

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%