Aetna Health Inc.

New York Small Group

Premium Rate Manual

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Aetna Health Inc.

New York Small Group

Premium Rate Manual

General

The attached pages contain worksheets and instructions for calculating the community rates for the plans available from Aetna Health Inc. (The Health Maintenance Organization of New York, Inc.). This filing is made in accordance with Insurance Law Section 4308 (c) Rate Applications and includes rates for our new products that will be offered effective January 1, 2015.

*Aetna offers Religious Exemption (RE) plans which exclude family planning. RE plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

Aetna Health Inc. only has an HMO license in certain counties. This means that the Healthy New York product in this filing pertains to the following counties only:

Dutchess, Orange, Putnam, Sullivan, Ulster, Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester, Nassau, Suffolk, Broome, Cayuga, Onondaga, Tioga, and Oswego.

Aetna Health Inc.

New York Small Group

Premium Rate Manual

The following Steps are used to calculate premium rates.

1. **2015 Base Rate**

Index Premium Rate
$453.29

2. **Plan Pricing Values**

   Plan Relativity Factor Table – rate factor for each unique plan design.

   Base Rate x Plan Relativity Factor = Rate for Unique Plan

   The product identifier will identify the plan. For each product identifier, there will be a rate relativity factor.

   The plan factors shown on page C-1 reflect the pricing differential for each product.

3. **Standardized Rating Region**

   Below is the NY SG rating area factor table - Rate factor to reflect differences in cost by geographic area. Base Rate x Plan Relativity Factor x Area Factor = Rate for that Plan for that Rating Area. The rating regions listed below are based on the required ACA standardized rating regions.

Rating Region	Counties	Area Factor
Region 3	Dutchess, Orange, Putnam, Sullivan, Ulster	0.89
Region 4	Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester	1
Region 6	Broome, Cayuga, Onondaga, Tioga	0.79
Region 7	Oswego	0.82
Region 8	Nassau, Suffolk	1

4. **Effective Date Factor table -** premium rate level adjustment factor to reflect differences in cost by effective date.

Renewal / Effective Date	Effective Date factor
1Q15	1.0000
2Q15	1.0264
3Q15	1.0536
4Q15	1.0816

5. **Standardized Census Tiers**

All Aetna New York Individual products will be priced to reflect the tiers and relativities specified by the DFS.

*Domestic partner relationships will follow all applicable 'Spouse' tiers.
For example: Single+Spouse rates= Single+Domestic Partner rates.

Tier	**Relativities**
Single	1.00
Single + Spouse	2.00
Single + Child(ren)	1.70
Single + Spouse + Child(ren)	2.85

6. **Dependent Age Adjustment Factor**

For subscribers who choose to have the Dependent Up to Age 30 rider, the additional adjustment to the rate is as follows:

Non-Student Age	Student Age	Single	Parent & Child(ren)	Couple	Family
26	26	1.000	1.000	1.000	1.000
30	30	1.030	1.030	1.030	1.030

The rate for an unmarried young adult who chooses coverage under the Young Adult Option would be equal to the rate that would be paid by the young adult's subscriber/parent if that subscriber were billed as a single member.

7. **Subscriber Rate**

The subscriber rate is equal to Step 1 x Step 2 x Step 3 x Step 4 or Step 5 x Step 6, rounded to the nearest dollar.

8. **Example of Rate Calculations**

Base Rate * Plan Factor * Rating Area Factor * Effective Date factor * Tier Factor* Dep Age Adj. Factor

Region 3 with NY Gold Healthy NY 600 - January 2015

Rating Area:	NYRA03							
Plan Name:	NY Gold Healthy NY 600							
Effective Date:	1Q 2015							
Dep Age	Age 26 Single	Age 26 Couple	Age 26 Parent	Age 26 Family	Age 30 Single	Age 30 Couple	Age 30 Parent	Age 30 Family
Base Rate	$453.29	$453.29	$453.29	$453.29	$453.29	$453.29	$453.29	$453.29
Plan Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Area Factor	0.890	0.890	0.890	0.890	0.890	0.890	0.890	0.890
Eff Date Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Tier Factor	1.000	2.000	1.700	2.850	1.000	2.000	1.700	2.850
Dep Age Factor	1.000	1.000	1.000	1.000	1.030	1.030	1.030	1.030
Total Rate	**$403.43**	**$806.86**	**$685.83**	**$1,149.77**	**$415.53**	**$831.06**	**$706.40**	**$1,184.26**

