Aetna Life Insurance Company

New York Individual

Rate Manual

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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	$632.97

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	$651.96

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

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

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.

Aetna Life Insurance Company

8. Example of Rate Calculations

Region 3 with Aetna Silver $20 Copay EPO NY SignatureSM PD (Base Silver) Plan	(1) Base Rate	(2) Age 30 Rider	(3) Plan Pricing Values	(4) Rating Region	(5) Census Tiers	(6) Child Only Plans	(7) Subscriber Rate
Single	$632.97		1	0.89	1		$ 563.34
Single + Spouse	$632.97		1	0.89	2		$ 1,126.69
Single + Child(ren)	$632.97		1	0.89	1.7		$ 957.68
Single + Spouse + Child(ren)	$632.97		1	0.89	2.85		$ 1,605.53
Single + Child(ren) with Dependent Up to Age 30 Rider	$632.97	1.03	1	0.89	1.7		$ 986.41
Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider	$632.97	1.03	1	0.89	2.85		$ 1,653.69
One Child	$632.97		1	0.89		0.412	$ 232.10
Two Children	$632.97		1	0.89		0.824	$ 464.19
Three or More Children	$632.97		1	0.89		1.236	$ 696.29

Region 8 with Aetna Silver $20 Copay EPO NY SignatureSM PD (Base Silver) Plan	(1) Base Rate	(2) Age 30 Rider	(3) Plan Pricing Values	(4) Rating Region	(5) Census Tiers	(6) Child Only Plans	(7) Subscriber Rate
Single	$632.97		1	1	1		$ 632.97
Single + Spouse	$632.97		1	1	2		$ 1,265.94
Single + Child(ren)	$632.97		1	1	1.7		$ 1,076.05
Single + Spouse + Child(ren)	$632.97		1	1	2.85		$ 1,803.96
Single + Child(ren) with Dependent Up to Age 30 Rider	$632.97	1.03	1	1	1.7		$ 1,108.33
Single + Spouse + Child(ren) with Dependent Up to Age 30 Rider	$632.97	1.03	1	1	2.85		$ 1,858.08
One Child	$632.97		1	1		0.412	$ 260.78
Two Children	$632.97		1	1		0.824	$ 521.57
Three or More Children	$632.97		1	1		1.236	$ 782.35

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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.

AETNA PLATINUM $5 COPAY OAMC PD

Summary of Benefits Covered

AETNA PLATINUM $5 COPAY OAMC PD

New York

Platinum Plan

Summary of Features	In-Network	Out-of-Network
Deductible Individual Family	 $0 $0	 $1,000 $2,000
Coinsurance *(Member Responsibility)*	10%	20%
	$0 once out-of-pocket max. is satisfied	
Out-of-Pocket Maximum Individual Familiy	 $2,000 $4,000	 $3,000 $5,000
	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)	$15 per visit	20% after deductible
Specialist Visit	$35 per visit	20% after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	$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 Family	 Integrated with medical N/A	 Integrated with medical 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

AETNA PLATINUM $5 COPAY OAMC PD

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	Platinum

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 ($)	$0.00	$0.00				
Coinsurance (%, Insurer's Cost Share)	87.51%	82.04%				
OOP Maximum ($)	$2,000.00					
OOP Maximum if Separate ($)						

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	☐	☐		$100.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☐	☐		$500.00	☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$15.00	☑	☑		
Specialist Visit	☐	☐		$35.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$15.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☐	☐		$35.00	☑	☑		
Rehabilitative Speech Therapy	☐	☐		$25.00	☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☐	☐		$25.00	☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☐	☐		$35.00	☑	☑		
X-rays and Diagnostic Imaging	☐	☐		$35.00	☑	☑		
Skilled Nursing Facility	☐	☐		$500.00	☑	☑		
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	☐	☐		$30.00	☑	☑		
Non-Preferred Brand Drugs	☐	☐		$60.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☐	☐		$60.00	☑	☑		

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:	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%

