

**Aetna Life Insurance Company
New York Small Group**

Premium Rate Manual

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**Aetna Life Insurance Company
New York Small Group**

Premium Rate Manual

General

This rate manual contains worksheets and instructions for calculating the community rates for the New York Small Group Plans available from Aetna Life Insurance Company. It is in accordance with Insurance Law Section 3231 (d) 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 Life Insurance Company
New York Small Group**

Premium Rate Manual

The following Steps are used to calculate premium rates.

1. 2014 Base Rate

Silver Index Premium Rate
\$525.33

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 – C3 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.

NYC Community Plan is specifically designed and available for residents who live or work and access health care in the five boroughs of New York City — Manhattan, Bronx, Staten Island, Queens and Brooklyn and therefore is only offered in Region 4.

Rating Region	Counties	Area Factor
Region 1	Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	0.82
Region 2	Allegany, Cattaraugus, Chautauqua, 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

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

Effective Date	Effective Date factor
1Q15	1.0000
2Q15	1.0257
3Q15	1.0522
4Q15	1.0793

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	1.00	1.00	1.00	1.00
30	30	1.03	1.03	1.03	1.03

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.

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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.

Other coverage adjustment factor - NYC Community Plan adjustment factor(applied to medical rates table)[Factor = .90], which is already build into the NYCCP plan factors in rate manual section C.

8. Example of Rate Calculations

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

Region 1 with OA EPO Gold 1000 90 - January 2015

Rating Area:	NYRA01							
Plan Name:	OA EPO Gold 1000 90							
Effective Date:	1Q 2015							
Dep Age	Age 26	Age 26	Age 26	Age 26	Age 30	Age 30	Age 30	Age 30
	Single	Couple	Parent	Family	Single	Couple	Parent	Family
Base Rate	\$525.33	\$525.33	\$525.33	\$525.33	\$525.33	\$525.33	\$525.33	\$525.33
Plan Factor	1.208	1.208	1.208	1.208	1.208	1.208	1.208	1.208
Area Factor	0.820	0.820	0.820	0.820	0.820	0.820	0.820	0.820
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	\$520.34	\$1,040.68	\$884.58	\$1,482.97	\$535.95	\$1,071.90	\$911.12	\$1,527.46

Region 4 with OA EPO Gold 1000 90 - April 2015

Rating Area:	NYRA04							
Plan Name:	OA EPO Gold 1000 90							
Effective Date:	2Q 2015							
Dep Age	Age 26	Age 26	Age 26	Age 26	Age 30	Age 30	Age 30	Age 30
	Single	Couple	Parent	Family	Single	Couple	Parent	Family
Base Rate	\$525.33	\$525.33	\$525.33	\$525.33	\$525.33	\$525.33	\$525.33	\$525.33
Plan Factor	1.208	1.208	1.208	1.208	1.208	1.208	1.208	1.208
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	\$650.88	\$1,301.76	\$1,106.49	\$1,855.00	\$670.41	\$1,340.81	\$1,139.69	\$1,910.65

Aetna Life Insurance Company
New York Small Group
SERFF ID: AETN-129585656
Exhibit B

New York Small Group PPO Portfolio | Summary of Benefits

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**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3000 100% HSA PY

Summary of Benefits Covered

NY BRONZE OAEPO 3000 100% HSA PY

New York

Bronze Plan

Summary of Features		In-Network
Deductible		
Individual		\$3,000
Family		\$6,000
Coinsurance		0%
(Member Responsibility)		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$6,450
Family		\$12,900
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness		\$50 per visit after deductible
(excludes Preventative and X-rays)		
Specialist Visit		\$75 per visit after deductible
All Inpatient Hospital Services		
(includes Mental/Behavioral Health and Substance Abuse)		\$1,000/Admit after deductible
Emergency Room Services		\$200 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$75 per visit after deductible
Imaging (CT/PET Scans, MRIs)		\$75 per visit after deductible
Rehabilitative Speech Therapy		\$75 per visit after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$75 per visit after deductible
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		\$75 per visit after deductible
X-rays and Diagnostic Imaging		\$75 per visit after deductible
Skilled Nursing Facility		\$1,000/Admit after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		\$500 per visit after deductible
Outpatient Surgery Physician/Surgical Services		0% after deductible

Pharmacy		In-Network
Pharmacy Deductible		
Individual		Integrated with Medical
Family		Integrated with Medical
Generics		\$10
Preferred Brand Drugs		\$55
Non-Preferred Brand Drugs		50% up to \$750
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3000 100% HSA PY

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,000.00			
Coinsurance (% , Insurer's Cost Share)			74.56%			
OOP Maximum (\$)			\$6,450.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.3%
 Metal Tier: Bronze
 Option 3 DedCopay adj: 0.2%
 Final AV: 61.5%

This product, NY Bronze OAEPO 3000 100% HSA PY, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.5%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3500 50%

Summary of Benefits Covered

NY BRONZE OAEPO 3500 50%

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$3,500
Family	\$7,000
Coinsurance <i>(Member Responsibility)</i>	50%
	varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,600
Family	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	50% after deductible
Specialist Visit	50% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	50% after deductible
Emergency Room Services	50% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	50% after deductible
Imaging (CT/PET Scans, MRIs)	50% after deductible
Rehabilitative Speech Therapy	50% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	50% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	50% after deductible
X-rays and Diagnostic Imaging	50% after deductible
Skilled Nursing Facility	50% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50% after deductible
Outpatient Surgery Physician/Surgical Services	50% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	Integrated with Medical
Family	Integrated with Medical
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3500 50%

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			
Coinsurance (% , Insurer's Cost Share)			53.33%			
OOP Maximum (\$)			\$6,600.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 59.7%
 Metal Tier: Bronze

This product, NY Bronze OAEPO 3500 50%, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 59.7%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3500 60% HSA PY

Summary of Benefits Covered

NY BRONZE OAEPO 3500 60% HSA PY

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$3,500
Family	\$7,000
Coinsurance <i>(Member Responsibility)</i>	40%
	varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	40% after deductible
Specialist Visit	40% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	40% after deductible
Emergency Room Services	40% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	40% after deductible
Imaging (CT/PET Scans, MRIs)	40% after deductible
Rehabilitative Speech Therapy	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	40% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	40% after deductible
X-rays and Diagnostic Imaging	40% after deductible
Skilled Nursing Facility	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% after deductible
Outpatient Surgery Physician/Surgical Services	40% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	Integrated with Medical
Family	Integrated with Medical
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3500 60% HSA PY

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,500.00
		61.26%
		\$6,250.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Deductible (\$) _____
 Coinsurance (% , Insurer's Cost Share) _____
 OOP Maximum (\$) _____
 OOP Maximum if Separate (\$) _____

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

60.9%

Metal Tier:

Bronze

This product, NY Bronze OAEPO 3500 60% HSA PY, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.9%

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 4000 80%

Summary of Benefits Covered

NY BRONZE OAEPO 4000 80%

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$4,000
Family	\$8,000
Coinsurance (Member Responsibility)	20% varies; see below <i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,600
Family	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$25 per visit after deductible
Specialist Visit	20% after deductible
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Abuse)	20% after deductible
Emergency Room Services	20% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	20% after deductible
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	Integrated with Medical
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 4000 80%

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,000.00			
Coinsurance (% , Insurer's Cost Share)			77.17%			
OOP Maximum (\$)			\$6,600.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

60.3%

Metal Tier:

Bronze

This product, NY Bronze OAEPO 4000 80%, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.3%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 5000 100% HSA PY

Summary of Benefits Covered

NY BRONZE OAEPO 5000 100% HSA PY

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$5,000
Family	\$10,000
Coinsurance <i>(Member Responsibility)</i>	0% varies; see below <i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	0% after deductible
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(Includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	0% after deductible
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	Integrated with Medical
Family	Integrated with Medical
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY Bronze OAEPO 5000 100% HSA PY

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,000.00
		92.97%
		\$6,250.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Deductible (\$) _____
 Coinsurance (%; Insurer's Cost Share) _____
 OOP Maximum (\$) _____
 OOP Maximum if Separate (\$) _____

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 60.1%
 Metal Tier: Bronze

This product, NY Bronze OAEPO 5000 100% HSA PY satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.1%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 5000 60%

Summary of Benefits Covered

NY BRONZE OAEPO 5000 60%

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$5,000
Family	\$10,000
Coinsurance <i>(Member Responsibility)</i>	40%
	varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$50 per visit
Specialist Visit	40% after deductible
All Inpatient Hospital Services <i>(Includes Mental/Behavioral Health and Substance Abuse)</i>	40% after deductible
Emergency Room Services	40% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	40%
Imaging (CT/PET Scans, MRIs)	40% after deductible
Rehabilitative Speech Therapy	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	40% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	40% after deductible
X-rays and Diagnostic Imaging	40% after deductible
Skilled Nursing Facility	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% after deductible
Outpatient Surgery Physician/Surgical Services	40% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	Integrated with Medical
Family	Integrated with Medical
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 5000 60%

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
		\$5,000.00			
		61.37%			
		\$6,250.00			

Deductible (\$) _____
 Coinsurance (%, Insurer's Cost Share) _____
 OOP Maximum (\$) _____
 OOP Maximum if Separate (\$) _____

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.6%
 Metal Tier: Bronze

This product, NY Bronze OAEPO 5000 60% satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.6%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER INDEMNITY 2500 80%

Summary of Benefits Covered

NY SILVER INDEMNITY 2500 80%

New York

Silver Plan

Summary of Features	In Network	Out of Network
Deductible		
Individual	#N/A	\$2,500
Family	#N/A	\$5,000
Coinsurance <i>(Member Responsibility)</i>	#N/A	20%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	#N/A	\$5,500
Family	#N/A	\$11,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	#N/A	20% after deductible
Specialist Visit	#N/A	20% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	#N/A	20% after deductible
Emergency Room Services	#N/A	20% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	#N/A	20% after deductible
Imaging (CT/PET Scans, MRIs)	#N/A	20% after deductible
Rehabilitative Speech Therapy	#N/A	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	#N/A	20% after deductible
Preventive Care/Screening/Immunization	#N/A	0%
Laboratory Outpatient and Professional Services	#N/A	20% after deductible
X-rays and Diagnostic Imaging	#N/A	20% after deductible
Skilled Nursing Facility	#N/A	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	#N/A	20% after deductible
Outpatient Surgery Physician/Surgical Services	#N/A	20% after deductible

Pharmacy	In Network	Out of Network
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	\$10
Preferred Brand Drugs	\$50	\$50
Non-Preferred Brand Drugs	50% up to \$750	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	Same as applicable tier cost share

**Aetna Life Insurance Company
New York Small Group**

NY SILVER INDEMNITY 2500 80%

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$2,500.00	\$0.00	
Coinsurance (% Insurer's Cost Share): 80.00%	66.12%	
OOP Maximum (\$): \$5,500.00		
OOP Maximum if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

68.5%

Metal Tier:

Silver

This product, NY Silver Indemnity 2500 80% satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.5%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 60%

Summary of Benefits Covered

NY SILVER OAEPO 2000 60%

New York

Silver Plan

Summary of Features In-Network

Deductible	
Individual	\$2,000
Family	\$4,000
Coinsurance <i>(Member Responsibility)</i>	40% varies; see below <i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$5,500
Family	\$11,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$30 per visit
Specialist Visit	\$50 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	40% after deductible
Emergency Room Services	\$200 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$50 per visit
Imaging (CT/PET Scans, MRIs)	40% after deductible
Rehabilitative Speech Therapy	\$50 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50 per visit
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$50 per visit
X-rays and Diagnostic Imaging	40% after deductible
Skilled Nursing Facility	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% after deductible
Outpatient Surgery Physician/Surgical Services	40% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	\$0
Family	\$0
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 60%

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00				
Coinurance (%; Insurer's Cost Share)	58.94%	66.12%				
OOP Maximum (\$)	\$5,500.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate
 Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.8%
 Metal Tier: Silver

This product, NY SILVER OAEPO 2000 60%, satisfies the HHS guidelines a Silver plan with an Actuarial Value of 71.8%

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 90% HSA PY

Summary of Benefits Covered

NY SILVER OAEPO 2000 90% HSA PY

New York

Silver Plan

Summary of Features	In-Network
Deductible	
Individual	\$2,000
Family	\$4,000
Coinsurance <i>(Member Responsibility)</i>	10%
	varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,000
Family	\$12,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	10% after deductible
Specialist Visit	10% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	10% after deductible
Emergency Room Services	10% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	10% after deductible
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	Integrated with Medical
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 90% HSA PY

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$2,000.00			
Coinurance (%; Insurer's Cost Share)			84.55%			
OOP Maximum (\$)			\$6,000.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinurance?	Coinurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 69.2%
 Metal Tier: Silver

This product, NY Silver OAEPO 2000 90% HSA PY, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 69.2%

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 80%

Summary of Benefits Covered

NY SILVER OAEPO 2000 80%

New York

Silver Plan

Summary of Features In-Network

Deductible	
Individual	\$2,000
Family	\$4,000
Coinsurance <i>(Member Responsibility)</i>	20%
	varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,600
Family	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$40 per visit
Specialist Visit	\$70 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	20% after deductible
Emergency Room Services	\$200 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$70 per visit
Imaging (CT/PET Scans, MRIs)	20% after deductible
Rehabilitative Speech Therapy	\$70 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$70 per visit
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$70 per visit
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	10% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	\$0
Family	\$0
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 80%

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00				
Coinsurance (% , Insurer's Cost Share)	72.21%	66.12%				
OOP Maximum (\$)	\$6,600.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.4%
Metal Tier: Silver

This product, NY Silver OAEPO 2000 80% satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 70.4%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 3000 70%

Summary of Benefits Covered

NY SILVER OAEPO 3000 70%

New York

Silver Plan

Summary of Features In-Network

Deductible	
Individual	\$3,000
Family	\$6,000
Coinsurance (Member Responsibility)	30% varies; see below <i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,600
Family	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$50 per visit
Specialist Visit	\$75 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	30% after deductible
Emergency Room Services	\$200 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$75 per visit
Imaging (CT/PET Scans, MRIs)	30% after deductible
Rehabilitative Speech Therapy	\$75 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$75 per visit
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$75 per visit
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	\$0
Family	\$0
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 3000 70%

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	64.31%	66.12%
OOP Maximum (\$)	\$6,600.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.3%
Metal Tier: Silver

This product, NY Silver OAEPO 3000 70%, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.3%.

**Aetna Life Insurance Company
New York Small Group**

NY GOLD OAEPO 1000 90%

Summary of Benefits Covered

NY GOLD OAEPO 1000 90%

New York

Gold Plan

Summary of Features		In-Network
Deductible		
Individual		\$1,000
Family		\$2,000
Coinsurance		10%
(Member Responsibility)		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$4,000
Family		\$8,000
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness		\$30 per visit
(excludes Preventative and X-rays)		
Specialist Visit		\$50 per visit
All Inpatient Hospital Services		10% after deductible
(includes Mental/Behavioral Health and Substance Abuse)		
Emergency Room Services		\$150 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$50 per visit
Imaging (CT/PET Scans, MRIs)		10% after deductible
Rehabilitative Speech Therapy		\$50 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50 per visit
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		\$0
Family		\$0
Generics		\$10
Preferred Brand Drugs		\$50
Non-Preferred Brand Drugs		50% up to \$750
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY GOLD OAEPO 1000 90%

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00				
Coinsurance (% , Insurer's Cost Share)	84.49%	66.43%				
OOP Maximum (\$)	\$4,000.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.7%

Metal Tier:

Gold

This product, NY Gold OAEPO 1000 90%, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.7%.

**Aetna Life Insurance Company
New York Small Group**

NY PLATINUM NYC COMMUNITY PLANSM \$20

Summary of Benefits Covered

NYC COMMUNITY PLANSM \$20

New York

Platinum Plan

Summary of Features	Referred	Self-Referred
Deductible		
Individual	N/A	\$5,000
Family	N/A	\$10,000
Coinsurance <i>(Member Responsibility)</i>	N/A	30%
<i>\$0 once out-of-pocket max. is satisfied</i>		
Out-of-Pocket Maximum		
Individual	\$1,000	\$5,250
Family	\$2,000	\$10,500
<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>		
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$20 per visit	30% after deductible
Specialist Visit	\$35 per visit	30% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$500/Admit	30% after deductible
Emergency Room Services	\$100 per visit	Paid as In-Network
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$35 per visit	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$35 per visit	30% after deductible
Rehabilitative Speech Therapy	\$35 per visit	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$35 per visit	30% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	0%	30% after deductible
X-rays and Diagnostic Imaging	\$35 per visit	30% after deductible
Skilled Nursing Facility	\$500/Admit	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 per visit	30% after deductible
Outpatient Surgery Physician/Surgical Services	0%	30% after deductible

Pharmacy	Referred	Self-Referred
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	\$10
Preferred Brand Drugs	\$50	\$50
Non-Preferred Brand Drugs	50% up to \$750	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY PLATINUM NYC COMMUNITY PLANSM \$20

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95%
	2nd Tier Utilization: 5%

Desired Metal Tier: Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	90.02%	67.03%
OOP Maximum (\$)	\$1,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	71.75%	67.03%
OOP Maximum (\$)	\$5,250.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.9%
 Metal Tier: Platinum
 Option 3 DedCopay adj: 0.2%
 Final AV: 89.1%

This product, NY Platinum NYC Community PlanSM \$20 satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 89.1%.