Region 4 with NY Gold Healthy NY 600 - April 2015

Rating Area:	NYRA04							
Plan Name:	NY Gold Healthy NY 600							
Effective Date:	2Q 2015							
Dep Age	Age 26 Single	Age 26 Couple	Age 26 Parent	Age 26 Family	Age 30 Single	Age 30 Couple	Age 30 Parent	Age 30 Family
Base Rate	$453.29	$453.29	$453.29	$453.29	$453.29	$453.29	$453.29	$453.29
Plan Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Area Factor	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Eff Date Factor	1.026	1.026	1.026	1.026	1.026	1.026	1.026	1.026
Tier Factor	1.000	2.000	1.700	2.850	1.000	2.000	1.700	2.850
Dep Age Factor	1.000	1.000	1.000	1.000	1.030	1.030	1.030	1.030
Total Rate	**$465.27**	**$930.53**	**$790.95**	**$1,326.01**	**$479.23**	**$958.45**	**$814.68**	**$1,365.79**

Aetna Health, Inc.
New York Small Group
SERFF ID: AETN-129591063
Exhibit B

New York Small Group HMO Portfolio | Summary of Benefits

Contents

NY GOLD HEALTHY NY 2
NY GOLD HEALTHY NY RE 4

Summary of Benefits Covered

NY GOLD HEALTHY NY

New York

Gold Plan

Summary of Features	In-Network
Deductible	
Individual	$600
Family	$1,200
Coinsurance	20%
(Member Responsibility)	varies; see below
	$0 once out-of-pocket max. is satisfied
Out-of-Pocket Maximum	
Individual	$4,000
Familiy	$8,000
	All cost sharing accumulates to the Out of Pocket Maximum above
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	$25 per visit after deductible
Specialist Visit	$40 per visit after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	$1,000/Admit after deductible
Emergency Room Services	$150 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	$25 per visit after deductible
Imaging (CT/PET Scans, MRIs)	$40 per visit after deductible
Rehabilitative Speech Therapy	$30 per visit after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	$30 per visit after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	$40 per visit after deductible
X-rays and Diagnostic Imaging	$40 per visit after deductible
Skilled Nursing Facility	$1,000/Admit after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$100 per visit after deductible
Outpatient Surgery Physician/Surgical Services	$100 per visit after deductible

Pharmacy	In-Network
Pharmacy Deductible	
Individual	$0
Family	$0
Generics	$10
Preferred Brand Drugs	$35
Non-Preferred Brand Drugs	$70
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

Aetna Health, Inc.
New York Small Group

NY GOLD HEALTHY NY

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?	☐	Blended Network/POS Plan?	☐
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 ($)	$600.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	85.44%	79.46%				
OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑		
Specialist Visit	☑	☐		$40.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	94%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$70.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☑	☑		

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

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.4%
Metal Tier:	Gold
Option 3 DedCopay adj	0.2%
Final AV	79.6%

This product, NY Gold Healthy NY satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.6%.

Summary of Benefits Covered

* Religious exemption plans exclude contraceptives (oral, injectable and devices), contraceptive counseling and voluntary sterilization (tubal ligation and vasectomy).

NY Gold Healthy NY RE

New York

Gold Plan

Summary of Features	In-Network
Deductible	
Individual	$600
Family	$1,200
Coinsurance	20%
(Member Responsibility)	varies; see below
	$0 once out-of-pocket max. is satisfied
Out-of-Pocket Maximum	
Individual	$4,000
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	All cost sharing accumulates to the Out of Pocket Maximum above
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	$25 per visit after deductible
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Rehabilitative Speech Therapy	$30 per visit after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	$30 per visit after deductible
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Laboratory Outpatient and Professional Services	$40 per visit after deductible
X-rays and Diagnostic Imaging	$40 per visit after deductible
Skilled Nursing Facility	$1,000/Admit after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	$100 per visit after deductible
Outpatient Surgery Physician/Surgical Services	$100 per visit after deductible