AETNA PLATINUM $5 COPAY EPO PD

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	10%
(Member Responsibility)	varies; see below
	$0 once out-of-pocket max. is satisfied
Out-of-Pocket Maximum	
Individual	$2,000
Familiy	$4,000
	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)	$5 per visit
Specialist Visit	$35 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	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

AETNA PLATINUM $5 COPAY EPO PD

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	Platinum

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 ($)	$500.00	$500.00				
Coinsurance (%, Insurer's Cost Share)	89.36%	82.04%				
OOP Maximum ($)	$2,000.00					
OOP Maximum if Separate ($)						

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	☑	☐		$250.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	90%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$5.00	☑	☑		
Specialist Visit	☐	☐		$35.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$5.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑	90%		☑	☑		
Rehabilitative Speech Therapy	☑	☑	90%		☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	90%		☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	90%		☑	☑		
X-rays and Diagnostic Imaging	☑	☑	90%		☑	☑		
Skilled Nursing Facility	☑	☑	90%		☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	90%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	90%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☑	☐		$30.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$60.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$60.00	☑	☑		

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:	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%

AETNA GOLD $10 COPAY EPO PD

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	20%
(Member Responsibility)	varies; see below
	$0 once out-of-pocket max. is satisfied
Out-of-Pocket Maximum	
Individual	$5,000
Familiy	$10,000
	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)	$10 per visit
Specialist Visit	$40 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	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

AETNA GOLD $10 COPAY EPO PD

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

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	☑	☐		$250.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	80%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$10.00	☑	☑		
Specialist Visit	☐	☐		$40.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$10.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑	80%		☑	☑		
Rehabilitative Speech Therapy	☑	☑	80%		☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	80%		☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	80%		☑	☑		
X-rays and Diagnostic Imaging	☑	☑	80%		☑	☑		
Skilled Nursing Facility	☑	☑	80%		☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	80%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	80%		☑	☑		
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:	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%

AETNA SILVER $20 COPAY EPO PD

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	30%
(Member Responsibility)	varies; see below
	$0 once out-of-pocket max. is satisfied
Out-of-Pocket Maximum	
Individual	$6,600
Familiy	$13,200
	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)	$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

AETNA SILVER $20 COPAY EPO PD

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	
HSA/HRA Employer Contribution?	☐
Annual Contribution Amount:	

Narrow Network Options	
Blended Network/POS Plan?	☐
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	$500.00				
Coinsurance (%, Insurer's Cost Share)	71.35%	75.97%				
OOP Maximum ($)	$6,600.00					
OOP Maximum if Separate ($)						

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	☑	☐		$250.00	☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	70%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☐	☐		$20.00	☑	☑		
Specialist Visit	☐	☐		$75.00	☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☐	☐		$20.00	☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑	70%		☑	☑		
Rehabilitative Speech Therapy	☑	☑	70%		☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	70%		☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	70%		☑	☑		
X-rays and Diagnostic Imaging	☑	☑	70%		☑	☑		
Skilled Nursing Facility	☑	☑	70%		☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	70%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	70%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☐	☐		$10.00	☑	☑		
Preferred Brand Drugs	☑	☐		$40.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$100.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$100.00	☑	☑		

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:	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	50%
(Member Responsibility)	varies; see below
	$0 once out-of-pocket max. is satisfied
Out-of-Pocket Maximum	
Individual	$6,600
Familiy	$13,200
	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)	50% after deductible
Specialist Visit	50% after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	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