**Aetna Life Insurance Company
New York Small Group**

NY PLATINUM NYC COMMUNITY PLANSM \$30

Summary of Benefits Covered

NYC COMMUNITY PLANSM \$30

New York

Platinum Plan

Summary of Features	Referred	Self-Referred
Deductible		
Individual	N/A	\$5,000
Family	N/A	\$10,000
Coinsurance <i>(Member Responsibility)</i>	N/A	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$1,000	\$5,250
Family	\$2,000	\$10,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$30 per visit	30% after deductible
Specialist Visit	\$50 per visit	30% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$1,000/Admit	30% after deductible
Emergency Room Services	\$150 per visit	Paid as In-Network
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$50 per visit	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$50 per visit	30% after deductible
Rehabilitative Speech Therapy	\$50 per visit	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50 per visit	30% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	0%	30% after deductible
X-rays and Diagnostic Imaging	\$50 per visit	30% after deductible
Skilled Nursing Facility	\$1,000/Admit	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 per visit	30% after deductible
Outpatient Surgery Physician/Surgical Services	0%	30% after deductible

Pharmacy	Referred	Self-Referred
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	\$10
Preferred Brand Drugs	\$50	\$50
Non-Preferred Brand Drugs	50% up to \$750	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY PLATINUM NYC COMMUNITY PLANSM \$30

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95%
	2nd Tier Utilization: 5%

Desired Metal Tier: Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$0.00	\$0.00	
Coinsurance (%): 85.84%	67.03%	
OOP Maximum (\$): \$1,000.00		
OOP Maximum if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$5,000.00	\$0.00	
Coinsurance (%): 71.50%	67.03%	
OOP Maximum (\$): \$5,250.00		
OOP Maximum if Separate (\$):		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSAs)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.4%
 Metal Tier: Platinum
 Option 3 DedCopay adj: 0.2%
 Final AV: 88.6%

This product, NY Platinum NYC Community PlanSM \$30 satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 88.6%.

**Aetna Life Insurance Company
New York Small Group**

NY GOLD SAVINGS PLUS OAEPO 1000 90%

Summary of Benefits Covered

NY GOLD SAVINGS PLUS OAEPO 1000 90%

New York

Gold Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$1,000	\$3,000
Family	\$2,000	\$6,000
Coinsurance <i>(Member Responsibility)</i>	10%	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$3,000	\$6,600
Family	\$6,000	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$30 per visit	\$50 per visit
Specialist Visit	\$50 per visit	\$70 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	10% after deductible	30% after deductible
Emergency Room Services	\$150 per visit	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$50 per visit	\$70 per visit
Imaging (CT/PET Scans, MRIs)	10% after deductible	30% after deductible
Rehabilitative Speech Therapy	\$50 per visit	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50 per visit	30% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	10% after deductible	30% after deductible
X-rays and Diagnostic Imaging	10% after deductible	30% after deductible
Skilled Nursing Facility	10% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% after deductible	30% after deductible
Outpatient Surgery Physician/Surgical Services	10% after deductible	30% after deductible

Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY GOLD SAVINGS PLUS OAEPO 1000 90%

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	90%
		2nd Tier Utilization:	10%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00		\$3,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	84.49%	66.43%		70.46%	66.43%	
OOP Maximum (\$)	\$3,000.00			\$6,600.00		
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Services								
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.7%

Metal Tier:

Gold

This product, NY Gold Savings Plus OAEPO 1000 90%, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.7%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2500 80%

Summary of Benefits Covered

NY SILVER SAVINGS PLUS OAEPO 2500 80%

New York

Silver Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$2,500	\$4,500
Family	\$5,000	\$9,000
Coinsurance <i>(Member Responsibility)</i>	20%	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$6,000	\$6,600
Family	\$12,000	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$50 per visit	40% after deductible
Specialist Visit	\$75 per visit	40% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	20% after deductible	40% after deductible
Emergency Room Services	20% after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$75 per visit	40% after deductible
Imaging (CT/PET Scans, MRIs)	20% after deductible	40% after deductible
Rehabilitative Speech Therapy	\$75 per visit	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$75 per visit	40% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	\$75 per visit	40% after deductible
X-rays and Diagnostic Imaging	20% after deductible	40% after deductible
Skilled Nursing Facility	20% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	40% after deductible
Outpatient Surgery Physician/Surgical Services	20% after deductible	40% after deductible

Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2500 80%

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	
	1st Tier Utilization: 90%
	2nd Tier Utilization: 10%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$2,500.00	\$0.00	
Coinsurance (%): 71.02%	66.12%	
OOP Maximum (\$): \$6,000.00		
OOP Maximum if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$4,500.00	\$0.00	
Coinsurance (%): 61.64%	66.12%	
OOP Maximum (\$): \$6,600.00		
OOP Maximum if Separate (\$):		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

68.4%

Metal Tier:

Silver

This product, NY Silver Savings Plus OAEPO 2500 80%, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.4%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2000 80%

Summary of Benefits Covered

NY SILVER SAVINGS PLUS OAEPO 2000 80%

New York

Silver Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance (Member Responsibility)	20%	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$5,800	\$6,600
Family	\$11,600	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$40 per visit	\$50 per visit
Specialist Visit	\$60 per visit	\$75 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	20% after deductible	40% after deductible
Emergency Room Services	\$200 per visit	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$60 per visit	\$75 per visit
Imaging (CT/PET Scans, MRIs)	20% after deductible	40% after deductible
Rehabilitative Speech Therapy	\$60 per visit	\$75 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60 per visit	\$75 per visit
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	\$60 per visit	\$75 per visit
X-rays and Diagnostic Imaging	20% after deductible	40% after deductible
Skilled Nursing Facility	20% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	40% after deductible
Outpatient Surgery Physician/Surgical Services	20% after deductible	40% after deductible

Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2000 80%

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 90%
	2nd Tier Utilization: 10%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00		\$4,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	72.62%	66.12%		61.63%	66.12%	
OOP Maximum (\$)	\$5,800.00			\$6,600.00		
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.8%
Metal Tier: Silver

This product, NY Silver Savings Plus OAEPO 2000 80%, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 70.8%

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2000 90% HSA PY

Summary of Benefits Covered

NY SILVER SAVINGS PLUS OAEPO 2000 90% HSA PY

New York

Silver Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance (Member Responsibility)	10%	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$5,500	\$6,450
Family	\$11,000	\$12,900
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	10% after deductible	30% after deductible
Specialist Visit	10% after deductible	30% after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	10% after deductible	30% after deductible
Emergency Room Services	10% after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	10% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	10% after deductible	30% after deductible
Rehabilitative Speech Therapy	10% after deductible	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	10% after deductible	30% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	10% after deductible	30% after deductible
X-rays and Diagnostic Imaging	10% after deductible	30% after deductible
Skilled Nursing Facility	10% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% after deductible	30% after deductible
Outpatient Surgery Physician/Surgical Services	10% after deductible	30% after deductible

Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	Integrated with Medical	Integrated with Medical
Family	Integrated with Medical	Integrated with Medical
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2000 90% HSA PY

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 90% 2nd Tier Utilization: 10%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$) \$2,000.00
		Coinsurance (% Insurer's Cost Share) 84.55%
		OOP Maximum (\$) \$5,500.00
		OOP Maximum if Separate (\$)

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$) \$4,000.00
		Coinsurance (% Insurer's Cost Share) 70.38%
		OOP Maximum (\$) \$6,450.00
		OOP Maximum if Separate (\$)

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.5%
Metal Tier: Silver

This product, NY Silver Savings Plus OAEPO 2000 90% HSA PY, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.5%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE SAVINGS PLUS OAEPO 4000 70%

Summary of Benefits Covered

NY BRONZE SAVINGS PLUS OAEPO 4000 70%

New York

Bronze Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$4,000	\$6,000
Family	\$8,000	\$12,000
Coinsurance <i>(Member Responsibility)</i>	30%	50%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$6,000	\$6,450
Family	\$12,000	\$12,900
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	30% after deductible	50% after deductible
Specialist Visit	30% after deductible	50% after deductible
All Inpatient Hospital Services <i>(Includes Mental/Behavioral Health and Substance Abuse)</i>	30% after deductible	50% after deductible
Emergency Room Services	30% after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	30% after deductible	50% after deductible
Imaging (CT/PET Scans, MRIs)	30% after deductible	50% after deductible
Rehabilitative Speech Therapy	30% after deductible	50% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	30% after deductible	50% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	30% after deductible	50% after deductible
X-rays and Diagnostic Imaging	30% after deductible	50% after deductible
Skilled Nursing Facility	30% after deductible	50% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% after deductible	50% after deductible
Outpatient Surgery Physician/Surgical Services	30% after deductible	50%

Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	Integrated with Medical	Integrated with Medical
Family	Integrated with Medical	Integrated with Medical
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE SAVINGS PLUS OAEPO 4000 70%

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	
	1st Tier Utilization: 90%
	2nd Tier Utilization: 10%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,000.00			\$6,000.00
Coinsurance (% Insurer's Cost Share)			69.19%			54.60%
OOP Maximum (\$)			\$6,000.00			\$6,450.00
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

60.7%

Metal Tier:

Bronze

This product, NY Bronze Savings Plus OAEPO 4000 70% satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.7%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE SAVINGS PLUS OAEPO 3500 70% HSA PY

Summary of Benefits Covered

NY BRONZE SAVINGS PLUS OAEPO 3500 70% HSA PY

New York

Bronze Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$3,500	\$5,500
Family	\$7,000	\$11,000
Coinsurance <i>(Member Responsibility)</i>	30%	50%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$6,000	\$6,450
Family	\$12,000	\$12,900
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	30% after deductible	50% after deductible
Specialist Visit	30% after deductible	50% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	30% after deductible	50% after deductible
Emergency Room Services	30% after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	30% after deductible	50% after deductible
Imaging (CT/PET Scans, MRIs)	30% after deductible	50% after deductible
Rehabilitative Speech Therapy	30% after deductible	50% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	30% after deductible	50% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	30% after deductible	50% after deductible
X-rays and Diagnostic Imaging	30% after deductible	50% after deductible
Skilled Nursing Facility	30% after deductible	50% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% after deductible	50% after deductible
Outpatient Surgery Physician/Surgical Services	30% after deductible	50%

Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	Integrated with Medical	Integrated with Medical
Family	Integrated with Medical	Integrated with Medical
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE SAVINGS PLUS OAEPO 3500 70% HSA PY

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 90%
	2nd Tier Utilization: 10%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			\$5,500.00
Coinsurance (% , Insurer's Cost Share)			69.19%			54.60%
OOP Maximum (\$)			\$6,000.00			\$6,450.00
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

61.6%

Metal Tier:

Bronze

This product, NY Bronze Savings Plus OAEPO 3500 70% HSA PY satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.6%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3000 100% HSA PY RE

Summary of Benefits Covered

NY BRONZE OAEPO 3000 100% HSA PY RE

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

New York

Bronze Plan

Summary of Features		In-Network
Deductible		
Individual		\$3,000
Family		\$6,000
Coinsurance <i>(Member Responsibility)</i>		0% varies; see below <i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$6,450
Family		\$12,900
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>		\$50 per visit after deductible
Specialist Visit		\$75 per visit after deductible
All Inpatient Hospital Services <i>(Includes Mental/Behavioral Health and Substance Abuse)</i>		\$1,000/Admit after deductible
Emergency Room Services		\$200 per visit after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$75 per visit after deductible
Imaging (CT/PET Scans, MRIs)		\$75 per visit after deductible
Rehabilitative Speech Therapy		\$75 per visit after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$75 per visit after deductible
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		\$75 per visit after deductible
X-rays and Diagnostic Imaging		\$75 per visit after deductible
Skilled Nursing Facility		\$1,000/Admit after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		\$500 per visit after deductible
Outpatient Surgery Physician/Surgical Services		0% after deductible

Pharmacy		In-Network
Pharmacy Deductible		
Individual		Integrated with Medical
Family		Integrated with Medical
Generics		\$10
Preferred Brand Drugs		\$55
Non-Preferred Brand Drugs		50% up to \$750
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3000 100% HSA PY RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,000.00			
Coinsurance (% , Insurer's Cost Share)			74.56%			
OOP Maximum (\$)			\$6,450.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.3%
Metal Tier:	Bronze
Option 3 DedCopay adj	0.2%
Final AV	61.5%

This product, NY Bronze OAEPO 3000 100% HSA PY RE, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.5%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3500 50% RE

Summary of Benefits Covered

NY BRONZE OAEPO 3500 50% RE

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

New York

Bronze Plan

Summary of Features		In-Network
Deductible		
Individual		\$3,500
Family		\$7,000
Coinsurance <i>(Member Responsibility)</i>		50%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$6,600
Family		\$13,200
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>		50% after deductible
Specialist Visit		50% after deductible
All Inpatient Hospital Services <i>(Includes Mental/Behavioral Health and Substance Abuse)</i>		50% after deductible
Emergency Room Services		50% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		50% after deductible
Imaging (CT/PET Scans, MRIs)		50% after deductible
Rehabilitative Speech Therapy		50% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy		50% after deductible
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		50% after deductible
X-rays and Diagnostic Imaging		50% after deductible
Skilled Nursing Facility		50% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		50% after deductible
Outpatient Surgery Physician/Surgical Services		50% after deductible

Pharmacy		In-Network
Pharmacy Deductible		
Individual		Integrated with Medical
Family		Integrated with Medical
Generics		\$10
Preferred Brand Drugs		\$50
Non-Preferred Brand Drugs		50% up to \$750
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3500 50% RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			
Coinsurance (% , Insurer's Cost Share)			53.33%			
OOP Maximum (\$)			\$6,600.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

59.7%

Metal Tier:

Bronze

This product, NY Bronze OAEPO 3500 50% RE, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 59.7%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3500 60% HSA PY RE

Summary of Benefits Covered

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

NY BRONZE OEPO 3500 60% HSA PY RE

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$3,500
Family	\$7,000
Coinsurance (Member Responsibility)	40%
	varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	40% after deductible
Specialist Visit	40% after deductible
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Abuse)	40% after deductible
Emergency Room Services	40% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	40% after deductible
Imaging (CT/PET Scans, MRIs)	40% after deductible
Rehabilitative Speech Therapy	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	40% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	40% after deductible
X-rays and Diagnostic Imaging	40% after deductible
Skilled Nursing Facility	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% after deductible
Outpatient Surgery Physician/Surgical Services	40% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	Integrated with Medical
Family	Integrated with Medical
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 3500 60% HSA PY RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			
Coinsurance (% , Insurer's Cost Share)			61.26%			
OOP Maximum (\$)			\$6,250.00			
OOP Maximum if Separate (\$)						

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

60.9%

Metal Tier:

Bronze

This product, NY Bronze OAEPO 3500 60% HSA PY RE, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.9%

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 4000 80% RE

Summary of Benefits Covered

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

NY BRONZE OAEPO 4000 80% RE

New York

Bronze Plan

Summary of Features		In-Network
Deductible		
Individual		\$4,000
Family		\$8,000
Coinsurance <i>(Member Responsibility)</i>		20%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$6,600
Family		\$13,200
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>		\$25 per visit after deductible
Specialist Visit		20% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>		20% after deductible
Emergency Room Services		20% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		20% after deductible
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		Integrated with Medical
Generics		\$10
Preferred Brand Drugs		\$50
Non-Preferred Brand Drugs		50% up to \$750
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 4000 80% RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,000.00			
Coinsurance (% Insurer's Cost Share)			77.17%			
OOP Maximum (\$)			\$6,600.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

60.3%

Metal Tier:

Bronze

This product, NY Bronze OAEPO 4000 80% RE, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.3%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 5000 100% HSA PY RE

Summary of Benefits Covered

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

NY BRONZE OAEPO 5000 100% HSA PY RE

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$5,000
Family	\$10,000
Coinsurance <i>(Member Responsibility)</i>	0%
	varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	0% after deductible
Specialist Visit	0% after deductible
All Inpatient Hospital Services <i>(Includes Mental/Behavioral Health and Substance Abuse)</i>	0% after deductible
Emergency Room Services	0% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	0% after deductible
Imaging (CT/PET Scans, MRIs)	0% after deductible
Rehabilitative Speech Therapy	0% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	0% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	0% after deductible
X-rays and Diagnostic Imaging	0% after deductible
Skilled Nursing Facility	0% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	Integrated with Medical
Family	Integrated with Medical
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY Bronze OAEPO 5000 100% HSA PY RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,000.00			
Coinsurance (% , Insurer's Cost Share)			92.97%			
OOP Maximum (\$)			\$6,250.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 60.1%
Metal Tier: Bronze