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New York Small Group

NY GOLD HEALTHY NY RE

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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?	☐	Blended Network/POS Plan?	☐
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 ($)	$600.00	$0.00				
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OOP Maximum ($)	$4,000.00					
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical	☐ All	☐ All			☑ All	☑ All		
Emergency Room Services	☑	☐		$150.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☐		$1,000.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☐		$25.00	☑	☑		
Specialist Visit	☑	☐		$40.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☐		$25.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☐		$40.00	☑	☑		
Rehabilitative Speech Therapy	☑	☐		$30.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☐		$30.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☐		$40.00	☑	☑		
X-rays and Diagnostic Imaging	☑	☐		$40.00	☑	☑		
Skilled Nursing Facility	☑	☐		$1,000.00	☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	94%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	100%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☐	☐		$35.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$70.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$70.00	☑	☑		

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

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	79.4%
Metal Tier:	Gold
Option 3 DedCopay adj	0.2%
Final AV	79.6%

This product, NY Gold Healthy NY RE satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.6%.

Plan Relativity Factors

Table 1 - HMO

New Plan Name	Plan Relativity Factor	Rx Generic	Rx Brand Formulary	Rx Brand Non-Formulary	INN Coins	INN Deductible	INN OOP Max	Primary Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay
NY Gold Healthy NY 600	1.000000	$10	$35	$70	20%	$600	$4,000	$25	$40	$100	$1000 / admit	$150
NY Gold Healthy NY 600 RE	0.985222	$10	$35	$70	20%	$600	$4,000	$25	$40	$100	$1000 / admit	$150
NY Gold Healthy NY 600 DEP 30	1.030000	$10	$35	$70	20%	$600	$4,000	$25	$40	$100	$1000 / admit	$150
NY Gold Healthy NY 600 RE DEP 30	1.014779	$10	$35	$70	20%	$600	$4,000	$25	$40	$100	$1000 / admit	$150

Aetna Health Inc.
New York Small Group

Premium Rates

Monthly rates for effective dates January 1, 2015 through December 31, 2015 are shown in pages D-2 through D-6.

Rate Summary

Rate Tables - Medical Plans
NYRA03

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate
				1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$403.43	$685.83	$806.86	$1,149.77	$415.53	$706.40	$831.07	$1,184.26
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$397.47	$675.69	$794.93	$1,132.78	$409.39	$695.96	$818.78	$1,166.76
				2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$414.09	$703.95	$828.18	$1,180.15	$426.51	$725.07	$853.03	$1,215.55
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$407.97	$693.55	$815.94	$1,162.71	$420.21	$714.36	$840.42	$1,197.59
				3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$425.06	$722.60	$850.11	$1,211.41	$437.81	$744.28	$875.61	$1,247.75
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$418.77	$711.92	$837.55	$1,193.51	$431.33	$733.28	$862.68	$1,229.32
				4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$436.33	$741.77	$872.67	$1,243.55	$449.42	$764.02	$898.85	$1,280.86
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$429.89	$730.81	$859.77	$1,225.18	$442.79	$752.73	$885.56	$1,261.94

Rate Summary

Rate Tables - Medical Plans
NYRA04

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate
				1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$453.29	$770.59	$906.58	$1,291.88	$466.89	$793.71	$933.78	$1,330.64
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$446.59	$759.21	$893.18	$1,272.79	$459.99	$781.99	$919.98	$1,310.97
				2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$465.27	$790.95	$930.53	$1,326.01	$479.23	$814.68	$958.45	$1,365.79
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$458.39	$779.27	$916.78	$1,306.42	$472.14	$802.65	$944.28	$1,345.61
				3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$477.59	$811.91	$955.18	$1,361.14	$491.92	$836.27	$983.84	$1,401.97
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$470.53	$799.91	$941.07	$1,341.02	$484.65	$823.91	$969.30	$1,381.25
				4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$490.26	$833.45	$980.53	$1,397.25	$504.97	$858.45	$1,009.95	$1,439.17
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$483.02	$821.13	$966.04	$1,376.60	$497.51	$845.76	$995.02	$1,417.90