AETNA BRONZE DEDUCTIBLE ONLY EPO PD

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

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	☑	☑	50%		☑	☑		
All Inpatient Hospital Services (inc. MHSA)	☑	☑	50%		☑	☑		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	☑	☑	50%		☑	☑		
Specialist Visit	☑	☑	50%		☑	☑		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	☑	☑	50%		☑	☑		
Imaging (CT/PET Scans, MRIs)	☑	☑	50%		☑	☑		
Rehabilitative Speech Therapy	☑	☑	50%		☑	☑		
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑	☑	50%		☑	☑		
Preventive Care/Screening/Immunization	☐	☐	100%	$0.00	☐	☐	100%	$0.00
Laboratory Outpatient and Professional Services	☑	☑	50%		☑	☑		
X-rays and Diagnostic Imaging	☑	☑	50%		☑	☑		
Skilled Nursing Facility	☑	☑	50%		☑	☑		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	☑	50%		☑	☑		
Outpatient Surgery Physician/Surgical Services	☑	☑	50%		☑	☑		
Drugs	☐ All	☐ All			☑ All	☑ All		
Generics	☑	☐		$10.00	☑	☑		
Preferred Brand Drugs	☑	☐		$40.00	☑	☑		
Non-Preferred Brand Drugs	☑	☐		$100.00	☑	☑		
Specialty Drugs (i.e. high-cost)	☑	☐		$100.00	☑	☑		

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:	
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

Form #	HIOS Plan ID	Plan	Exchange ON/OFF	Metallic Tier	Actuarial Value	Plan Factors
SilverOffHIXGR-96807-1-SB	17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	68.6%	1.0000
SilverOffHIXGR-96810-1-SB	17210NY0050025	Aetna Silver $20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	68.6%	1.0000
OffHIXGR-96807-1Age 29	17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	68.6%	1.0000
BronzeOffHIXGR-96807-1-SB	17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	58.4%	0.8508
BronzeOffHIXGR-96810-1-SB	17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	58.4%	0.8508
OffHIXGR-96807-1Age 29	17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	58.4%	0.8508
PlatinumOffHIXGR-96807-1-SB	17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	88.2%	1.3302
PlatinumOffHIXGR-96810-1-SB	17210NY0050022	Aetna Platinum $5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	88.2%	1.3302
OffHIXGR-96807-1Age 29	17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	88.2%	1.3302
GoldOffHIXGR-96807-1-SB	17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	78.3%	1.1417
GoldOffHIXGR-96810-1-SB	17210NY0050019	Aetna Gold $10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	78.3%	1.1417
OffHIXGR-96807-1Age 29	17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	78.3%	1.1417
PlatimumOffHIXGR-96804-1-SB	17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	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 PD	OFF	Silver	Region 1	Single	$519.04
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 1	Single + Child(ren)	$882.36
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 1	Single + Spouse	$1,038.07
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 1	Single + Spouse + Child(ren)	$1,479.25
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 2	Single	$569.67
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 2	Single + Child(ren)	$968.44
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 2	Single + Spouse	$1,139.35
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 2	Single + Spouse + Child(ren)	$1,623.57
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 3	Single	$563.34
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 3	Single + Child(ren)	$957.68
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 3	Single + Spouse	$1,126.69
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 3	Single + Spouse + Child(ren)	$1,605.53
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 4	Single	$632.97
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 4	Single + Child(ren)	$1,076.05
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 4	Single + Spouse	$1,265.94
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 4	Single + Spouse + Child(ren)	$1,803.96
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 5	Single	$443.08
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 5	Single + Child(ren)	$753.23
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 5	Single + Spouse	$886.16
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 5	Single + Spouse + Child(ren)	$1,262.78
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 6	Single	$500.05
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 6	Single + Child(ren)	$850.08
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 6	Single + Spouse	$1,000.09
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 6	Single + Spouse + Child(ren)	$1,425.13
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 7	Single	$519.04
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 7	Single + Child(ren)	$882.36
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 7	Single + Spouse	$1,038.07
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 7	Single + Spouse + Child(ren)	$1,479.25
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 8	Single	$632.97
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 8	Single + Child(ren)	$1,076.05
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 8	Single + Spouse	$1,265.94
17210NY0050024	Aetna Silver $20 Copay EPO NY SignatureSM PD	OFF	Silver	Region 8	Single + Spouse + Child(ren)	$1,803.96
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 1	Single	$441.59
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 1	Single + Child(ren)	$750.71
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 1	Single + Spouse	$883.19

