

Healthy New York Plan
Mailstop U12S
980 Jolly Road, Bldg 1
Blue Bell, PA 19422



<Date>

<Subscriber first> <Subscriber last>

<Address1> <Address2>

<City>, <ST> <ZIP>

Control # <Control>, Group ID <PSUID>

Re: Notice of Proposed Premium Rate Change

NY Gold Healthy NY and Health Insurance Oversight System (HIOS) identification number

Dear Member:

Aetna Health Inc. is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group 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 Changes

If approved, the following table reflects the rate increases we have requested for plans renewing during each of the following quarters for your community rated small group plan offered by Aetna Health Inc. These rate increases are intended to be effective upon your renewal on or after January 1, 2015.

<Plan Name> offered by Aetna Life Insurance Company:

<u>Renewal Date</u>	<u>Increase</u>	<u>Renewal Date</u>	<u>Increase</u>
1st Quarter, 2015:	00.0%	3 rd Quarter, 2015:	00.0%
2nd Quarter, 2015:	00.0%	4th Quarter, 2015:	00.0%

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 that your group policyholder selects 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.

These changes have required us to request a rate increase with the Department of Financial Services for all current and new community rated small group customers.

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 Health Inc. for additional information at:

Aetna
Healthy New York Plan
Mailstop U12S
980 Jolly Road, Bldg 1
Blue Bell, PA 19422
1-866-386-1371 (option 1)
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 Health Inc.
2. The name of your plan, which is <Plan Name>
3. Indicate you have Small Group coverage
4. Your HIOS identification number, which is [Insert the HIOS ID #]

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 1-866-386-1371 (option 1). 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.

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

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

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
Healthy New York Plan
Mailstop U12S
980 Jolly Road, Bldg 1
Blue Bell, PA 19422



<Date>

<Plan sponsor first> <Plan sponsor last>

<Title>

<Company Name>

<Address>

<City>, <ST> <ZIP>

<Group ID>

Re: Notice of Proposed Premium Rate Change

NY Gold Healthy NY and <Health Insurance Oversight System (HIOS) identification number>

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Sincerely,
Aetna

Enclosure: Subscriber letter