691.40	780.29	809.92	987.71
17210NY0050018	Gold	IND	Off	Non-Standard	Yes	695.16	762.99	754.51	847.76	593.43	669.73	695.16	847.76
17210NY0060001	Platinum	IND	Off	Non-Standard	Yes	834.22	915.61	905.43	1,017.34	712.14	803.70	834.22	1,017.34

Aetna
PO Box 730
Blue Bell, PA 19422



[Date]

[Contact Name]

[Address]

[City State Zip]

Re: Notice of Proposed Premium Rate Change
NY Aetna Pinnacle PD: OAMC and 17210NY0060001

Dear Member:

Aetna Life Insurance Company is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your premium rates for 2015. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Change

If approved, the percentage change to your premium is 22.3%.

If you enrolled through the NY State of Health, the state's health plan marketplace, and you qualified for financial assistance, called an Advanced Premium Tax Credit, your current premium is less than the amount shown above and your 2015 premium will be less than shown above if you qualify for the APTC again next year. NY State of Health will calculate your eligibility for financial assistance each year.

Please note that while we try to provide you with the most accurate information possible, the final rate may differ based on the benefit plan design and other features you select on renewal. Also, the final, approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Every year, we spend considerable time evaluating both medical cost history and rates to ensure we account for the current cost trends in the plan premium. The requested increase is directly related to two main drivers: the overall rising cost of health care services in New York, and the projected impact of the federal risk adjustment program that was put in place by the Affordable Care Act.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Life Insurance Company, and its affiliates (Aetna).

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Aetna for additional information at:

Aetna
P.O. Box 14463
LEXINGTON, KY 40512
1-866-565-1236
www.aetna.com

Comments or requests for more information on the proposed rate change may be submitted to:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
1 State Street
New York, NY, 10004
Email: premiumrateincreases@dfs.ny.gov
DFS Website: www.dfs.ny.gov/healthinsurancepremiums

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer, which is Aetna Life Insurance Company
2. The name of your plan, which is NY Aetna Pinnacle PD: OAMC
3. Indicate you have individual coverage
4. Your HIOS identification number, which is 17210NY0060001

Written comments submitted to DFS will be posted on the DFS website with all your personal information removed.

Aetna will also review any comments and answer any questions you may have concerning these proposed rate changes, including the start and conclusion of the 30-day comment period. Please feel free to contact Member Services at the number located on your ID card. Plan representatives are available to assist you from 8 a.m. to 5 p.m. You may also contact us by logging into Aetna Navigator, our secure member website at www.aetna.com, or call us at 1-866-565-1236.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Aetna website: <http://www.aetna.com/individuals-families/member-rights-resources/rights/state-specific-information.html>

DFS website: www.dfs.ny.gov/healthinsurancepremiums

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Notice of Approved Premium Rate

After DFS approves the final premium rate, you will receive final rate information at least 60 days before your 2015 renewal date.

Sincerely,

Aetna

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Life Insurance Company, and its affiliates (Aetna).

**Aetna Life Insurance Company
New York Individual
Aetna Exclusive Provider Organization**

Summary

Aetna is filing rates for Individual plans in New York. This filing proposes to raise average premium rates by 20.1%.

Who is affected?

The rates will apply to policies that start or renew from January 2015 through December 2015. Approximately 3,124 members are enrolled in plans to which the new rates will apply. Some plans in this market may not be available for renewal. Members in those plans will be able to enroll in the new plans included in this filing.

Why We Need to Increase Premiums

Medical costs are going up and we are changing our rates to reflect this increase. We expect medical costs to go up 12.1%, excluding the effect of benefit changes described below. Medical costs go up mainly for two reasons – providers raise their prices and members get more medical care.

For Individuals in New York, some examples of increasing medical costs we have experienced in the last 12 months include:

- The cost for an inpatient hospital admission has increased 11.6%.
- ER costs per visit have increased by 8.6%.
- Outpatient mental health costs per visit have increased by 22.6%.

What Else Affects Our Request to Increase Premiums

We offer New York residents a variety of plans to choose from. New York does not allow us to vary premium rates by age. We project that the average individual insured in New York will be older than we assumed when we set our 2014 rates. This change in average age is expected to add approximately 16.5% to rates.

In addition, several requirements related to the Affordable Care Act (ACA) also impact these rates. These include:

- Enhanced network access standards – which limit our ability to control the cost and quality of medical care
- Changes to required taxes and fees
- Phase-out of the Transitional Reinsurance Program which increases rates for plans issued to individuals

Will Premiums for All Individual Increase 20.1%?

No, the 20.1% is an average. Some premiums will increase by less or even go down. Others will increase by more than the average. The exact rate change will depend on what benefit plan the group chooses, the family size for enrolling individuals, and where in New York the individual is located.

Changes in the premium that members pay will also depend on whether the current policy complies with ACA requirements that took effect on January 1, 2014, and the impact of changes in government tax subsidies.

How does this request align to Minimum Loss Ratio Requirements (MLR)?

These rates are expected to produce an MLR equal to or above the 82% requirement for Individual business. Under the ACA, at least 82% of the premiums collected by health plans are expected to pay for medical care and activities that improve health care quality for members. If the actual MLR turns out to be less than 82%, rebates will be issued to members in accordance with the law.

Aetna makes significant investments that benefit our members that the government does not allow us to use in this calculation. These investments include customer service, and health quality activities like disease management programs, as well as the development of new information technologies.

What is Aetna doing to keep premiums affordable?

Aetna is taking a number of steps to keep our products as affordable as possible and to address the underlying cost of health care. These actions include:

- Developing new agreements, arrangements, and partnerships with health care providers that base provider compensation on the quality of care and not the quantity of services.
- Creating medical management programs that address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services.

Aetna is also dedicated to increasing transparency within the health care system and helping members best utilize the plans that they have. Members can access Aetna Navigator, a secure member website, which allows them to research their specific plan benefits, health care providers in a given area, and in some locations, the cost of certain health care services. Additionally, Aetna's Plan for Your Health website aims to educate all consumers, not just Aetna members, on how to take advantage of their health care benefits.