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 SignatureSM PD	OFF	Bronze	Region 1	Single + Spouse + Child(ren)	$1,258.54
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 2	Single	$484.68
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 2	Single + Child(ren)	$823.95
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 2	Single + Spouse	$969.35
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 2	Single + Spouse + Child(ren)	$1,381.33
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 3	Single	$479.29
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 3	Single + Child(ren)	$814.80
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 3	Single + Spouse	$958.58
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 3	Single + Spouse + Child(ren)	$1,365.98
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 4	Single	$538.53
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 4	Single + Child(ren)	$915.50
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 4	Single + Spouse	$1,077.06
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 4	Single + Spouse + Child(ren)	$1,534.81
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 5	Single	$376.97
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 5	Single + Child(ren)	$640.85
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 5	Single + Spouse	$753.94
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 5	Single + Spouse + Child(ren)	$1,074.37
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 6	Single	$425.44
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 6	Single + Child(ren)	$723.25
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 6	Single + Spouse	$850.88
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 6	Single + Spouse + Child(ren)	$1,212.50
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 7	Single	$441.59
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 7	Single + Child(ren)	$750.71
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 7	Single + Spouse	$883.19
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 7	Single + Spouse + Child(ren)	$1,258.54
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 8	Single	$538.53
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 8	Single + Child(ren)	$915.50
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 8	Single + Spouse	$1,077.06
17210NY0050015	Aetna Bronze Deductible Only EPO NY SignatureSM PD	OFF	Bronze	Region 8	Single + Spouse + Child(ren)	$1,534.81
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 1	Single	$690.40
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 1	Single + Child(ren)	$1,173.68
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 1	Single + Spouse	$1,380.80
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 1	Single + Spouse + Child(ren)	$1,967.64
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 2	Single	$757.76
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 2	Single + Child(ren)	$1,288.18

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 SignatureSM PD	OFF	Platinum	Region 2	Single + Spouse	$1,515.51
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 2	Single + Spouse + Child(ren)	$2,159.60
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 3	Single	$749.34
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 3	Single + Child(ren)	$1,273.87
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 3	Single + Spouse	$1,498.67
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 3	Single + Spouse + Child(ren)	$2,135.61
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 4	Single	$841.95
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 4	Single + Child(ren)	$1,431.32
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 4	Single + Spouse	$1,683.90
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 4	Single + Spouse + Child(ren)	$2,399.56
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 5	Single	$589.37
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 5	Single + Child(ren)	$1,001.92
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 5	Single + Spouse	$1,178.73
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 5	Single + Spouse + Child(ren)	$1,679.69
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 6	Single	$665.14
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 6	Single + Child(ren)	$1,130.74
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 6	Single + Spouse	$1,330.28
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 6	Single + Spouse + Child(ren)	$1,895.65
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 7	Single	$690.40
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 7	Single + Child(ren)	$1,173.68
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 7	Single + Spouse	$1,380.80
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 7	Single + Spouse + Child(ren)	$1,967.64
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 8	Single	$841.95
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 8	Single + Child(ren)	$1,431.32
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 8	Single + Spouse	$1,683.90
17210NY0050021	Aetna Platinum $5 Copay EPO NY SignatureSM PD	OFF	Platinum	Region 8	Single + Spouse + Child(ren)	$2,399.56
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 1	Single	$592.57
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 1	Single + Child(ren)	$1,007.37
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 1	Single + Spouse	$1,185.15
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 1	Single + Spouse + Child(ren)	$1,688.83
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 2	Single	$650.39
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 2	Single + Child(ren)	$1,105.65
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 2	Single + Spouse	$1,300.77
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 2	Single + Spouse + Child(ren)	$1,853.60
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 3	Single	$643.16