This product, NY Bronze OAEPO 5000 100% HSA PY RE satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.1%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 5000 60% RE

Summary of Benefits Covered

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

NY BRONZE OAEPO 5000 60% RE

New York

Bronze Plan

Summary of Features In-Network

Deductible	
Individual	\$5,000
Family	\$10,000
Coinsurance <i>(Member Responsibility)</i>	40%
	varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$50 per visit
Specialist Visit	40% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	40% after deductible
Emergency Room Services	40% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	40%
Imaging (CT/PET Scans, MRIs)	40% after deductible
Rehabilitative Speech Therapy	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	40% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	40% after deductible
X-rays and Diagnostic Imaging	40% after deductible
Skilled Nursing Facility	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% after deductible
Outpatient Surgery Physician/Surgical Services	40% after deductible

Pharmacy In-Network

Pharmacy Deductible	
Individual	Integrated with Medical
Family	Integrated with Medical
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE OAEPO 5000 60% RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$5,000.00			
Coinsurance (% , Insurer's Cost Share)			61.37%			
OOP Maximum (\$)			\$6,250.00			
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 61.6%
 Metal Tier: Bronze

This product, NY Bronze OAEPO 5000 60% RE satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.6%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER INDEMNITY 2500 80% RE

Summary of Benefits Covered

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

NY SILVER INDEMNITY 2500 80% RE

New York

Silver Plan

Summary of Features	In Network	Out of Network
Deductible		
Individual	#N/A	\$2,500
Family	#N/A	\$5,000
Coinsurance <i>(Member Responsibility)</i>	#N/A	20%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	#N/A	\$5,500
Family	#N/A	\$11,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	#N/A	20% after deductible
Specialist Visit	#N/A	20% after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	#N/A	20% after deductible
Emergency Room Services	#N/A	20% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	#N/A	20% after deductible
Imaging (CT/PET Scans, MRIs)	#N/A	20% after deductible
Rehabilitative Speech Therapy	#N/A	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	#N/A	20% after deductible
Preventive Care/Screening/Immunization	#N/A	0%
Laboratory Outpatient and Professional Services	#N/A	20% after deductible
X-rays and Diagnostic Imaging	#N/A	20% after deductible
Skilled Nursing Facility	#N/A	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	#N/A	20% after deductible
Outpatient Surgery Physician/Surgical Services	#N/A	20% after deductible

Pharmacy	In Network	Out of Network
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	\$10
Preferred Brand Drugs	\$50	\$50
Non-Preferred Brand Drugs	50% up to \$750	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	Same as applicable tier cost share

**Aetna Life Insurance Company
New York Small Group**

NY SILVER INDEMNITY 2500 80% RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00				
Coinsurance (% Insurer's Cost Share)	80.00%	66.12%				
OOP Maximum (\$)	\$5,500.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

68.5%

Metal Tier:

Silver

This product, NY Silver Indemnity 2500 80% RE satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.5%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 60% RE

Summary of Benefits Covered

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

NY SILVER OAEPO 2000 60% RE

New York

Silver Plan

Summary of Features		In-Network
Deductible		
Individual		\$2,000
Family		\$4,000
Coinsurance <i>(Member Responsibility)</i>		40%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$5,500
Family		\$11,000
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>		\$30 per visit
Specialist Visit		\$50 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>		40% after deductible
Emergency Room Services		\$200 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$50 per visit
Imaging (CT/PET Scans, MRIs)		40% after deductible
Rehabilitative Speech Therapy		\$50 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50 per visit
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		\$50 per visit
X-rays and Diagnostic Imaging		40% after deductible
Skilled Nursing Facility		40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		40% after deductible
Outpatient Surgery Physician/Surgical Services		40% after deductible

Pharmacy		In-Network
Pharmacy Deductible		
Individual		\$0
Family		\$0
Generics		\$10
Preferred Brand Drugs		\$50
Non-Preferred Brand Drugs		50% up to \$750
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 60% RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00				
Coinurance (%; Insurer's Cost Share)	58.94%	66.12%				
OOP Maximum (\$)	\$5,500.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate
 Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.8%
 Metal Tier: Silver

This product, NY SILVER OAEPO 2000 60% RE, satisfies the HHS guidelines a Silver plan with an Actuarial Value of 71.8%

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 90% HSA PY RE

Summary of Benefits Covered

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

NY SILVER OAEPO 2000 90% HSA PY RE

New York

Silver Plan

Summary of Features		In-Network
Deductible		
Individual		\$2,000
Family		\$4,000
Coinsurance (Member Responsibility)		10%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$6,000
Family		\$12,000
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)		10% after deductible
Specialist Visit		10% after deductible
All Inpatient Hospital Services (Includes Mental/Behavioral Health and Substance Abuse)		10% after deductible
Emergency Room Services		10% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		10% after deductible
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		Integrated with Medical
Generics		\$10
Preferred Brand Drugs		\$50
Non-Preferred Brand Drugs		50% up to \$750
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 90% HSA PY RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$2,000.00
		84.55%
		\$6,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 69.2%
Metal Tier: Silver

This product, NY Silver OAEPO 2000 90% HSA PY RE, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 69.2%

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 80% RE

Summary of Benefits Covered

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

NY SILVER OAEPO 2000 80% RE

New York

Silver Plan

Summary of Features	In-Network
Deductible	
Individual	\$2,000
Family	\$4,000
Coinsurance (Member Responsibility)	20% varies; see below
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,600
Family	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$40 per visit
Specialist Visit	\$70 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	20% after deductible
Emergency Room Services	\$200 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$70 per visit
Imaging (CT/PET Scans, MRIs)	20% after deductible
Rehabilitative Speech Therapy	\$70 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$70 per visit
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$70 per visit
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	10% after deductible

Pharmacy	In-Network
Pharmacy Deductible	
Individual	\$0
Family	\$0
Generics	\$10
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 2000 80% RE

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$2,000.00	\$0.00	
Coinsurance (%): 72.21%	66.12%	
OOP Maximum (\$): \$6,600.00		
OOP Maximum if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.4%
Metal Tier: Silver

This product, NY Silver OAEPO 2000 80% RE satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 70.4%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 3000 70% RE

Summary of Benefits Covered

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

NY SILVER OAEPO 3000 70% RE

New York

Silver Plan

Summary of Features		In-Network
Deductible		
Individual		\$3,000
Family		\$6,000
Coinsurance <i>(Member Responsibility)</i>		30%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$6,600
Family		\$13,200
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>		\$50 per visit
Specialist Visit		\$75 per visit
All Inpatient Hospital Services <i>(Includes Mental/Behavioral Health and Substance Abuse)</i>		30% after deductible
Emergency Room Services		\$200 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$75 per visit
Imaging (CT/PET Scans, MRIs)		30% after deductible
Rehabilitative Speech Therapy		\$75 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$75 per visit
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		\$75 per visit
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		\$0
Family		\$0
Generics		\$10
Preferred Brand Drugs		\$50
Non-Preferred Brand Drugs		50% up to \$750
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER OAEPO 3000 70% RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Silver

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00				
Coinsurance (% , Insurer's Cost Share)	64.31%	66.12%				
OOP Maximum (\$)	\$6,600.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

68.3%

Metal Tier:

Silver

This product, NY Silver OAEPO 3000 70% RE, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.3%.

**Aetna Life Insurance Company
New York Small Group**

NY GOLD OAEPO 1000 90% RE

Summary of Benefits Covered

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

NY GOLD OAEPO 1000 90% RE

New York

Gold Plan

Summary of Features		In-Network
Deductible		
Individual		\$1,000
Family		\$2,000
Coinsurance <i>(Member Responsibility)</i>		10%
		varies; see below
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$4,000
Family		\$8,000
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)		\$30 per visit
Specialist Visit		\$50 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)		10% after deductible
Emergency Room Services		\$150 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$50 per visit
Imaging (CT/PET Scans, MRIs)		10% after deductible
Rehabilitative Speech Therapy		\$50 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50 per visit
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		\$0
Family		\$0
Generics		\$10
Preferred Brand Drugs		\$50
Non-Preferred Brand Drugs		50% up to \$750
Specialty Drugs (i.e. high-cost)		Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY GOLD OAEPO 1000 90% RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00				
Coinsurance (% , Insurer's Cost Share)	84.49%	66.43%				
OOP Maximum (\$)	\$4,000.00					
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 78.7%
Metal Tier: Gold

This product, NY Gold OAEPO 1000 90% RE, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.7%.

**Aetna Life Insurance Company
New York Small Group**

NY PLATINUM NYC COMMUNITY PLANSM \$20 RE

Summary of Benefits Covered

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

NYC COMMUNITY PLANSM \$20 RE

New York

Platinum Plan

Summary of Features Referred Self-Referred

	Referred	Self-Referred
Deductible		
Individual	N/A	\$5,000
Family	N/A	\$10,000
Coinsurance <i>(Member Responsibility)</i>	N/A	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$1,000	\$5,250
Family	\$2,000	\$10,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$20 per visit	30% after deductible
Specialist Visit	\$35 per visit	30% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$500/Admit	30% after deductible
Emergency Room Services	\$100 per visit	Paid as In-Network
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$35 per visit	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$35 per visit	30% after deductible
Rehabilitative Speech Therapy	\$35 per visit	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$35 per visit	30% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	0%	30% after deductible
X-rays and Diagnostic Imaging	\$35 per visit	30% after deductible
Skilled Nursing Facility	\$500/Admit	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 per visit	30% after deductible
Outpatient Surgery Physician/Surgical Services	0%	30% after deductible

Pharmacy Referred Self-Referred

	Referred	Self-Referred
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	\$10
Preferred Brand Drugs	\$50	\$50
Non-Preferred Brand Drugs	50% up to \$750	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY PLATINUM NYC COMMUNITY PLANSM \$20 RE

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95%
	2nd Tier Utilization: 5%

Desired Metal Tier: Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$0.00	\$0.00	
Coinsurance (%): 90.02%	67.03%	
OOP Maximum (\$): \$1,000.00		
OOP Maximum if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$5,000.00	\$0.00	
Coinsurance (%): 71.75%	67.03%	
OOP Maximum (\$): \$5,250.00		
OOP Maximum if Separate (\$):		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$100.00
All Inpatient Hospital Services (inc. MHSA)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.9%
 Metal Tier: Platinum
 Option 3 DedCopay adj: 0.2%
 Final AV: 89.1%

This product, NY Platinum NYC Community PlanSM \$20 RE satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 89.1%.

**Aetna Life Insurance Company
New York Small Group**

NY PLATINUM NYC COMMUNITY PLANSM \$30 RE

Summary of Benefits Covered

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

NYC COMMUNITY PLANSM \$30 RE

New York

Platinum Plan

Summary of Features	Referred	Self-Referred
Deductible		
Individual	N/A	\$5,000
Family	N/A	\$10,000
Coinsurance <i>(Member Responsibility)</i>	N/A	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$1,000	\$5,250
Family	\$2,000	\$10,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$30 per visit	30% after deductible
Specialist Visit	\$50 per visit	30% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	\$1,000/Admit	30% after deductible
Emergency Room Services	\$150 per visit	Paid as In-Network
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$50 per visit	30% after deductible
Imaging (CT/PET Scans, MRIs)	\$50 per visit	30% after deductible
Rehabilitative Speech Therapy	\$50 per visit	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50 per visit	30% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	0%	30% after deductible
X-rays and Diagnostic Imaging	\$50 per visit	30% after deductible
Skilled Nursing Facility	\$1,000/Admit	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 per visit	30% after deductible
Outpatient Surgery Physician/Surgical Services	0%	30% after deductible

Pharmacy	Referred	Self-Referred
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	\$10
Preferred Brand Drugs	\$50	\$50
Non-Preferred Brand Drugs	50% up to \$750	50% up to \$750
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	Same as applicable tier cost share.

**Aetna Life Insurance Company
New York Small Group**

NY PLATINUM NYC COMMUNITY PLANSM \$30 RE

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 95%
	2nd Tier Utilization: 5%

Desired Metal Tier: Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$0.00	\$0.00	
Coinsurance (%): 85.84%	67.03%	
OOP Maximum (\$): \$1,000.00		
OOP Maximum if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$5,000.00	\$0.00	
Coinsurance (%): 71.50%	67.03%	
OOP Maximum (\$): \$5,250.00		
OOP Maximum if Separate (\$):		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MSHA)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	91%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.4%
 Metal Tier: Platinum
 Option 3 DedCopay adj: 0.2%
 Final AV: 88.6%

This product, NY Platinum NYC Community PlanSM \$30 RE satisfies the HHS guidelines for a Platinum plan with an Actuarial Value of 88.6%.

**Aetna Life Insurance Company
New York Small Group**

NY GOLD SAVINGS PLUS OAEPO 1000 90% RE

Summary of Benefits Covered

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

NY GOLD SAVINGS PLUS OAEPO 1000 90% RE

New York

Gold Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$1,000	\$3,000
Family	\$2,000	\$6,000
Coinsurance <i>(Member Responsibility)</i>	10%	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$3,000	\$6,600
Family	\$6,000	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$30 per visit	\$50 per visit
Specialist Visit	\$50 per visit	\$70 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	10% after deductible	30% after deductible
Emergency Room Services	\$150 per visit	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$50 per visit	\$70 per visit
Imaging (CT/PET Scans, MRIs)	10% after deductible	30% after deductible
Rehabilitative Speech Therapy	\$50 per visit	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50 per visit	30% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	10% after deductible	30% after deductible
X-rays and Diagnostic Imaging	10% after deductible	30% after deductible
Skilled Nursing Facility	10% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% after deductible	30% after deductible
Outpatient Surgery Physician/Surgical Services	10% after deductible	30% after deductible
Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY GOLD SAVINGS PLUS OAEPO 1000 90% RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	90%
		2nd Tier Utilization:	10%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00		\$3,000.00	\$0.00	
Coinsurance (% , Insurer's Cost Share)	84.49%	66.43%		70.46%	66.43%	
OOP Maximum (\$)	\$3,000.00			\$6,600.00		
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$70.00
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Services								
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.7%

Metal Tier:

Gold

This product, NY Gold Savings Plus OAEPO 1000 90% RE, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.7%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2500 80% RE

Summary of Benefits Covered

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

NY SILVER SAVINGS PLUS OAEPO 2500 80% RE

New York

Silver Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$2,500	\$4,500
Family	\$5,000	\$9,000
Coinsurance (Member Responsibility)	20%	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$6,000	\$6,600
Family	\$12,000	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$50 per visit	40% after deductible
Specialist Visit	\$75 per visit	40% after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	20% after deductible	40% after deductible
Emergency Room Services	20% after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$75 per visit	40% after deductible
Imaging (CT/PET Scans, MRIs)	20% after deductible	40% after deductible
Rehabilitative Speech Therapy	\$75 per visit	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$75 per visit	40% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	\$75 per visit	40% after deductible
X-rays and Diagnostic Imaging	20% after deductible	40% after deductible
Skilled Nursing Facility	20% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	40% after deductible
Outpatient Surgery Physician/Surgical Services	20% after deductible	40% after deductible

Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2500 80% RE

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 90%
	2nd Tier Utilization: 10%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	71.02%	66.12%
OOP Maximum (\$)	\$6,000.00	
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	61.64%	66.12%
OOP Maximum (\$)	\$6,600.00	
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$750
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

68.4%

Metal Tier:

Silver

This product, NY Silver Savings Plus OAEPO 2500 80% RE, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.4%.

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2000 80% RE

Summary of Benefits Covered

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

NY SILVER SAVINGS PLUS OAEPO 2000 80% RE

New York

Silver Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance (Member Responsibility)	20%	40%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$5,800	\$6,600
Family	\$11,600	\$13,200
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$40 per visit	\$50 per visit
Specialist Visit	\$60 per visit	\$75 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	20% after deductible	40% after deductible
Emergency Room Services	\$200 per visit	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$60 per visit	\$75 per visit
Imaging (CT/PET Scans, MRIs)	20% after deductible	40% after deductible
Rehabilitative Speech Therapy	\$60 per visit	\$75 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$60 per visit	\$75 per visit
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	\$60 per visit	\$75 per visit
X-rays and Diagnostic Imaging	20% after deductible	40% after deductible
Skilled Nursing Facility	20% after deductible	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% after deductible	40% after deductible
Outpatient Surgery Physician/Surgical Services	20% after deductible	40% after deductible

Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2000 80% RE

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	
	1st Tier Utilization: 90%
	2nd Tier Utilization: 10%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$2,000.00	\$0.00	
Coinsurance (%): 72.62%	66.12%	
OOP Maximum (\$): \$5,800.00		
OOP Maximum if Separate (\$):		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$): \$4,000.00	\$0.00	
Coinsurance (%): 61.63%	66.12%	
OOP Maximum (\$): \$6,600.00		
OOP Maximum if Separate (\$):		

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 70.8%
Metal Tier: Silver

This product, NY Silver Savings Plus OAEPO 2000 80% RE, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 70.8%

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2000 90% HSA PY RE

Summary of Benefits Covered

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

NY SILVER SAVINGS PLUS OAEPO 2000 90% HSA PY RE

New York

Silver Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Coinsurance (Member Responsibility)	10%	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$5,500	\$6,450
Family	\$11,000	\$12,900
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	10% after deductible	30% after deductible
Specialist Visit	10% after deductible	30% after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	10% after deductible	30% after deductible
Emergency Room Services	10% after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	10% after deductible	30% after deductible
Imaging (CT/PET Scans, MRIs)	10% after deductible	30% after deductible
Rehabilitative Speech Therapy	10% after deductible	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	10% after deductible	30% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	10% after deductible	30% after deductible
X-rays and Diagnostic Imaging	10% after deductible	30% after deductible
Skilled Nursing Facility	10% after deductible	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% after deductible	30% after deductible
Outpatient Surgery Physician/Surgical Services	10% after deductible	30% after deductible

Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	Integrated with Medical	Integrated with Medical
Family	Integrated with Medical	Integrated with Medical
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY SILVER SAVINGS PLUS OAEPO 2000 90% HSA PY RE

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?