Rate Summary

Rate Tables - Medical Plans
NYRA06

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate
				1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$358.10	$608.77	$716.20	$1,020.58	$368.84	$627.03	$737.69	$1,051.20
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$352.81	$599.77	$705.61	$1,005.50	$363.39	$617.76	$726.78	$1,035.67
				2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$367.56	$624.85	$735.12	$1,047.55	$378.59	$643.60	$757.17	$1,078.98
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$362.13	$615.62	$724.26	$1,032.07	$372.99	$634.09	$745.99	$1,063.03
				3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$377.30	$641.41	$754.59	$1,075.30	$388.62	$660.65	$777.23	$1,107.56
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$371.72	$631.93	$743.44	$1,059.41	$382.87	$650.89	$765.74	$1,091.19
				4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$387.31	$658.42	$774.62	$1,103.83	$398.93	$678.17	$797.86	$1,136.94
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$381.58	$648.69	$763.17	$1,087.52	$393.03	$668.15	$786.07	$1,120.15

Rate Summary

Rate Tables - Medical Plans
NYRA07

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate
				1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$371.70	$631.89	$743.40	$1,059.34	$382.85	$650.85	$765.70	$1,091.12
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$366.20	$622.55	$732.41	$1,043.68	$377.19	$641.23	$754.38	$1,074.99
				2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$381.52	$648.58	$763.04	$1,087.33	$392.97	$668.04	$785.93	$1,119.95
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$375.88	$639.00	$751.76	$1,071.26	$387.16	$658.17	$774.31	$1,103.40
				3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$391.62	$665.76	$783.25	$1,116.13	$403.37	$685.73	$806.75	$1,149.61
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$385.84	$655.92	$771.67	$1,099.64	$397.42	$675.60	$794.82	$1,132.63
				4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$402.02	$683.43	$804.03	$1,145.75	$414.08	$703.93	$828.15	$1,180.12
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$396.08	$673.33	$792.15	$1,128.82	$407.96	$693.53	$815.91	$1,162.68

Rate Summary

Rate Tables - Medical Plans
NYRA08

				With dependent up to age 26				With dependent up to age 30 rider			
New Plan Number	Plan Name	Metal Level	Plan	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate	Single Premium Rate	Parent & Child(ren) Premium Rate	Couple Premium Rate	Family Premium Rate
				1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$453.29	$770.59	$906.58	$1,291.88	$466.89	$793.71	$933.78	$1,330.64
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$446.59	$759.21	$893.18	$1,272.79	$459.99	$781.99	$919.98	$1,310.97
				2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$465.27	$790.95	$930.53	$1,326.01	$479.23	$814.68	$958.45	$1,365.79
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$458.39	$779.27	$916.78	$1,306.42	$472.14	$802.65	$944.28	$1,345.61
				3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$477.59	$811.91	$955.18	$1,361.14	$491.92	$836.27	$983.84	$1,401.97
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$470.53	$799.91	$941.07	$1,341.02	$484.65	$823.91	$969.30	$1,381.25
				4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015
14025419	NY Gold Healthy NY 600	Gold	HMO	$490.26	$833.45	$980.53	$1,397.25	$504.97	$858.45	$1,009.95	$1,439.17
14025537	NY Gold Healthy NY 600 RE	Gold	HMO	$483.02	$821.13	$966.04	$1,376.60	$497.51	$845.76	$995.02	$1,417.90

List of Small Group Off-Exchange Forms

HNY (HMO) Certificate and Schedules
OffHIXHNYGR-96816-1-SB
OffHIXHNYGR-96816-1
OffHIXHNYGR-96816-Contraceptive Rider-1
OffHIXHNYGR-96816-Deps Age 29 Rider-1

Exhibit B
Outline of General Underwriting and Marketing Methods

Aetna Health Inc. (New York), headquartered in Uniondale, New York, is licensed as a Health Maintenance Organization (HMO) pursuant to Article 44 of the New York State Public Health Law.

Aetna Health Inc. is an Individual Practice (IPA) model HMO that contracts with independent primary care physicians and specialists as well as with hospitals and ancillary providers.

Aetna Health Inc. offers traditional community rated contracts to employer groups, with no preexisting condition limitations or benefit waiting periods. Aetna Health Inc. makes available to these groups only those products and rates filed and approved, and compliant with all insurance laws, regulations and practices in the state of New York.

Aetna Health Inc. only has an HMO license in certain counties. This means that the Healthy New York product in this filing pertains to the following counties only:

Dutchess, Orange, Putnam, Sullivan, Ulster, Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester, Nassau, Suffolk, Broome, Cayuga, Onondaga, Tioga, and Oswego.

Exhibit C
Commissions Schedule and Incentive Fees

Commissions are currently set at 1% of premium.