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 PD	OFF	Gold	Region 3	Single + Child(ren)	$1,093.37
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 3	Single + Spouse	$1,286.32
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 3	Single + Spouse + Child(ren)	$1,833.00
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 4	Single	$722.65
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 4	Single + Child(ren)	$1,228.51
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 4	Single + Spouse	$1,445.30
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 4	Single + Spouse + Child(ren)	$2,059.55
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 5	Single	$505.86
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 5	Single + Child(ren)	$859.95
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 5	Single + Spouse	$1,011.71
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 5	Single + Spouse + Child(ren)	$1,441.69
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 6	Single	$570.89
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 6	Single + Child(ren)	$970.52
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 6	Single + Spouse	$1,141.79
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 6	Single + Spouse + Child(ren)	$1,627.05
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 7	Single	$592.57
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 7	Single + Child(ren)	$1,007.37
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 7	Single + Spouse	$1,185.15
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 7	Single + Spouse + Child(ren)	$1,688.83
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 8	Single	$722.65
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 8	Single + Child(ren)	$1,228.51
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 8	Single + Spouse	$1,445.30
17210NY0050018	Aetna Gold $10 Copay EPO NY SignatureSM PD	OFF	Gold	Region 8	Single + Spouse + Child(ren)	$2,059.55
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single	$711.11
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single + Child(ren)	$1,208.89
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single + Spouse	$1,422.22
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 1	Single + Spouse + Child(ren)	$2,026.67
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single	$780.49
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single + Child(ren)	$1,326.83
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single + Spouse	$1,560.98
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 2	Single + Spouse + Child(ren)	$2,224.39
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single	$771.82
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single + Child(ren)	$1,312.09
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single + Spouse	$1,543.63
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 3	Single + Spouse + Child(ren)	$2,199.68

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	$867.21
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single + Child(ren)	$1,474.26
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single + Spouse	$1,734.42
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 4	Single + Spouse + Child(ren)	$2,471.55
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single	$607.05
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single + Child(ren)	$1,031.98
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single + Spouse	$1,214.09
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 5	Single + Spouse + Child(ren)	$1,730.08
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single	$685.10
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single + Child(ren)	$1,164.66
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single + Spouse	$1,370.19
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 6	Single + Spouse + Child(ren)	$1,952.52
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single	$711.11
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single + Child(ren)	$1,208.89
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single + Spouse	$1,422.22
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 7	Single + Spouse + Child(ren)	$2,026.67
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single	$867.21
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single + Child(ren)	$1,474.26
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single + Spouse	$1,734.42
17210NY0060001	NY Aetna Pinnacle PD: OAMC	OFF	Platinum	Region 8	Single + Spouse + Child(ren)	$2,471.55

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	$213.84	$427.69	$641.53
17210NY0050025	Aetna Silver $20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 2	$234.71	$469.41	$704.12
17210NY0050025	Aetna Silver $20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 3	$232.10	$464.19	$696.29
17210NY0050025	Aetna Silver $20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 4	$260.78	$521.57	$782.35
17210NY0050025	Aetna Silver $20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 5	$182.55	$365.10	$547.65
17210NY0050025	Aetna Silver $20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 6	$206.02	$412.04	$618.06
17210NY0050025	Aetna Silver $20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 7	$213.84	$427.69	$641.53
17210NY0050025	Aetna Silver $20 Copay EPO NY SignatureSM PD C/O	OFF	Silver	Region 8	$260.78	$521.57	$782.35
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 1	$181.94	$363.87	$545.81
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 2	$199.69	$399.37	$599.06
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 3	$197.47	$394.94	$592.40
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 4	$221.87	$443.75	$665.62
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 5	$155.31	$310.62	$465.94
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 6	$175.28	$350.56	$525.84
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 7	$181.94	$363.87	$545.81
17210NY0050016	Aetna Bronze Deductible Only EPO NY SignatureSM PD C/O	OFF	Bronze	Region 8	$221.87	$443.75	$665.62
17210NY0050022	Aetna Platinum $5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 1	$284.44	$568.89	$853.33
17210NY0050022	Aetna Platinum $5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 2	$312.20	$624.39	$936.59
17210NY0050022	Aetna Platinum $5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 3	$308.73	$617.45	$926.18
17210NY0050022	Aetna Platinum $5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 4	$346.88	$693.77	$1,040.65
17210NY0050022	Aetna Platinum $5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 5	$242.82	$485.64	$728.46
17210NY0050022	Aetna Platinum $5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 6	$274.04	$548.08	$822.11
17210NY0050022	Aetna Platinum $5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 7	$284.44	$568.89	$853.33
17210NY0050022	Aetna Platinum $5 Copay EPO NY SignatureSM PD C/O	OFF	Platinum	Region 8	$346.88	$693.77	$1,040.65
17210NY0050019	Aetna Gold $10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 1	$244.14	$488.28	$732.42
17210NY0050019	Aetna Gold $10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 2	$267.96	$535.92	$803.88
17210NY0050019	Aetna Gold $10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 3	$264.98	$529.96	$794.94
17210NY0050019	Aetna Gold $10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 4	$297.73	$595.46	$893.20
17210NY0050019	Aetna Gold $10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 5	$208.41	$416.82	$625.24
17210NY0050019	Aetna Gold $10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 6	$235.21	$470.42	$705.62
17210NY0050019	Aetna Gold $10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 7	$244.14	$488.28	$732.42
17210NY0050019	Aetna Gold $10 Copay EPO NY SignatureSM PD C/O	OFF	Gold	Region 8	$297.73	$595.46	$893.20