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 90%
	2nd Tier Utilization: 10%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$): \$2,000.00
		Coinsurance (%): 84.55%
		OOP Maximum (\$): \$5,500.00
		OOP Maximum if Separate (\$):

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		Deductible (\$): \$4,000.00
		Coinsurance (%): 70.38%
		OOP Maximum (\$): \$6,450.00
		OOP Maximum if Separate (\$):

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.
Actuarial Value: 68.5%
Metal Tier: Silver

This product, NY Silver Savings Plus OAEPO 2000 90% HSA PY RE, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.5%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE SAVINGS PLUS OAEPO 4000 70% RE

Summary of Benefits Covered

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

NY BRONZE SAVINGS PLUS OAEPO 4000 70% RE

New York

Bronze Plan

Summary of Features	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$4,000	\$6,000
Family	\$8,000	\$12,000
Coinsurance <i>(Member Responsibility)</i>	30%	50%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$6,000	\$6,450
Family	\$12,000	\$12,900
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	30% after deductible	50% after deductible
Specialist Visit	30% after deductible	50% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	30% after deductible	50% after deductible
Emergency Room Services	30% after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	30% after deductible	50% after deductible
Imaging (CT/PET Scans, MRIs)	30% after deductible	50% after deductible
Rehabilitative Speech Therapy	30% after deductible	50% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	30% after deductible	50% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	30% after deductible	50% after deductible
X-rays and Diagnostic Imaging	30% after deductible	50% after deductible
Skilled Nursing Facility	30% after deductible	50% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% after deductible	50% after deductible
Outpatient Surgery Physician/Surgical Services	30% after deductible	50%
Pharmacy	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	Integrated with Medical	Integrated with Medical
Family	Integrated with Medical	Integrated with Medical
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE SAVINGS PLUS OAEPO 4000 70% RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 90%
	2nd Tier Utilization: 10%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,000.00			\$6,000.00
Coinsurance (% Insurer's Cost Share)			69.19%			54.60%
OOP Maximum (\$)			\$6,000.00			\$6,450.00
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

60.7%

Metal Tier:

Bronze

This product, NY Bronze Savings Plus OAEPO 4000 70% RE satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.7%.

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE SAVINGS PLUS OAEPO 3500 70% HSA PY RE

Summary of Benefits Covered

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

NY BRONZE SAVINGS PLUS OAEPO 3500 70% HSA PY RE

New York

Bronze Plan

Summary of Features		
	In Network (Max Savings)	In Network (Std Savings)
Deductible		
Individual	\$3,500	\$5,500
Family	\$7,000	\$11,000
Coinsurance <i>(Member Responsibility)</i>	30%	50%
	<i>\$0 once out-of-pocket max. is satisfied</i>	
Out-of-Pocket Maximum		
Individual	\$6,000	\$6,450
Family	\$12,000	\$12,900
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>	
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	30% after deductible	50% after deductible
Specialist Visit	30% after deductible	50% after deductible
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	30% after deductible	50% after deductible
Emergency Room Services	30% after deductible	Paid as designated
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	30% after deductible	50% after deductible
Imaging (CT/PET Scans, MRIs)	30% after deductible	50% after deductible
Rehabilitative Speech Therapy	30% after deductible	50% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	30% after deductible	50% after deductible
Preventive Care/Screening/Immunization	0%	0%
Laboratory Outpatient and Professional Services	30% after deductible	50% after deductible
X-rays and Diagnostic Imaging	30% after deductible	50% after deductible
Skilled Nursing Facility	30% after deductible	50% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% after deductible	50% after deductible
Outpatient Surgery Physician/Surgical Services	30% after deductible	50%
Pharmacy		
	In Network (Max Savings)	In Network (Std Savings)
Pharmacy Deductible		
Individual	Integrated with Medical	Integrated with Medical
Family	Integrated with Medical	Integrated with Medical
Generics	\$10	#N/A
Preferred Brand Drugs	\$50	#N/A
Non-Preferred Brand Drugs	50% up to \$750	#N/A
Specialty Drugs (i.e. high-cost)	Same as applicable tier cost share.	#N/A

**Aetna Life Insurance Company
New York Small Group**

NY BRONZE SAVINGS PLUS OAEPO 3500 70% HSA PY RE

Actuarial Value Snapshot

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

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input checked="" type="checkbox"/>	Blended Network/POS Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 90%
	2nd Tier Utilization: 10%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$3,500.00			\$5,500.00
Coinsurance (% , Insurer's Cost Share)			69.19%			54.60%
OOP Maximum (\$)			\$6,000.00			\$6,450.00
OOP Maximum if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	
All Inpatient Hospital Services (inc. MSHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Mental/Behavioral Health and Substance Abuse Disorder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	50%	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum: \$750
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>	# Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10):

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

61.6%

Metal Tier:

Bronze

This product, NY Bronze Savings Plus OAEPO 3500 70% HSA PY RE satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 61.6%.

Plan Relativity Factors

Table 1 - EPO

New Plan Number	Plan Relativity Factor	Rx Generic	Rx Brand Formulary	Rx Brand Non-Formulary	INN Coins	INN Deductible	OOP Max	Primary Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay
OA EPO Gold 1000 90	1.207932	\$10	\$50	50% up to \$750	90%	\$1,000	\$4,000	\$30	50	Plan Coins	Plan Coins	150
OA EPO Silver 3000 70	1.000000	\$10	\$50	50% up to \$750	70%	\$3,000	\$6,600	\$50	75	Plan Coins	Plan Coins	200
OA EPO Silver 2000 60	1.051478	\$10	\$50	50% up to \$750	60%	\$2,000	\$5,500	\$30	50	Plan Coins	Plan Coins	200
OA EPO Silver 2000 80	1.030555	\$10	\$50	50% up to \$750	80%	\$2,000	\$6,600	\$40	70	Plan Coins	Plan Coins	200
OA EPO HSA Comp 2000 90 PY	1.013572	\$10	\$50	50% up to \$750	90%	\$2,000	\$6,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 3500 50	0.848833	\$10	\$50	50% up to \$750	50%	\$3,500	\$6,600	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 4000 80	0.857802	\$10	\$50	50% up to \$750	80%	\$4,000	\$6,600	\$25	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 5000 60	0.875442	\$10	50% if no GE available	Not Covered	60%	\$5,000	\$6,250	\$50	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO HSA Comp 3000 100 PY	0.874394	\$10	\$55	50% up to \$750	100%	\$3,000	\$6,450	\$50	75	Plan Coins	\$1000 / admit	200
OA EPO HSA Comp 3500 60 PY	0.865519	\$10	\$50	50% up to \$750	60%	\$3,500	\$6,250	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO HSA Comp 5000 100 PY	0.854666	\$10	\$50	50% up to \$750	100%	\$5,000	\$6,250	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
Gold Savings Plus	1.172571	\$10	\$50	50% up to \$750	10%	\$1,000	\$3,000	\$30	50	Plan Coins	Plan Coins	150
Silver Savings Plus 2000 80	1.005958	\$10	\$50	50% up to \$750	20%	\$2,000	\$5,800	\$40	60	Plan Coins	Plan Coins	200
Silver HSA Savings Plus 2000 90	0.982692	\$10	\$50	50% up to \$750	10%	\$2,000	\$5,500	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
Silver Savings Plus 2500 80	0.972154	\$10	\$50	50% up to \$750	20%	\$2,500	\$6,000	\$50	75	Plan Coins	Plan Coins	Plan Coins
Bronze Savings Plus 4000 70	0.862349	\$10	\$50	50% up to \$750	30%	\$4,000	\$6,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
Bronze HSA Savings Plus 3500 70	0.875374	\$10	\$50	50% up to \$750	30%	\$3,500	\$6,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Gold 1000 90 RE	1.190081	\$10	\$50	50% up to \$750	90%	\$1,000	\$4,000	\$30	50	Plan Coins	Plan Coins	150
OA EPO Silver 3000 70 RE	0.985222	\$10	\$50	50% up to \$750	70%	\$3,000	\$6,600	\$50	75	Plan Coins	Plan Coins	200
OA EPO Silver 2000 60 RE	1.035939	\$10	\$50	50% up to \$750	60%	\$2,000	\$5,500	\$30	50	Plan Coins	Plan Coins	200
OA EPO Silver 2000 80 RE	1.015325	\$10	\$50	50% up to \$750	80%	\$2,000	\$6,600	\$40	70	Plan Coins	Plan Coins	200
OA EPO HSA Comp 2000 90 PY RE	0.998593	\$10	\$50	50% up to \$750	90%	\$2,000	\$6,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 3500 50 RE	0.836289	\$10	\$50	50% up to \$750	50%	\$3,500	\$6,600	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 4000 80 RE	0.845125	\$10	\$50	50% up to \$750	80%	\$4,000	\$6,600	\$25	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO Bronze 5000 60 RE	0.862504	\$10	50% if no GE available	Not Covered	60%	\$5,000	\$6,250	\$50	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO HSA Comp 3000 100 PY RE	0.861472	\$10	\$55	50% up to \$750	100%	\$3,000	\$6,450	\$50	75	Plan Coins	\$1000 / admit	200
OA EPO HSA Comp 3500 60 PY RE	0.852728	\$10	\$50	50% up to \$750	60%	\$3,500	\$6,250	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
OA EPO HSA Comp 5000 100 PY RE	0.842035	\$10	\$50	50% up to \$750	100%	\$5,000	\$6,250	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
Gold Savings Plus RE	1.155242	\$10	\$50	50% up to \$750	10%	\$1,000	\$3,000	\$30	50	Plan Coins	Plan Coins	150
Silver Savings Plus 2000 80 RE	0.991092	\$10	\$50	50% up to \$750	20%	\$2,000	\$5,800	\$40	60	Plan Coins	Plan Coins	200
Silver HSA Savings Plus 2000 90 RE	0.968169	\$10	\$50	50% up to \$750	10%	\$2,000	\$5,500	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
Silver Savings Plus 2500 80 RE	0.957787	\$10	\$50	50% up to \$750	20%	\$2,500	\$6,000	\$50	75	Plan Coins	Plan Coins	Plan Coins
Bronze Savings Plus 4000 70 RE	0.849605	\$10	\$50	50% up to \$750	30%	\$4,000	\$6,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins
Bronze HSA Savings Plus 3500 70 RE	0.862437	\$10	\$50	50% up to \$750	30%	\$3,500	\$6,000	Plan Coins	Plan Coins	Plan Coins	Plan Coins	Plan Coins

Plan Relativity Factors												
Table 2 - Indemnity												
New Plan Number	Plan Relativity Factor	Rx Generic	Rx Brand Formulary	Rx Brand Non-Formulary	OON Coins	OON Deductible	OOP Max	Primary Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay
Indemnity Silver 2500 80	1.304812	\$10	\$50	50% up to \$750	20%	\$2,500	\$5,500	\$25	Plan Coins	Plan Coins	Plan Coins	Plan Coins
Indemnity Silver 2500 80 RE	1.285529	\$10	\$50	50% up to \$750	20%	\$2,500	\$5,500	\$25	Plan Coins	Plan Coins	Plan Coins	Plan Coins

Plan Relativity Factors															
Table 3 - NYCCP															
New Plan Name	Plan Relativity Factor	Rx Generic	Rx Brand Formulary	Rx Brand Non-Formulary	INN Coins	INN Deductible	INN OOP Max	Non-Designated Coins	Non-Designated Deductible	Non-Designated OOP Max	Primary Copay	Specialist Copay	SPU Copay	Hospital Copay	ER Copay
NYC Community Plan Platinum 30	1.043194	\$10	\$50	50% up to \$750	N/A	N/A	\$1,000	\$0	5000	5250	30	50	100% Coins	\$1000 / admit	150
NYC Community Plan Platinum 20	1.048548	\$10	\$50	50% up to \$750	N/A	N/A	\$1,000	\$0	5000	5250	\$20	35	100% Coins	\$500 / admit	100
NYC Community Plan Platinum 30 RE	1.027777	\$10	\$50	50% up to \$750	N/A	N/A	\$1,000	\$0	5000	5250	30	50	100% Coins	\$1000 / admit	150
NYC Community Plan Platinum 20 RE	1.033052	\$10	\$50	50% up to \$750	N/A	N/A	\$1,000	\$0	5000	5250	\$20	35	100% Coins	\$500 / admit	100

Aetna Life Insurance Company
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-25.

Aetna Life Insurance Company
New York Small Group

1Q 2015 Rate Summary												
Rate Tables - Medical Plans												
NYRA01												
NYRA07												
New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider				
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family	
				Premium Rate	Child(ren)	Premium Rate	Premium Rate	Premium Rate	Premium Rate	Premium Rate	Premium Rate	
				1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015	1Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$520.34	\$884.58	\$1,040.68	\$1,482.97	\$535.95	\$911.12	\$1,071.90	\$1,527.46	
14025421	Gold Savings Plus	Gold	EPO	\$505.11	\$858.69	\$1,010.22	\$1,439.56	\$520.26	\$884.45	\$1,040.53	\$1,482.75	
14025426	OA EPO Silver 3000 70	Silver	EPO	\$430.77	\$732.31	\$861.54	\$1,227.70	\$443.69	\$754.28	\$887.39	\$1,264.53	
14025423	OA EPO Silver 2000 60	Silver	EPO	\$452.95	\$770.01	\$905.89	\$1,290.90	\$466.54	\$793.11	\$933.07	\$1,329.63	
14025424	OA EPO Silver 2000 80	Silver	EPO	\$443.93	\$754.69	\$887.87	\$1,265.21	\$457.25	\$777.33	\$914.51	\$1,303.17	
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$436.62	\$742.25	\$873.23	\$1,244.36	\$449.72	\$764.52	\$899.43	\$1,281.69	
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$562.07	\$955.53	\$1,124.15	\$1,601.91	\$578.93	\$984.20	\$1,157.87	\$1,649.97	
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$433.34	\$736.67	\$866.67	\$1,235.01	\$446.34	\$758.77	\$892.67	\$1,272.06	
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$423.31	\$719.64	\$846.63	\$1,206.45	\$436.01	\$741.23	\$872.03	\$1,242.64	
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$418.78	\$711.92	\$837.55	\$1,193.51	\$431.34	\$733.28	\$862.68	\$1,229.32	
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$365.65	\$621.61	\$731.30	\$1,042.11	\$376.62	\$640.26	\$753.24	\$1,073.37	
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$369.52	\$628.18	\$739.03	\$1,053.12	\$380.61	\$647.03	\$761.20	\$1,084.71	
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$377.11	\$641.09	\$754.23	\$1,074.78	\$388.42	\$660.32	\$776.86	\$1,107.02	
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$376.66	\$640.33	\$753.33	\$1,073.49	\$387.96	\$659.54	\$775.93	\$1,105.69	
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$372.84	\$633.83	\$745.68	\$1,062.59	\$384.03	\$652.84	\$768.05	\$1,094.47	
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$368.16	\$625.88	\$736.33	\$1,049.27	\$379.20	\$644.66	\$758.42	\$1,080.75	
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$371.47	\$631.51	\$742.95	\$1,058.70	\$382.61	\$650.46	\$765.24	\$1,090.46	
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$377.09	\$641.05	\$754.17	\$1,074.69	\$388.40	\$660.28	\$776.80	\$1,106.93	
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$512.65	\$871.51	\$1,025.30	\$1,461.06	\$528.03	\$897.66	\$1,056.06	\$1,504.89	
14025539	Gold Savings Plus RE	Gold	EPO	\$497.64	\$846.00	\$995.29	\$1,418.29	\$512.57	\$871.38	\$1,025.15	\$1,460.84	
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$424.40	\$721.49	\$848.81	\$1,209.55	\$437.13	\$743.13	\$874.27	\$1,245.84	
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$446.25	\$758.63	\$892.50	\$1,271.82	\$459.64	\$781.39	\$919.28	\$1,309.97	
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$437.37	\$743.53	\$874.74	\$1,246.51	\$450.49	\$765.84	\$900.98	\$1,283.91	
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$430.16	\$731.28	\$860.33	\$1,225.97	\$443.06	\$753.22	\$886.14	\$1,262.75	
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$553.77	\$941.41	\$1,107.54	\$1,578.24	\$570.38	\$969.65	\$1,140.77	\$1,625.59	
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$426.93	\$725.79	\$853.87	\$1,216.76	\$439.74	\$747.56	\$879.49	\$1,253.26	
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$417.06	\$709.00	\$834.12	\$1,188.62	\$429.57	\$730.27	\$859.14	\$1,224.28	
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$412.59	\$701.40	\$825.17	\$1,175.87	\$424.97	\$722.44	\$849.93	\$1,211.15	
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$360.25	\$612.42	\$720.50	\$1,026.71	\$371.06	\$630.79	\$742.12	\$1,057.51	
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$364.06	\$618.89	\$728.11	\$1,037.56	\$374.98	\$637.46	\$749.95	\$1,068.69	
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$371.54	\$631.62	\$743.08	\$1,058.89	\$382.69	\$650.57	\$765.37	\$1,090.66	
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$371.10	\$630.86	\$742.19	\$1,057.63	\$382.23	\$649.79	\$764.46	\$1,089.36	
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$367.33	\$624.46	\$734.66	\$1,046.89	\$378.35	\$643.19	\$756.70	\$1,078.30	
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$362.72	\$616.63	\$725.45	\$1,033.76	\$373.60	\$635.13	\$747.21	\$1,064.77	
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$365.98	\$622.17	\$731.97	\$1,043.06	\$376.96	\$640.84	\$753.93	\$1,074.35	
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$371.51	\$631.57	\$743.03	\$1,058.81	\$382.66	\$650.52	\$765.32	\$1,090.57	