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	$534.61
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 1	Single + Child(ren)	$908.83
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 1	Single + Spouse	$1,069.21
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 1	Single + Spouse + Child(ren)	$1,523.63
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 2	Single	$586.76
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 2	Single + Child(ren)	$997.50
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 2	Single + Spouse	$1,173.53
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 2	Single + Spouse + Child(ren)	$1,672.28
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 3	Single	$580.24
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 3	Single + Child(ren)	$986.41
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 3	Single + Spouse	$1,160.49
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 3	Single + Spouse + Child(ren)	$1,653.69
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 4	Single	$651.96
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 4	Single + Child(ren)	$1,108.33
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 4	Single + Spouse	$1,303.92
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 4	Single + Spouse + Child(ren)	$1,858.08
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 5	Single	$456.37
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 5	Single + Child(ren)	$775.83
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 5	Single + Spouse	$912.74
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 5	Single + Spouse + Child(ren)	$1,300.66
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 6	Single	$515.05
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 6	Single + Child(ren)	$875.58
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 6	Single + Spouse	$1,030.10
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 6	Single + Spouse + Child(ren)	$1,467.89
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 7	Single	$534.61
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 7	Single + Child(ren)	$908.83
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 7	Single + Spouse	$1,069.21
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 7	Single + Spouse + Child(ren)	$1,523.63
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 8	Single	$651.96
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 8	Single + Child(ren)	$1,108.33
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 8	Single + Spouse	$1,303.92
17210NY0050026	Aetna Silver $20 Copay EPO NY SignatureSM PD DEP 30	OFF	Silver	Region 8	Single + Spouse + Child(ren)	$1,858.08

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	$454.84
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 1	Single + Child(ren)	$773.23
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 1	Single + Spouse	$909.68
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 1	Single + Spouse + Child(ren)	$1,296.30
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 2	Single	$499.22
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 2	Single + Child(ren)	$848.67
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 2	Single + Spouse	$998.43
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 2	Single + Spouse + Child(ren)	$1,422.77
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 3	Single	$493.67
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 3	Single + Child(ren)	$839.24
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 3	Single + Spouse	$987.34
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 3	Single + Spouse + Child(ren)	$1,406.96
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 4	Single	$554.69
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 4	Single + Child(ren)	$942.97
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 4	Single + Spouse	$1,109.37
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 4	Single + Spouse + Child(ren)	$1,580.85
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 5	Single	$388.28
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 5	Single + Child(ren)	$660.08
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 5	Single + Spouse	$776.56
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 5	Single + Spouse + Child(ren)	$1,106.60
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 6	Single	$438.20
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 6	Single + Child(ren)	$744.94
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 6	Single + Spouse	$876.40
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 6	Single + Spouse + Child(ren)	$1,248.88
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 7	Single	$454.84
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 7	Single + Child(ren)	$773.23
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 7	Single + Spouse	$909.68
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 7	Single + Spouse + Child(ren)	$1,296.30
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 8	Single	$554.69
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 8	Single + Child(ren)	$942.97
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 8	Single + Spouse	$1,109.37
17210NY0050017	Aetna Bronze Deductible Only EPO NY SignatureSM PD DEP 30	OFF	Bronze	Region 8	Single + Spouse + Child(ren)	$1,580.85