Aetna Life Insurance Company
New York Small Group

2Q 2015 Rate Summary												
Rate Tables - Medical Plans												
NYRA01												
NYRA07												
New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider				
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family	
				Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	
14025420	OA EPO Gold 1000 90	Gold	EPO	\$533.72	\$907.33	\$1,067.44	\$1,521.10	\$549.73	\$934.55	\$1,099.46	\$1,566.73	
14025421	Gold Savings Plus	Gold	EPO	\$518.10	\$880.76	\$1,036.19	\$1,476.57	\$533.64	\$907.18	\$1,067.28	\$1,520.87	
14025426	OA EPO Silver 3000 70	Silver	EPO	\$441.85	\$751.14	\$883.69	\$1,259.26	\$455.11	\$773.67	\$910.20	\$1,297.04	
14025423	OA EPO Silver 2000 60	Silver	EPO	\$464.59	\$789.81	\$929.18	\$1,324.09	\$478.53	\$813.50	\$957.06	\$1,363.81	
14025424	OA EPO Silver 2000 80	Silver	EPO	\$455.35	\$774.09	\$910.69	\$1,297.74	\$469.01	\$797.31	\$938.01	\$1,336.67	
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$447.84	\$761.33	\$895.69	\$1,276.35	\$461.28	\$784.17	\$922.56	\$1,314.64	
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$576.53	\$980.10	\$1,153.05	\$1,643.10	\$593.83	\$1,009.50	\$1,187.64	\$1,692.39	
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$444.48	\$755.61	\$888.96	\$1,266.77	\$457.81	\$778.28	\$915.63	\$1,304.77	
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$434.20	\$738.14	\$868.40	\$1,237.47	\$447.23	\$760.28	\$894.45	\$1,274.59	
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$429.54	\$730.22	\$859.09	\$1,224.20	\$442.43	\$752.13	\$884.86	\$1,260.93	
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$375.05	\$637.59	\$750.11	\$1,068.90	\$386.30	\$656.72	\$772.61	\$1,100.97	
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$379.02	\$644.33	\$758.03	\$1,080.20	\$390.39	\$663.66	\$780.77	\$1,112.61	
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$386.81	\$657.58	\$773.62	\$1,102.41	\$398.41	\$677.31	\$796.83	\$1,135.48	
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$386.35	\$656.79	\$772.70	\$1,101.09	\$397.94	\$676.49	\$795.88	\$1,134.12	
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$382.43	\$650.13	\$764.85	\$1,089.92	\$393.90	\$669.63	\$787.80	\$1,122.62	
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$377.63	\$641.97	\$755.26	\$1,076.25	\$388.96	\$661.23	\$777.92	\$1,108.54	
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$381.03	\$647.74	\$762.05	\$1,085.92	\$392.46	\$667.17	\$784.91	\$1,118.50	
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$386.78	\$657.53	\$773.56	\$1,102.33	\$398.38	\$677.26	\$796.77	\$1,135.40	
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$525.83	\$893.92	\$1,051.67	\$1,498.62	\$541.60	\$920.74	\$1,083.22	\$1,543.58	
14025539	Gold Savings Plus RE	Gold	EPO	\$510.44	\$867.75	\$1,020.88	\$1,454.75	\$525.75	\$893.78	\$1,051.51	\$1,498.39	
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$435.32	\$740.04	\$870.63	\$1,240.65	\$448.38	\$762.24	\$896.75	\$1,277.87	
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$457.73	\$778.13	\$915.45	\$1,304.52	\$471.46	\$801.47	\$942.91	\$1,343.66	
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$448.62	\$762.65	\$897.24	\$1,278.56	\$462.08	\$785.53	\$924.16	\$1,316.92	
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$441.22	\$750.08	\$882.45	\$1,257.49	\$454.46	\$772.58	\$908.92	\$1,295.21	
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$568.01	\$965.61	\$1,136.01	\$1,618.82	\$585.05	\$994.58	\$1,170.09	\$1,667.38	
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$437.91	\$744.45	\$875.82	\$1,248.05	\$451.05	\$766.78	\$902.09	\$1,285.49	
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$427.78	\$727.23	\$855.56	\$1,219.18	\$440.61	\$749.05	\$881.23	\$1,255.76	
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$423.19	\$719.43	\$846.39	\$1,206.11	\$435.89	\$741.01	\$871.78	\$1,242.29	
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$369.51	\$628.17	\$739.02	\$1,053.11	\$380.60	\$647.02	\$761.19	\$1,084.70	
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$373.42	\$634.81	\$746.83	\$1,064.23	\$384.62	\$653.85	\$769.23	\$1,096.16	
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$381.09	\$647.86	\$762.19	\$1,086.12	\$392.52	\$667.30	\$785.06	\$1,118.70	
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$380.64	\$647.09	\$761.28	\$1,084.82	\$392.06	\$666.50	\$784.12	\$1,117.36	
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$376.77	\$640.52	\$753.55	\$1,073.81	\$388.07	\$659.74	\$776.16	\$1,106.02	
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$372.05	\$632.49	\$744.10	\$1,060.34	\$383.21	\$651.46	\$766.42	\$1,092.15	
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$375.40	\$638.17	\$750.79	\$1,069.88	\$386.66	\$657.32	\$773.31	\$1,101.98	
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$381.06	\$647.81	\$762.13	\$1,086.03	\$392.49	\$667.24	\$784.99	\$1,118.61	

Aetna Life Insurance Company
New York Small Group

3Q 2015 Rate Summary												
Rate Tables - Medical Plans												
NYRA01												
NYRA07												
New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider				
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family	
				Premium Rate	Child(ren)	Premium Rate	Premium Rate	Premium Rate	Premium Rate	Premium Rate	Premium Rate	
				3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015	3Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$547.48	\$930.72	\$1,094.96	\$1,560.32	\$563.90	\$958.64	\$1,127.81	\$1,607.13	
14025421	Gold Savings Plus	Gold	EPO	\$531.45	\$903.47	\$1,062.91	\$1,514.64	\$547.39	\$930.57	\$1,094.80	\$1,560.08	
14025426	OA EPO Silver 3000 70	Silver	EPO	\$453.24	\$770.50	\$906.47	\$1,291.73	\$466.84	\$793.62	\$933.66	\$1,330.48	
14025423	OA EPO Silver 2000 60	Silver	EPO	\$476.57	\$810.17	\$953.14	\$1,358.22	\$490.87	\$834.48	\$981.73	\$1,398.97	
14025424	OA EPO Silver 2000 80	Silver	EPO	\$467.09	\$794.05	\$934.17	\$1,331.20	\$481.10	\$817.87	\$962.20	\$1,371.14	
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$459.39	\$780.96	\$918.78	\$1,309.26	\$473.17	\$804.39	\$946.34	\$1,348.54	
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$591.39	\$1,005.36	\$1,182.78	\$1,685.46	\$609.13	\$1,035.52	\$1,218.26	\$1,736.02	
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$455.94	\$775.09	\$911.88	\$1,299.42	\$469.62	\$798.34	\$939.24	\$1,338.40	
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$445.39	\$757.17	\$890.79	\$1,269.37	\$458.75	\$779.89	\$917.51	\$1,307.45	
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$440.62	\$749.05	\$881.23	\$1,255.76	\$453.84	\$771.52	\$907.67	\$1,293.43	
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$384.72	\$654.03	\$769.45	\$1,096.46	\$396.26	\$673.65	\$792.53	\$1,129.35	
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$388.79	\$660.94	\$777.58	\$1,108.05	\$400.45	\$680.77	\$800.91	\$1,141.29	
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$396.78	\$674.53	\$793.57	\$1,130.83	\$408.68	\$694.77	\$817.38	\$1,164.75	
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$396.31	\$673.72	\$792.62	\$1,129.48	\$408.20	\$693.93	\$816.40	\$1,163.36	
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$392.29	\$666.89	\$784.57	\$1,118.01	\$404.06	\$686.90	\$808.11	\$1,151.55	
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$387.37	\$658.52	\$774.73	\$1,103.99	\$398.99	\$678.28	\$797.97	\$1,137.11	
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$390.85	\$664.44	\$781.70	\$1,113.92	\$402.58	\$684.37	\$805.15	\$1,147.34	
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$396.75	\$674.48	\$793.50	\$1,130.74	\$408.65	\$694.71	\$817.31	\$1,164.66	
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$539.39	\$916.96	\$1,078.78	\$1,537.26	\$555.57	\$944.47	\$1,111.14	\$1,583.38	
14025539	Gold Savings Plus RE	Gold	EPO	\$523.60	\$890.12	\$1,047.20	\$1,492.26	\$539.31	\$916.82	\$1,078.62	\$1,537.03	
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$446.54	\$759.12	\$893.08	\$1,272.64	\$459.94	\$781.89	\$919.87	\$1,310.82	
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$469.53	\$798.19	\$939.05	\$1,338.15	\$483.62	\$822.14	\$967.22	\$1,378.29	
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$460.18	\$782.31	\$920.37	\$1,311.52	\$473.99	\$805.78	\$947.98	\$1,350.87	
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$452.60	\$769.42	\$905.20	\$1,289.91	\$466.18	\$792.50	\$932.36	\$1,328.61	
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$582.65	\$990.50	\$1,165.30	\$1,660.55	\$600.13	\$1,020.22	\$1,200.26	\$1,710.37	
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$449.20	\$763.64	\$898.40	\$1,280.22	\$462.68	\$786.55	\$925.35	\$1,318.63	
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$438.81	\$745.98	\$877.62	\$1,250.61	\$451.97	\$768.36	\$903.95	\$1,288.13	
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$434.10	\$737.98	\$868.21	\$1,237.20	\$447.12	\$760.12	\$894.26	\$1,274.32	
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$379.04	\$644.36	\$758.07	\$1,080.26	\$390.41	\$663.69	\$780.81	\$1,112.67	
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$383.04	\$651.17	\$766.08	\$1,091.67	\$394.53	\$670.71	\$789.06	\$1,124.42	
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$390.92	\$664.56	\$781.84	\$1,114.12	\$402.65	\$684.50	\$805.30	\$1,147.54	
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$390.45	\$663.77	\$780.90	\$1,112.79	\$402.16	\$683.68	\$804.33	\$1,146.17	
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$386.49	\$657.03	\$772.98	\$1,101.49	\$398.08	\$676.74	\$796.17	\$1,134.53	
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$381.64	\$648.79	\$763.28	\$1,087.68	\$393.09	\$668.25	\$786.18	\$1,120.31	
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$385.07	\$654.62	\$770.15	\$1,097.46	\$396.62	\$674.26	\$793.25	\$1,130.38	
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$390.89	\$664.51	\$781.78	\$1,114.03	\$402.62	\$684.45	\$805.23	\$1,147.45	

Aetna Life Insurance Company
New York Small Group

4Q 2015 Rate Summary												
Rate Tables - Medical Plans												
NYRA01												
NYRA07												
New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider				
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family	
				Premium Rate	Child(ren)	Premium Rate	Premium Rate	Premium Rate	Premium Rate	Premium Rate	Premium Rate	
				4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015	4Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$561.63	\$954.77	\$1,123.26	\$1,600.64	\$578.48	\$983.41	\$1,156.96	\$1,648.66	
14025421	Gold Savings Plus	Gold	EPO	\$545.19	\$926.82	\$1,090.38	\$1,553.79	\$561.55	\$954.62	\$1,123.09	\$1,600.40	
14025426	OA EPO Silver 3000 70	Silver	EPO	\$464.95	\$790.42	\$929.90	\$1,325.11	\$478.90	\$814.13	\$957.80	\$1,364.86	
14025423	OA EPO Silver 2000 60	Silver	EPO	\$488.89	\$831.11	\$977.77	\$1,393.33	\$503.56	\$856.04	\$1,007.10	\$1,435.13	
14025424	OA EPO Silver 2000 80	Silver	EPO	\$479.16	\$814.57	\$958.32	\$1,365.60	\$493.53	\$839.01	\$987.07	\$1,406.57	
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$471.26	\$801.14	\$942.52	\$1,343.10	\$485.40	\$825.17	\$970.80	\$1,383.39	
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$606.67	\$1,031.35	\$1,213.35	\$1,729.02	\$624.87	\$1,062.29	\$1,249.75	\$1,780.89	
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$467.72	\$795.13	\$935.44	\$1,333.01	\$481.75	\$818.98	\$963.50	\$1,373.00	
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$456.90	\$776.74	\$913.81	\$1,302.18	\$470.61	\$800.04	\$941.22	\$1,341.25	
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$452.00	\$768.41	\$904.01	\$1,288.21	\$465.56	\$791.46	\$931.13	\$1,326.86	
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$394.67	\$670.93	\$789.33	\$1,124.80	\$406.51	\$691.06	\$813.01	\$1,158.54	
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$398.84	\$678.02	\$797.67	\$1,136.68	\$410.81	\$698.36	\$821.60	\$1,170.78	
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$407.04	\$691.96	\$814.08	\$1,160.06	\$419.25	\$712.72	\$838.50	\$1,194.86	
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$406.55	\$691.14	\$813.10	\$1,158.67	\$418.75	\$711.87	\$837.49	\$1,193.43	
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$402.42	\$684.12	\$804.85	\$1,146.91	\$414.49	\$704.64	\$829.00	\$1,181.32	
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$397.38	\$675.54	\$794.76	\$1,132.53	\$409.30	\$695.81	\$818.60	\$1,166.51	
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$400.95	\$681.62	\$801.90	\$1,142.71	\$412.98	\$702.07	\$825.96	\$1,176.99	
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$407.01	\$691.91	\$814.01	\$1,159.97	\$419.22	\$712.67	\$838.43	\$1,194.77	
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$553.33	\$940.66	\$1,106.66	\$1,576.99	\$569.93	\$968.88	\$1,139.86	\$1,624.30	
14025539	Gold Savings Plus RE	Gold	EPO	\$537.13	\$913.12	\$1,074.26	\$1,530.82	\$553.24	\$940.51	\$1,106.49	\$1,576.74	
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$458.08	\$778.74	\$916.16	\$1,305.53	\$471.82	\$802.10	\$943.64	\$1,344.70	
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$481.66	\$818.82	\$963.32	\$1,372.73	\$496.11	\$843.38	\$992.22	\$1,413.91	
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$472.08	\$802.53	\$944.15	\$1,345.42	\$486.24	\$826.61	\$972.47	\$1,385.78	
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$464.30	\$789.31	\$928.59	\$1,323.25	\$478.23	\$812.99	\$956.45	\$1,362.95	
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$597.71	\$1,016.10	\$1,195.42	\$1,703.47	\$615.64	\$1,046.58	\$1,231.28	\$1,754.57	
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$460.81	\$783.38	\$921.62	\$1,313.31	\$474.63	\$806.88	\$949.27	\$1,352.71	
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$450.15	\$765.26	\$900.30	\$1,282.93	\$463.65	\$788.22	\$927.31	\$1,321.42	
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$445.32	\$757.05	\$890.65	\$1,269.17	\$458.68	\$779.76	\$917.37	\$1,307.25	
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$388.83	\$661.02	\$777.67	\$1,108.18	\$400.49	\$680.85	\$801.00	\$1,141.43	
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$392.94	\$668.00	\$785.88	\$1,119.88	\$404.73	\$688.04	\$809.46	\$1,153.48	
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$401.02	\$681.74	\$802.04	\$1,142.91	\$413.05	\$702.19	\$826.10	\$1,177.20	
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$400.54	\$680.92	\$801.09	\$1,141.55	\$412.56	\$701.35	\$825.12	\$1,175.80	
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$396.48	\$674.01	\$792.95	\$1,129.96	\$408.37	\$694.23	\$816.74	\$1,163.86	
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$391.51	\$665.56	\$783.01	\$1,115.79	\$403.26	\$685.53	\$806.50	\$1,149.26	
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$395.03	\$671.54	\$790.05	\$1,125.82	\$406.88	\$691.69	\$813.75	\$1,159.59	
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$400.99	\$681.69	\$801.98	\$1,142.83	\$413.02	\$702.14	\$826.04	\$1,177.11	