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 1	Single	$711.11
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 1	Single + Child(ren)	$1,208.89
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 1	Single + Spouse	$1,422.22
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 1	Single + Spouse + Child(ren)	$2,026.67
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 2	Single	$780.49
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 2	Single + Child(ren)	$1,326.83
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 2	Single + Spouse	$1,560.98
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 2	Single + Spouse + Child(ren)	$2,224.39
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 3	Single	$771.82
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 3	Single + Child(ren)	$1,312.09
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 3	Single + Spouse	$1,543.63
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 3	Single + Spouse + Child(ren)	$2,199.67
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 4	Single	$867.21
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 4	Single + Child(ren)	$1,474.25
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 4	Single + Spouse	$1,734.42
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 4	Single + Spouse + Child(ren)	$2,471.54
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 5	Single	$607.05
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 5	Single + Child(ren)	$1,031.98
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 5	Single + Spouse	$1,214.09
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 5	Single + Spouse + Child(ren)	$1,730.08
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 6	Single	$685.09
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 6	Single + Child(ren)	$1,164.66
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 6	Single + Spouse	$1,370.19
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 6	Single + Spouse + Child(ren)	$1,952.52
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 7	Single	$711.11
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 7	Single + Child(ren)	$1,208.89
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 7	Single + Spouse	$1,422.22
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 7	Single + Spouse + Child(ren)	$2,026.67
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 8	Single	$867.21
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 8	Single + Child(ren)	$1,474.25
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 8	Single + Spouse	$1,734.42
17210NY0050023	Aetna Platinum $5 Copay EPO NY SignatureSM PD DEP 30	OFF	Platinum	Region 8	Single + Spouse + Child(ren)	$2,471.54

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 1	Single	$610.35
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 1	Single + Child(ren)	$1,037.60
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 1	Single + Spouse	$1,220.70
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 1	Single + Spouse + Child(ren)	$1,739.50
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 2	Single	$669.90
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 2	Single + Child(ren)	$1,138.82
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 2	Single + Spouse	$1,339.79
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 2	Single + Spouse + Child(ren)	$1,909.21
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 3	Single	$662.45
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 3	Single + Child(ren)	$1,126.17
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 3	Single + Spouse	$1,324.91
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 3	Single + Spouse + Child(ren)	$1,887.99
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 4	Single	$744.33
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 4	Single + Child(ren)	$1,265.36
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 4	Single + Spouse	$1,488.66
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 4	Single + Spouse + Child(ren)	$2,121.34
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 5	Single	$521.03
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 5	Single + Child(ren)	$885.75
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 5	Single + Spouse	$1,042.06
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 5	Single + Spouse + Child(ren)	$1,484.94
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 6	Single	$588.02
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 6	Single + Child(ren)	$999.63
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 6	Single + Spouse	$1,176.04
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 6	Single + Spouse + Child(ren)	$1,675.86
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 7	Single	$610.35
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 7	Single + Child(ren)	$1,037.60
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 7	Single + Spouse	$1,220.70
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 7	Single + Spouse + Child(ren)	$1,739.50
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 8	Single	$744.33
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 8	Single + Child(ren)	$1,265.36
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 8	Single + Spouse	$1,488.66
17210NY0050020	Aetna Gold $10 Copay EPO NY SignatureSM PD DEP 30	OFF	Gold	Region 8	Single + Spouse + Child(ren)	$2,121.34

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
PlatimumOffHIXGR-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

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.