Aetna Life Insurance Company
New York Small Group

1Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA02

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$571.11	\$970.88	\$1,142.21	\$1,627.65	\$588.24	\$1,000.01	\$1,176.48	\$1,676.48
14025421	Gold Savings Plus	Gold	EPO	\$554.39	\$942.46	\$1,108.78	\$1,580.01	\$571.02	\$970.73	\$1,142.04	\$1,627.41
14025426	OA EPO Silver 3000 70	Silver	EPO	\$472.80	\$803.75	\$945.59	\$1,347.47	\$486.98	\$827.86	\$973.96	\$1,387.89
14025423	OA EPO Silver 2000 60	Silver	EPO	\$497.14	\$845.13	\$994.27	\$1,416.84	\$512.05	\$870.48	\$1,024.10	\$1,459.35
14025424	OA EPO Silver 2000 80	Silver	EPO	\$487.24	\$828.31	\$974.49	\$1,388.64	\$501.86	\$853.16	\$1,003.72	\$1,430.30
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$479.21	\$814.66	\$958.43	\$1,365.76	\$493.59	\$839.10	\$987.18	\$1,406.73
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$616.91	\$1,048.75	\$1,233.82	\$1,758.20	\$635.42	\$1,080.21	\$1,270.83	\$1,810.95
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$475.61	\$808.54	\$951.23	\$1,355.50	\$489.88	\$832.80	\$979.77	\$1,396.17
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$464.61	\$789.84	\$929.23	\$1,324.15	\$478.55	\$813.54	\$957.11	\$1,363.87
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$459.63	\$781.37	\$919.26	\$1,309.95	\$473.42	\$804.81	\$946.84	\$1,349.25
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$401.33	\$682.25	\$802.65	\$1,143.78	\$413.37	\$702.72	\$826.73	\$1,178.09
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$405.57	\$689.46	\$811.13	\$1,155.86	\$417.74	\$710.14	\$835.46	\$1,190.54
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$413.91	\$703.64	\$827.81	\$1,179.63	\$426.33	\$724.75	\$852.64	\$1,215.02
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$413.41	\$702.80	\$826.82	\$1,178.22	\$425.81	\$723.88	\$851.62	\$1,213.57
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$409.21	\$695.67	\$818.43	\$1,166.26	\$421.49	\$716.54	\$842.98	\$1,201.25
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$404.08	\$686.94	\$808.17	\$1,151.64	\$416.20	\$707.55	\$832.42	\$1,186.19
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$407.72	\$693.12	\$815.43	\$1,161.99	\$419.95	\$713.91	\$839.89	\$1,196.85
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$413.87	\$703.59	\$827.75	\$1,179.54	\$426.29	\$724.70	\$852.58	\$1,214.93
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$562.67	\$956.53	\$1,125.33	\$1,603.60	\$579.55	\$985.23	\$1,159.09	\$1,651.71
14025539	Gold Savings Plus RE	Gold	EPO	\$546.19	\$928.53	\$1,092.39	\$1,556.66	\$562.58	\$956.39	\$1,125.16	\$1,603.36
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$465.81	\$791.88	\$931.62	\$1,327.56	\$479.78	\$815.64	\$959.57	\$1,367.39
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$489.79	\$832.64	\$979.58	\$1,395.90	\$504.48	\$857.62	\$1,008.97	\$1,437.78
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$480.04	\$816.07	\$960.09	\$1,368.12	\$494.44	\$840.55	\$988.89	\$1,409.16
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$472.13	\$802.62	\$944.26	\$1,345.58	\$486.29	\$826.70	\$972.59	\$1,385.95
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$607.79	\$1,033.25	\$1,215.59	\$1,732.21	\$626.02	\$1,064.25	\$1,252.06	\$1,784.18
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$468.59	\$796.60	\$937.17	\$1,335.47	\$482.65	\$820.50	\$965.29	\$1,375.53
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$457.75	\$778.17	\$915.49	\$1,304.58	\$471.48	\$801.52	\$942.95	\$1,343.72
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$452.84	\$769.83	\$905.68	\$1,290.59	\$466.43	\$792.92	\$932.85	\$1,329.31
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$395.39	\$672.17	\$790.79	\$1,126.88	\$407.25	\$692.34	\$814.51	\$1,160.69
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$399.57	\$679.27	\$799.15	\$1,138.78	\$411.56	\$699.65	\$823.12	\$1,172.94
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$407.79	\$693.24	\$815.58	\$1,162.20	\$420.02	\$714.04	\$840.05	\$1,197.07
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$407.30	\$692.41	\$814.60	\$1,160.81	\$419.52	\$713.18	\$839.04	\$1,195.63
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$403.17	\$685.38	\$806.33	\$1,149.03	\$415.27	\$705.94	\$830.52	\$1,183.50
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$398.11	\$676.79	\$796.22	\$1,134.62	\$410.05	\$697.09	\$820.11	\$1,168.66
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$401.69	\$682.87	\$803.38	\$1,144.82	\$413.74	\$703.36	\$827.48	\$1,179.16
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$407.76	\$693.19	\$815.52	\$1,162.11	\$419.99	\$713.99	\$839.99	\$1,196.97

Aetna Life Insurance Company
New York Small Group

2Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA02

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$585.79	\$995.84	\$1,171.58	\$1,669.50	\$603.36	\$1,025.72	\$1,206.73	\$1,719.59
14025421	Gold Savings Plus	Gold	EPO	\$568.64	\$966.69	\$1,137.28	\$1,620.63	\$585.70	\$995.69	\$1,171.40	\$1,669.25
14025426	OA EPO Silver 3000 70	Silver	EPO	\$484.95	\$824.42	\$969.91	\$1,382.12	\$499.50	\$849.15	\$999.01	\$1,423.58
14025423	OA EPO Silver 2000 60	Silver	EPO	\$509.92	\$866.86	\$1,019.84	\$1,453.27	\$525.22	\$892.87	\$1,050.44	\$1,496.87
14025424	OA EPO Silver 2000 80	Silver	EPO	\$499.77	\$849.61	\$999.54	\$1,424.35	\$514.76	\$875.10	\$1,029.53	\$1,467.08
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$491.54	\$835.61	\$983.07	\$1,400.88	\$506.29	\$860.68	\$1,012.56	\$1,442.91
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$632.77	\$1,075.71	\$1,265.55	\$1,803.40	\$651.75	\$1,107.98	\$1,303.52	\$1,857.50
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$487.84	\$829.33	\$975.69	\$1,390.35	\$502.48	\$854.21	\$1,004.96	\$1,432.06
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$476.56	\$810.15	\$953.12	\$1,358.20	\$490.86	\$834.45	\$981.71	\$1,398.95
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$471.45	\$801.46	\$942.90	\$1,343.63	\$485.59	\$825.50	\$971.19	\$1,383.94
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$411.64	\$699.80	\$823.29	\$1,173.19	\$423.99	\$720.79	\$847.99	\$1,208.39
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$415.99	\$707.19	\$831.99	\$1,185.58	\$428.47	\$728.41	\$856.95	\$1,221.15
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$424.55	\$721.73	\$849.10	\$1,209.96	\$437.29	\$743.38	\$874.57	\$1,246.26
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$424.04	\$720.87	\$848.08	\$1,208.52	\$436.76	\$742.50	\$873.52	\$1,244.78
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$419.74	\$713.55	\$839.47	\$1,196.25	\$432.33	\$734.96	\$864.65	\$1,232.14
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$414.47	\$704.60	\$828.95	\$1,181.25	\$426.90	\$725.74	\$853.82	\$1,216.69
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$418.20	\$710.94	\$836.40	\$1,191.87	\$430.75	\$732.27	\$861.49	\$1,227.63
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$424.52	\$721.68	\$849.03	\$1,209.87	\$437.26	\$743.33	\$874.50	\$1,246.17
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$577.13	\$981.13	\$1,154.27	\$1,644.83	\$594.44	\$1,010.56	\$1,188.90	\$1,694.17
14025539	Gold Savings Plus RE	Gold	EPO	\$560.24	\$952.41	\$1,120.48	\$1,596.68	\$577.05	\$980.98	\$1,154.09	\$1,644.58
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$477.79	\$812.24	\$955.57	\$1,361.69	\$492.12	\$836.61	\$984.24	\$1,402.54
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$502.38	\$854.05	\$1,004.76	\$1,431.79	\$517.45	\$879.67	\$1,034.90	\$1,474.74
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$492.39	\$837.06	\$984.77	\$1,403.30	\$507.16	\$862.17	\$1,014.31	\$1,445.40
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$484.27	\$823.26	\$968.54	\$1,380.17	\$498.80	\$847.96	\$997.60	\$1,421.58
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$623.42	\$1,059.82	\$1,246.84	\$1,776.75	\$642.12	\$1,091.61	\$1,284.25	\$1,830.05
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$480.63	\$817.08	\$961.27	\$1,369.81	\$495.05	\$841.59	\$990.11	\$1,410.90
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$469.52	\$798.18	\$939.03	\$1,338.12	\$483.61	\$822.13	\$967.20	\$1,378.26
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$464.48	\$789.62	\$928.96	\$1,323.77	\$478.41	\$813.31	\$956.83	\$1,363.48
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$405.56	\$689.45	\$811.12	\$1,155.85	\$417.73	\$710.13	\$835.45	\$1,190.53
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$409.85	\$696.74	\$819.69	\$1,168.06	\$422.15	\$717.64	\$844.28	\$1,203.10
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$418.27	\$711.07	\$836.55	\$1,192.08	\$430.82	\$732.40	\$861.65	\$1,227.84
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$417.77	\$710.22	\$835.55	\$1,190.66	\$430.30	\$731.53	\$860.62	\$1,226.38
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$413.53	\$703.01	\$827.07	\$1,178.57	\$425.94	\$724.10	\$851.88	\$1,213.93
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$408.35	\$694.19	\$816.70	\$1,163.79	\$420.60	\$715.02	\$841.20	\$1,198.70
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$412.02	\$700.43	\$824.04	\$1,174.25	\$424.38	\$721.44	\$848.76	\$1,209.48
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$418.24	\$711.01	\$836.48	\$1,191.99	\$430.79	\$732.34	\$861.57	\$1,227.75

3Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA02

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$600.89	\$1,021.52	\$1,201.79	\$1,712.54	\$618.92	\$1,052.17	\$1,237.84	\$1,763.92
14025421	Gold Savings Plus	Gold	EPO	\$583.30	\$991.61	\$1,166.60	\$1,662.41	\$600.80	\$1,021.36	\$1,201.60	\$1,712.28
14025426	OA EPO Silver 3000 70	Silver	EPO	\$497.46	\$845.67	\$994.91	\$1,417.75	\$512.38	\$871.04	\$1,024.76	\$1,460.28
14025423	OA EPO Silver 2000 60	Silver	EPO	\$523.06	\$889.21	\$1,046.13	\$1,490.73	\$538.75	\$915.89	\$1,077.51	\$1,535.45
14025424	OA EPO Silver 2000 80	Silver	EPO	\$512.66	\$871.51	\$1,025.31	\$1,461.07	\$528.04	\$897.66	\$1,056.07	\$1,504.90
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$504.21	\$857.15	\$1,008.41	\$1,436.99	\$519.34	\$882.86	\$1,038.66	\$1,480.10
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$649.09	\$1,103.45	\$1,298.17	\$1,849.90	\$668.56	\$1,136.55	\$1,337.12	\$1,905.40
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$500.42	\$850.71	\$1,000.84	\$1,426.20	\$515.43	\$876.23	\$1,030.87	\$1,468.99
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$488.85	\$831.04	\$977.69	\$1,393.21	\$503.52	\$855.97	\$1,007.02	\$1,435.01
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$483.60	\$822.13	\$967.21	\$1,378.27	\$498.11	\$846.79	\$996.23	\$1,419.62
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$422.26	\$717.84	\$844.51	\$1,203.43	\$434.93	\$739.38	\$869.85	\$1,239.53
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$426.72	\$725.42	\$853.44	\$1,216.15	\$439.52	\$747.18	\$879.04	\$1,252.63
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$435.49	\$740.34	\$870.99	\$1,241.16	\$448.55	\$762.55	\$897.12	\$1,278.39
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$434.97	\$739.45	\$869.94	\$1,239.67	\$448.02	\$761.63	\$896.04	\$1,276.86
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$430.56	\$731.95	\$861.11	\$1,227.09	\$443.48	\$753.91	\$886.94	\$1,263.90
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$425.16	\$722.77	\$850.32	\$1,211.70	\$437.91	\$744.45	\$875.83	\$1,248.05
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$428.98	\$729.27	\$857.96	\$1,222.59	\$441.85	\$751.15	\$883.70	\$1,259.27
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$435.46	\$740.28	\$870.92	\$1,241.06	\$448.52	\$762.49	\$897.05	\$1,278.29
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$592.01	\$1,006.42	\$1,184.03	\$1,687.24	\$609.77	\$1,036.61	\$1,219.55	\$1,737.86
14025539	Gold Savings Plus RE	Gold	EPO	\$574.68	\$976.96	\$1,149.36	\$1,637.84	\$591.92	\$1,006.27	\$1,183.84	\$1,686.98
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$490.10	\$833.18	\$980.21	\$1,396.80	\$504.80	\$858.18	\$1,009.62	\$1,438.70
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$515.33	\$876.07	\$1,030.67	\$1,468.70	\$530.79	\$902.35	\$1,061.59	\$1,512.76
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$505.08	\$858.63	\$1,010.16	\$1,439.48	\$520.23	\$884.39	\$1,040.46	\$1,482.66
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$496.76	\$844.48	\$993.51	\$1,415.75	\$511.66	\$869.81	\$1,023.32	\$1,458.22
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$639.49	\$1,087.14	\$1,278.99	\$1,822.56	\$658.67	\$1,119.75	\$1,317.36	\$1,877.24
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$493.02	\$838.14	\$986.05	\$1,405.12	\$507.81	\$863.28	\$1,015.63	\$1,447.27
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$481.62	\$818.76	\$963.24	\$1,372.62	\$496.07	\$843.32	\$992.14	\$1,413.80
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$476.46	\$809.98	\$952.91	\$1,357.90	\$490.75	\$834.28	\$981.50	\$1,398.64
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$416.02	\$707.23	\$832.03	\$1,185.65	\$428.50	\$728.45	\$856.99	\$1,221.22
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$420.41	\$714.70	\$840.82	\$1,198.17	\$433.02	\$736.14	\$866.04	\$1,234.12
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$429.06	\$729.40	\$858.12	\$1,222.81	\$441.93	\$751.28	\$883.86	\$1,259.49
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$428.54	\$728.53	\$857.09	\$1,221.35	\$441.40	\$750.39	\$882.80	\$1,257.99
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$424.19	\$721.13	\$848.39	\$1,208.95	\$436.92	\$742.76	\$873.84	\$1,245.22
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$418.88	\$712.09	\$837.75	\$1,193.79	\$431.45	\$733.45	\$862.88	\$1,229.60
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$422.64	\$718.49	\$845.28	\$1,204.53	\$435.32	\$740.04	\$870.64	\$1,240.67
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$429.02	\$729.34	\$858.05	\$1,222.72	\$441.89	\$751.22	\$883.79	\$1,259.40

4Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA02

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$616.42	\$1,047.92	\$1,232.85	\$1,756.80	\$634.91	\$1,079.36	\$1,269.84	\$1,809.50
14025421	Gold Savings Plus	Gold	EPO	\$598.38	\$1,017.24	\$1,196.76	\$1,705.38	\$616.33	\$1,047.76	\$1,232.66	\$1,756.54
14025426	OA EPO Silver 3000 70	Silver	EPO	\$510.31	\$867.53	\$1,020.62	\$1,454.39	\$525.62	\$893.56	\$1,051.24	\$1,498.02
14025423	OA EPO Silver 2000 60	Silver	EPO	\$536.58	\$912.19	\$1,073.16	\$1,529.26	\$552.68	\$939.56	\$1,105.35	\$1,575.14
14025424	OA EPO Silver 2000 80	Silver	EPO	\$525.91	\$894.04	\$1,051.81	\$1,498.83	\$541.69	\$920.86	\$1,083.36	\$1,543.79
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$517.24	\$879.31	\$1,034.48	\$1,474.13	\$532.76	\$905.69	\$1,065.51	\$1,518.35
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$665.86	\$1,131.97	\$1,331.72	\$1,897.71	\$685.84	\$1,165.93	\$1,371.67	\$1,954.64
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$513.35	\$872.70	\$1,026.71	\$1,463.06	\$528.75	\$898.88	\$1,057.51	\$1,506.95
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$501.48	\$852.52	\$1,002.96	\$1,429.22	\$516.52	\$878.10	\$1,033.05	\$1,472.10
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$496.10	\$843.37	\$992.20	\$1,413.89	\$510.98	\$868.67	\$1,021.97	\$1,456.31
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$433.17	\$736.39	\$866.34	\$1,234.53	\$446.17	\$758.48	\$892.33	\$1,271.57
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$437.75	\$744.17	\$875.49	\$1,247.58	\$450.88	\$766.50	\$901.75	\$1,285.01
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$446.75	\$759.47	\$893.50	\$1,273.23	\$460.15	\$782.25	\$920.31	\$1,311.43
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$446.21	\$758.56	\$892.43	\$1,271.71	\$459.60	\$781.32	\$919.20	\$1,309.86
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$441.69	\$750.86	\$883.37	\$1,258.80	\$454.94	\$773.39	\$909.87	\$1,296.56
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$436.15	\$741.45	\$872.29	\$1,243.02	\$449.23	\$763.69	\$898.46	\$1,280.31
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$440.07	\$748.11	\$880.13	\$1,254.19	\$453.27	\$770.55	\$906.53	\$1,291.82
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$446.71	\$759.41	\$893.43	\$1,273.14	\$460.11	\$782.19	\$920.23	\$1,311.33
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$607.31	\$1,032.43	\$1,214.63	\$1,730.84	\$625.53	\$1,063.40	\$1,251.07	\$1,782.77
14025539	Gold Savings Plus RE	Gold	EPO	\$589.53	\$1,002.21	\$1,179.07	\$1,680.17	\$607.22	\$1,032.28	\$1,214.44	\$1,730.58
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$502.77	\$854.71	\$1,005.54	\$1,432.90	\$517.85	\$880.35	\$1,035.71	\$1,475.89
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$528.65	\$898.71	\$1,057.31	\$1,506.66	\$544.51	\$925.67	\$1,089.03	\$1,551.86
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$518.13	\$880.83	\$1,036.27	\$1,476.68	\$533.67	\$907.25	\$1,067.36	\$1,520.98
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$509.59	\$866.31	\$1,019.19	\$1,452.34	\$524.88	\$892.30	\$1,049.77	\$1,495.91
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$656.02	\$1,115.24	\$1,312.04	\$1,869.66	\$675.70	\$1,148.70	\$1,351.40	\$1,925.75
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$505.77	\$859.80	\$1,011.53	\$1,441.43	\$520.94	\$885.59	\$1,041.88	\$1,484.67
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$494.07	\$839.92	\$988.14	\$1,408.10	\$508.89	\$865.12	\$1,017.78	\$1,450.34
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$488.77	\$830.91	\$977.54	\$1,393.00	\$503.43	\$855.84	\$1,006.87	\$1,434.79
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$426.77	\$725.51	\$853.54	\$1,216.29	\$439.57	\$747.28	\$879.15	\$1,252.78
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$431.28	\$733.17	\$862.56	\$1,229.14	\$444.22	\$755.17	\$888.44	\$1,266.01
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$440.15	\$748.25	\$880.29	\$1,254.42	\$453.35	\$770.70	\$906.70	\$1,292.05
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$439.62	\$747.35	\$879.24	\$1,252.92	\$452.81	\$769.77	\$905.62	\$1,290.51
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$435.16	\$739.77	\$870.32	\$1,240.20	\$448.21	\$761.96	\$896.43	\$1,277.41
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$429.70	\$730.49	\$859.40	\$1,224.65	\$442.59	\$752.40	\$885.18	\$1,261.39
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$433.56	\$737.06	\$867.13	\$1,235.66	\$446.57	\$759.17	\$893.14	\$1,272.73
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$440.11	\$748.19	\$880.22	\$1,254.32	\$453.31	\$770.64	\$906.63	\$1,291.95

Aetna Life Insurance Company
New York Small Group

1Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA03

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$564.76	\$960.09	\$1,129.52	\$1,609.57	\$581.70	\$988.89	\$1,163.41	\$1,657.86
14025421	Gold Savings Plus	Gold	EPO	\$548.23	\$931.99	\$1,096.46	\$1,562.45	\$564.68	\$959.95	\$1,129.35	\$1,609.32
14025426	OA EPO Silver 3000 70	Silver	EPO	\$467.54	\$794.82	\$935.09	\$1,332.50	\$481.57	\$818.66	\$963.14	\$1,372.48
14025423	OA EPO Silver 2000 60	Silver	EPO	\$491.61	\$835.74	\$983.22	\$1,401.09	\$506.36	\$860.81	\$1,012.72	\$1,443.12
14025424	OA EPO Silver 2000 80	Silver	EPO	\$481.83	\$819.11	\$963.66	\$1,373.21	\$496.28	\$843.68	\$992.57	\$1,414.41
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$473.89	\$805.61	\$947.78	\$1,350.58	\$488.11	\$829.78	\$976.21	\$1,391.10
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$610.06	\$1,037.10	\$1,220.11	\$1,738.66	\$628.36	\$1,068.21	\$1,256.71	\$1,790.82
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$470.33	\$799.56	\$940.66	\$1,340.44	\$484.44	\$823.55	\$968.88	\$1,380.65
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$459.45	\$781.07	\$918.90	\$1,309.44	\$473.23	\$804.50	\$946.47	\$1,348.72
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$454.52	\$772.69	\$909.05	\$1,295.39	\$468.16	\$795.87	\$936.32	\$1,334.25
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$396.87	\$674.67	\$793.73	\$1,131.07	\$408.78	\$694.91	\$817.54	\$1,165.00
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$401.06	\$681.80	\$802.12	\$1,143.02	\$413.09	\$702.25	\$826.18	\$1,177.31
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$409.31	\$695.82	\$818.61	\$1,166.53	\$421.59	\$716.69	\$843.17	\$1,201.53
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$408.82	\$694.99	\$817.63	\$1,165.13	\$421.08	\$715.84	\$842.16	\$1,200.08
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$404.67	\$687.94	\$809.34	\$1,153.30	\$416.81	\$708.58	\$833.62	\$1,187.90
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$399.59	\$679.31	\$799.19	\$1,138.84	\$411.58	\$699.69	\$823.17	\$1,173.01
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$403.19	\$685.42	\$806.37	\$1,149.08	\$415.29	\$705.98	\$830.56	\$1,183.55
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$409.28	\$695.77	\$818.55	\$1,166.44	\$421.56	\$716.64	\$843.11	\$1,201.43
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$556.41	\$945.91	\$1,112.83	\$1,585.78	\$573.10	\$974.29	\$1,146.21	\$1,633.35
14025539	Gold Savings Plus RE	Gold	EPO	\$540.13	\$918.21	\$1,080.25	\$1,539.36	\$556.33	\$945.76	\$1,112.66	\$1,585.54
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$460.63	\$783.08	\$921.27	\$1,312.81	\$474.45	\$806.57	\$948.91	\$1,352.19
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$484.35	\$823.39	\$968.69	\$1,380.39	\$498.88	\$848.09	\$997.75	\$1,421.80
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$474.71	\$807.00	\$949.42	\$1,352.92	\$488.95	\$831.21	\$977.90	\$1,393.51
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$466.89	\$793.71	\$933.77	\$1,330.62	\$480.90	\$817.52	\$961.78	\$1,370.54
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$601.04	\$1,021.77	\$1,202.08	\$1,712.97	\$619.07	\$1,052.42	\$1,238.14	\$1,764.36
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$463.38	\$787.74	\$926.76	\$1,320.63	\$477.28	\$811.37	\$954.56	\$1,360.25
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$452.66	\$769.52	\$905.32	\$1,290.08	\$466.24	\$792.61	\$932.48	\$1,328.78
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$447.81	\$761.27	\$895.61	\$1,276.25	\$461.24	\$784.11	\$922.48	\$1,314.54
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$391.00	\$664.70	\$782.00	\$1,114.35	\$402.73	\$684.64	\$805.46	\$1,147.78
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$395.13	\$671.73	\$790.27	\$1,126.13	\$406.98	\$691.88	\$813.98	\$1,159.91
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$403.26	\$685.54	\$806.52	\$1,149.29	\$415.36	\$706.11	\$830.72	\$1,183.77
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$402.78	\$684.72	\$805.55	\$1,147.91	\$414.86	\$705.26	\$829.72	\$1,182.35
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$398.69	\$677.77	\$797.38	\$1,136.26	\$410.65	\$698.10	\$821.30	\$1,170.35
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$393.69	\$669.27	\$787.38	\$1,122.01	\$405.50	\$689.35	\$811.00	\$1,155.67
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$397.23	\$675.29	\$794.45	\$1,132.10	\$409.15	\$695.55	\$818.28	\$1,166.06
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$403.23	\$685.49	\$806.45	\$1,149.20	\$415.33	\$706.05	\$830.64	\$1,183.68

Aetna Life Insurance Company
New York Small Group

2Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA03

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$579.28	\$984.78	\$1,158.56	\$1,650.95	\$596.66	\$1,014.32	\$1,193.32	\$1,700.48
14025421	Gold Savings Plus	Gold	EPO	\$562.32	\$955.95	\$1,124.65	\$1,602.62	\$579.19	\$984.63	\$1,158.39	\$1,650.70
14025426	OA EPO Silver 3000 70	Silver	EPO	\$479.57	\$815.26	\$959.13	\$1,366.76	\$493.96	\$839.72	\$987.90	\$1,407.76
14025423	OA EPO Silver 2000 60	Silver	EPO	\$504.25	\$857.23	\$1,008.50	\$1,437.12	\$519.38	\$882.95	\$1,038.76	\$1,480.23
14025424	OA EPO Silver 2000 80	Silver	EPO	\$494.22	\$840.17	\$988.44	\$1,408.52	\$509.05	\$865.38	\$1,018.09	\$1,450.78
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$486.07	\$826.33	\$972.15	\$1,385.31	\$500.65	\$851.12	\$1,001.31	\$1,426.87
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$625.74	\$1,063.76	\$1,251.48	\$1,783.37	\$644.51	\$1,095.67	\$1,289.02	\$1,836.87
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$482.42	\$820.12	\$964.84	\$1,374.90	\$496.89	\$844.72	\$993.79	\$1,416.15
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$471.26	\$801.15	\$942.53	\$1,343.10	\$485.40	\$825.18	\$970.81	\$1,383.39
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$466.21	\$792.56	\$932.42	\$1,328.70	\$480.20	\$816.34	\$960.39	\$1,368.56
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$407.07	\$692.02	\$814.14	\$1,160.15	\$419.28	\$712.78	\$838.56	\$1,194.95
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$411.37	\$699.33	\$822.74	\$1,172.41	\$423.71	\$720.31	\$847.42	\$1,207.58
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$419.83	\$713.71	\$839.66	\$1,196.52	\$432.42	\$735.12	\$864.85	\$1,232.42
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$419.33	\$712.86	\$838.66	\$1,195.09	\$431.91	\$734.25	\$863.82	\$1,230.94
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$415.07	\$705.62	\$830.15	\$1,182.96	\$427.52	\$726.79	\$855.05	\$1,218.45
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$409.87	\$696.78	\$819.74	\$1,168.12	\$422.17	\$717.68	\$844.33	\$1,203.16
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$413.55	\$703.04	\$827.11	\$1,178.62	\$425.96	\$724.13	\$851.92	\$1,213.98
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$419.80	\$713.66	\$839.60	\$1,196.43	\$432.39	\$735.07	\$864.79	\$1,232.32
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$570.72	\$970.23	\$1,141.44	\$1,626.56	\$587.84	\$999.34	\$1,175.68	\$1,675.36
14025539	Gold Savings Plus RE	Gold	EPO	\$554.01	\$941.82	\$1,108.03	\$1,578.94	\$570.63	\$970.07	\$1,141.27	\$1,626.31
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$472.48	\$803.21	\$944.96	\$1,346.56	\$486.65	\$827.31	\$973.31	\$1,386.96
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$496.80	\$844.56	\$993.60	\$1,415.88	\$511.70	\$869.90	\$1,023.41	\$1,458.36
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$486.91	\$827.75	\$973.83	\$1,387.71	\$501.52	\$852.58	\$1,003.04	\$1,429.34
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$478.89	\$814.11	\$957.78	\$1,364.84	\$493.26	\$838.53	\$986.51	\$1,405.79
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$616.49	\$1,048.04	\$1,232.99	\$1,757.01	\$634.98	\$1,079.48	\$1,269.98	\$1,809.72
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$475.29	\$808.00	\$950.59	\$1,354.59	\$489.55	\$832.24	\$979.11	\$1,395.23
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$464.30	\$789.31	\$928.60	\$1,323.26	\$478.23	\$812.99	\$956.46	\$1,362.96
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$459.32	\$780.85	\$918.64	\$1,309.07	\$473.10	\$804.28	\$946.20	\$1,348.34
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$401.06	\$681.79	\$802.11	\$1,143.01	\$413.09	\$702.24	\$826.17	\$1,177.30
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$405.29	\$689.00	\$810.59	\$1,155.08	\$417.45	\$709.67	\$834.91	\$1,189.73
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$413.63	\$703.17	\$827.25	\$1,178.84	\$426.04	\$724.27	\$852.07	\$1,214.21
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$413.13	\$702.32	\$826.26	\$1,177.43	\$425.52	\$723.39	\$851.05	\$1,212.75
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$408.94	\$695.20	\$817.88	\$1,165.48	\$421.21	\$716.06	\$842.42	\$1,200.44
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$403.81	\$686.48	\$807.62	\$1,150.86	\$415.92	\$707.07	\$831.85	\$1,185.39
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$407.44	\$692.65	\$814.88	\$1,161.21	\$419.66	\$713.43	\$839.33	\$1,196.05
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$413.59	\$703.11	\$827.19	\$1,178.75	\$426.00	\$724.20	\$852.01	\$1,214.11

3Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA03

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$594.22	\$1,010.17	\$1,188.43	\$1,693.52	\$612.05	\$1,040.48	\$1,224.08	\$1,744.33
14025421	Gold Savings Plus	Gold	EPO	\$576.82	\$980.60	\$1,153.64	\$1,643.94	\$594.12	\$1,010.02	\$1,188.25	\$1,693.26
14025426	OA EPO Silver 3000 70	Silver	EPO	\$491.93	\$836.28	\$983.86	\$1,402.00	\$506.69	\$861.37	\$1,013.38	\$1,444.06
14025423	OA EPO Silver 2000 60	Silver	EPO	\$517.25	\$879.33	\$1,034.50	\$1,474.17	\$532.77	\$905.71	\$1,065.54	\$1,518.40
14025424	OA EPO Silver 2000 80	Silver	EPO	\$506.96	\$861.83	\$1,013.92	\$1,444.83	\$522.17	\$887.68	\$1,044.34	\$1,488.17
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$498.60	\$847.63	\$997.21	\$1,421.02	\$513.56	\$873.06	\$1,027.13	\$1,463.65
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$641.87	\$1,091.19	\$1,283.75	\$1,829.34	\$661.13	\$1,123.93	\$1,322.26	\$1,884.22
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$494.86	\$841.26	\$989.72	\$1,410.35	\$509.71	\$866.50	\$1,019.41	\$1,452.66
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$483.41	\$821.80	\$966.83	\$1,377.73	\$497.91	\$846.45	\$995.83	\$1,419.06
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$478.23	\$812.99	\$956.46	\$1,362.96	\$492.58	\$837.38	\$985.15	\$1,403.85
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$417.57	\$709.86	\$835.13	\$1,190.06	\$430.10	\$731.16	\$860.18	\$1,225.76
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$421.98	\$717.36	\$843.95	\$1,202.64	\$434.64	\$738.88	\$869.27	\$1,238.72
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$430.65	\$732.11	\$861.31	\$1,227.37	\$443.57	\$754.07	\$887.15	\$1,264.19
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$430.14	\$731.24	\$860.28	\$1,225.90	\$443.04	\$753.18	\$886.09	\$1,262.68
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$425.77	\$723.81	\$851.55	\$1,213.45	\$438.54	\$745.52	\$877.10	\$1,249.85
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$420.43	\$714.74	\$840.87	\$1,198.24	\$433.04	\$736.18	\$866.10	\$1,234.19
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$424.21	\$721.16	\$848.43	\$1,209.01	\$436.94	\$742.79	\$873.88	\$1,245.28
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$430.62	\$732.06	\$861.24	\$1,227.27	\$443.54	\$754.02	\$887.08	\$1,264.09
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$585.43	\$995.24	\$1,170.87	\$1,668.49	\$602.99	\$1,025.10	\$1,206.00	\$1,718.54
14025539	Gold Savings Plus RE	Gold	EPO	\$568.30	\$966.10	\$1,136.59	\$1,619.64	\$585.35	\$995.08	\$1,170.69	\$1,668.23
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$484.66	\$823.92	\$969.32	\$1,381.28	\$499.20	\$848.64	\$998.40	\$1,422.72
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$509.61	\$866.33	\$1,019.22	\$1,452.38	\$524.90	\$892.32	\$1,049.80	\$1,495.95
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$499.47	\$849.09	\$998.93	\$1,423.48	\$514.45	\$874.56	\$1,028.90	\$1,466.18
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$491.24	\$835.10	\$982.47	\$1,400.02	\$505.98	\$860.15	\$1,011.94	\$1,442.02
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$632.39	\$1,075.06	\$1,264.78	\$1,802.31	\$651.36	\$1,107.31	\$1,302.72	\$1,856.38
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$487.55	\$828.83	\$975.09	\$1,389.51	\$502.18	\$853.69	\$1,004.34	\$1,431.20
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$476.27	\$809.66	\$952.54	\$1,357.37	\$490.56	\$833.95	\$981.12	\$1,398.09
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$471.16	\$800.98	\$942.33	\$1,342.81	\$485.29	\$825.01	\$970.60	\$1,383.09
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$411.39	\$699.37	\$822.79	\$1,172.47	\$423.73	\$720.35	\$847.47	\$1,207.64
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$415.74	\$706.76	\$831.48	\$1,184.86	\$428.21	\$727.96	\$856.42	\$1,220.41
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$424.29	\$721.29	\$848.58	\$1,209.23	\$437.02	\$742.93	\$874.04	\$1,245.51
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$423.78	\$720.43	\$847.57	\$1,207.78	\$436.49	\$742.04	\$873.00	\$1,244.01
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$419.48	\$713.12	\$838.96	\$1,195.52	\$432.06	\$734.51	\$864.13	\$1,231.39
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$414.22	\$704.18	\$828.44	\$1,180.53	\$426.65	\$725.31	\$853.29	\$1,215.95
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$417.94	\$710.51	\$835.89	\$1,191.14	\$430.48	\$731.83	\$860.97	\$1,226.87
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$424.26	\$721.24	\$848.51	\$1,209.13	\$436.99	\$742.88	\$873.97	\$1,245.40

4Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA03

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$609.57	\$1,036.28	\$1,219.15	\$1,737.28	\$627.86	\$1,067.37	\$1,255.72	\$1,789.40
14025421	Gold Savings Plus	Gold	EPO	\$591.73	\$1,005.94	\$1,183.46	\$1,686.43	\$609.48	\$1,036.12	\$1,218.96	\$1,737.02
14025426	OA EPO Silver 3000 70	Silver	EPO	\$504.64	\$857.89	\$1,009.28	\$1,438.23	\$519.78	\$883.63	\$1,039.56	\$1,481.38
14025423	OA EPO Silver 2000 60	Silver	EPO	\$530.62	\$902.05	\$1,061.24	\$1,512.27	\$546.54	\$929.11	\$1,093.08	\$1,557.64
14025424	OA EPO Silver 2000 80	Silver	EPO	\$520.06	\$884.10	\$1,040.12	\$1,482.18	\$535.66	\$910.62	\$1,071.32	\$1,526.65
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$511.49	\$869.54	\$1,022.98	\$1,457.75	\$526.83	\$895.63	\$1,053.67	\$1,501.48
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$658.46	\$1,119.39	\$1,316.93	\$1,876.62	\$678.21	\$1,152.97	\$1,356.44	\$1,932.92
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$507.65	\$863.00	\$1,015.30	\$1,446.80	\$522.88	\$888.89	\$1,045.76	\$1,490.20
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$495.91	\$843.04	\$991.82	\$1,413.34	\$510.79	\$868.33	\$1,021.57	\$1,455.74
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$490.59	\$834.00	\$981.18	\$1,398.18	\$505.31	\$859.02	\$1,010.62	\$1,440.13
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$428.36	\$728.21	\$856.71	\$1,220.82	\$441.21	\$750.06	\$882.41	\$1,257.44
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$432.88	\$735.90	\$865.77	\$1,233.72	\$445.87	\$757.98	\$891.74	\$1,270.73
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$441.79	\$751.03	\$883.57	\$1,259.09	\$455.04	\$773.56	\$910.08	\$1,296.86
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$441.26	\$750.14	\$882.51	\$1,257.58	\$454.50	\$772.64	\$908.99	\$1,295.31
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$436.78	\$742.52	\$873.56	\$1,244.82	\$449.88	\$764.80	\$899.77	\$1,282.16
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$431.30	\$733.21	\$862.60	\$1,229.21	\$444.24	\$755.21	\$888.48	\$1,266.09
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$435.18	\$739.80	\$870.36	\$1,240.26	\$448.24	\$761.99	\$896.47	\$1,277.47
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$441.75	\$750.98	\$883.50	\$1,258.99	\$455.00	\$773.51	\$910.01	\$1,296.76
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$600.57	\$1,020.96	\$1,201.13	\$1,711.61	\$618.59	\$1,051.59	\$1,237.16	\$1,762.96
14025539	Gold Savings Plus RE	Gold	EPO	\$582.98	\$991.07	\$1,165.97	\$1,661.50	\$600.47	\$1,020.80	\$1,200.95	\$1,711.35
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$497.18	\$845.21	\$994.37	\$1,416.98	\$512.10	\$870.57	\$1,024.20	\$1,459.49
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$522.78	\$888.72	\$1,045.56	\$1,489.92	\$538.46	\$915.38	\$1,076.93	\$1,534.62
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$512.38	\$871.04	\$1,024.75	\$1,460.27	\$527.75	\$897.17	\$1,055.49	\$1,504.08
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$503.93	\$856.68	\$1,007.86	\$1,436.21	\$519.05	\$882.38	\$1,038.10	\$1,479.30
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$648.73	\$1,102.85	\$1,297.46	\$1,848.89	\$668.19	\$1,135.94	\$1,336.38	\$1,904.36
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$500.15	\$850.25	\$1,000.29	\$1,425.42	\$515.15	\$875.76	\$1,030.30	\$1,468.18
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$488.58	\$830.58	\$977.16	\$1,392.45	\$503.24	\$855.50	\$1,006.47	\$1,434.22
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$483.34	\$821.68	\$966.68	\$1,377.52	\$497.84	\$846.33	\$995.68	\$1,418.85
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$422.03	\$717.45	\$844.05	\$1,202.78	\$434.69	\$738.97	\$869.37	\$1,238.86
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$426.49	\$725.03	\$852.97	\$1,215.48	\$439.28	\$746.78	\$878.56	\$1,251.94
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$435.26	\$739.94	\$870.51	\$1,240.48	\$448.32	\$762.14	\$896.63	\$1,277.69
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$434.74	\$739.05	\$869.47	\$1,239.00	\$447.78	\$761.22	\$895.55	\$1,276.17
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$430.32	\$731.55	\$860.65	\$1,226.42	\$443.23	\$753.50	\$886.47	\$1,263.21
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$424.93	\$722.38	\$849.85	\$1,211.04	\$437.68	\$744.05	\$875.35	\$1,247.37
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$428.75	\$728.87	\$857.49	\$1,221.93	\$441.61	\$750.74	\$883.21	\$1,258.59
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$435.22	\$739.88	\$870.44	\$1,240.38	\$448.28	\$762.08	\$896.55	\$1,277.59

Aetna Life Insurance Company
New York Small Group

1Q 2015 Rate Summary

Rate Tables - Medical Plans

NYRA04

NYRA08

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015
14025431	NYC Community Plan Platinum 30	Platinum	EPO	\$548.02	\$931.64	\$1,096.04	\$1,561.86	\$564.46	\$959.59	\$1,128.92	\$1,608.72
14025430	NYC Community Plan Platinum 20	Platinum	EPO	\$550.83	\$936.42	\$1,101.67	\$1,569.88	\$567.35	\$964.51	\$1,134.72	\$1,616.98
14025420	OA EPO Gold 1000 90	Gold	EPO	\$634.56	\$1,078.76	\$1,269.13	\$1,808.50	\$653.60	\$1,111.12	\$1,307.20	\$1,862.76
14025421	Gold Savings Plus	Gold	EPO	\$615.99	\$1,047.18	\$1,231.97	\$1,755.56	\$634.47	\$1,078.60	\$1,268.93	\$1,808.23
14025426	OA EPO Silver 3000 70	Silver	EPO	\$525.33	\$893.06	\$1,050.66	\$1,497.19	\$541.09	\$919.85	\$1,082.18	\$1,542.11
14025423	OA EPO Silver 2000 60	Silver	EPO	\$552.37	\$939.03	\$1,104.75	\$1,574.26	\$568.94	\$967.20	\$1,137.89	\$1,621.49
14025424	OA EPO Silver 2000 80	Silver	EPO	\$541.38	\$920.35	\$1,082.76	\$1,542.94	\$557.62	\$947.96	\$1,115.24	\$1,589.23
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$532.46	\$905.18	\$1,064.92	\$1,517.51	\$548.43	\$932.34	\$1,096.87	\$1,563.04
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$685.46	\$1,165.28	\$1,370.91	\$1,953.55	\$706.02	\$1,200.24	\$1,412.04	\$2,012.16
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$528.46	\$898.38	\$1,056.92	\$1,506.11	\$544.31	\$925.33	\$1,088.63	\$1,551.29
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$516.24	\$877.60	\$1,032.48	\$1,471.28	\$531.73	\$903.93	\$1,063.45	\$1,515.42
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$510.70	\$868.19	\$1,021.40	\$1,455.50	\$526.02	\$894.24	\$1,052.04	\$1,499.17
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$445.92	\$758.06	\$891.83	\$1,270.86	\$459.30	\$780.80	\$918.58	\$1,308.99
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$450.63	\$766.07	\$901.26	\$1,284.29	\$464.15	\$789.05	\$928.30	\$1,322.82
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$459.90	\$781.82	\$919.79	\$1,310.70	\$473.70	\$805.27	\$947.38	\$1,350.02
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$459.35	\$780.89	\$918.69	\$1,309.13	\$473.13	\$804.32	\$946.25	\$1,348.40
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$454.68	\$772.96	\$909.37	\$1,295.85	\$468.32	\$796.15	\$936.65	\$1,334.73
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$448.98	\$763.27	\$897.96	\$1,279.60	\$462.45	\$786.17	\$924.90	\$1,317.99
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$453.02	\$770.13	\$906.04	\$1,291.10	\$466.61	\$793.23	\$933.22	\$1,329.83
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$459.86	\$781.76	\$919.72	\$1,310.60	\$473.66	\$805.21	\$947.31	\$1,349.92
14025536	NYC Community Plan Platinum 30 RE	Platinum	EPO	\$539.92	\$917.87	\$1,079.84	\$1,538.78	\$556.12	\$945.41	\$1,112.24	\$1,584.94
14025535	NYC Community Plan Platinum 20 RE	Platinum	EPO	\$542.69	\$922.58	\$1,085.39	\$1,546.68	\$558.97	\$950.26	\$1,117.95	\$1,593.08
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$625.19	\$1,062.81	\$1,250.37	\$1,781.78	\$643.95	\$1,094.69	\$1,287.88	\$1,835.23
14025539	Gold Savings Plus RE	Gold	EPO	\$606.88	\$1,031.70	\$1,213.77	\$1,729.62	\$625.09	\$1,062.65	\$1,250.18	\$1,781.51
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$517.57	\$879.86	\$1,035.13	\$1,475.07	\$533.10	\$906.26	\$1,066.18	\$1,519.32
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$544.21	\$925.16	\$1,088.42	\$1,551.00	\$560.54	\$952.91	\$1,121.07	\$1,597.53
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$533.38	\$906.75	\$1,066.76	\$1,520.13	\$549.38	\$933.95	\$1,098.76	\$1,565.73
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$524.59	\$891.80	\$1,049.18	\$1,495.08	\$540.33	\$918.55	\$1,080.66	\$1,539.93
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$675.33	\$1,148.06	\$1,350.65	\$1,924.68	\$695.59	\$1,182.50	\$1,391.17	\$1,982.42
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$520.65	\$885.11	\$1,041.30	\$1,483.85	\$536.27	\$911.66	\$1,072.54	\$1,528.37
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$508.61	\$864.63	\$1,017.22	\$1,449.53	\$523.87	\$890.57	\$1,047.74	\$1,493.02
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$503.15	\$855.36	\$1,006.31	\$1,433.99	\$518.24	\$881.02	\$1,036.50	\$1,477.01
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$439.33	\$746.86	\$878.66	\$1,252.08	\$452.51	\$769.27	\$905.02	\$1,289.64
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$443.97	\$754.75	\$887.94	\$1,265.31	\$457.29	\$777.39	\$914.58	\$1,303.27
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$453.10	\$770.27	\$906.20	\$1,291.33	\$466.69	\$793.38	\$933.39	\$1,330.07
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$452.56	\$769.35	\$905.11	\$1,289.79	\$466.14	\$792.43	\$932.26	\$1,328.48
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$447.96	\$761.54	\$895.93	\$1,276.70	\$461.40	\$784.39	\$922.81	\$1,315.00
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$442.35	\$751.99	\$884.69	\$1,260.69	\$455.62	\$774.55	\$911.23	\$1,298.51
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$446.32	\$758.75	\$892.65	\$1,272.02	\$459.71	\$781.51	\$919.43	\$1,310.18
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$453.06	\$770.21	\$906.13	\$1,291.23	\$466.65	\$793.32	\$933.31	\$1,329.97

2Q 2015 Rate Summary												
Rate Tables - Medical Plans												
NYRA04												
NYRA08												
New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider				
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family	
				Premium Rate	Child(ren)	Premium Rate	Premium Rate	Premium Rate	Premium Rate	Premium Rate	Premium Rate	
				2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015	2Q 2015
14025431	NYC Community Plan Platinum 30	Platinum	EPO	\$562.11	\$955.59	\$1,124.22	\$1,602.02	\$578.97	\$984.26	\$1,157.95	\$1,650.08	
14025430	NYC Community Plan Platinum 20	Platinum	EPO	\$565.00	\$960.49	\$1,129.99	\$1,610.24	\$581.95	\$989.30	\$1,163.89	\$1,658.55	
14025420	OA EPO Gold 1000 90	Gold	EPO	\$650.88	\$1,106.49	\$1,301.76	\$1,855.00	\$670.41	\$1,139.68	\$1,340.81	\$1,910.65	
14025421	Gold Savings Plus	Gold	EPO	\$631.82	\$1,074.10	\$1,263.65	\$1,800.70	\$650.77	\$1,106.32	\$1,301.56	\$1,854.72	
14025426	OA EPO Silver 3000 70	Silver	EPO	\$538.84	\$916.02	\$1,077.67	\$1,535.69	\$555.01	\$943.50	\$1,110.00	\$1,581.76	
14025423	OA EPO Silver 2000 60	Silver	EPO	\$566.58	\$963.18	\$1,133.15	\$1,614.74	\$583.58	\$992.08	\$1,167.14	\$1,663.18	
14025424	OA EPO Silver 2000 80	Silver	EPO	\$555.30	\$944.01	\$1,110.60	\$1,582.61	\$571.96	\$972.33	\$1,143.92	\$1,630.09	
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$546.15	\$928.46	\$1,092.30	\$1,556.53	\$562.53	\$956.31	\$1,125.07	\$1,603.23	
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$703.08	\$1,195.24	\$1,406.16	\$2,003.78	\$724.17	\$1,231.10	\$1,448.34	\$2,063.89	
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$542.05	\$921.48	\$1,084.10	\$1,544.84	\$558.31	\$949.12	\$1,116.62	\$1,591.19	
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$529.51	\$900.17	\$1,059.02	\$1,509.11	\$545.40	\$927.18	\$1,090.79	\$1,554.38	
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$523.83	\$890.52	\$1,047.67	\$1,492.92	\$539.54	\$917.24	\$1,079.10	\$1,537.71	
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$457.38	\$777.55	\$914.77	\$1,303.54	\$471.10	\$800.88	\$942.21	\$1,342.65	
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$462.22	\$785.77	\$924.43	\$1,317.31	\$476.09	\$809.34	\$952.16	\$1,356.83	
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$471.72	\$801.93	\$943.44	\$1,344.40	\$485.87	\$825.99	\$971.74	\$1,384.73	
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$471.16	\$800.97	\$942.31	\$1,342.79	\$485.29	\$825.00	\$970.58	\$1,383.07	
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$466.37	\$792.84	\$932.75	\$1,329.17	\$480.36	\$816.63	\$960.73	\$1,369.05	
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$460.53	\$782.89	\$921.05	\$1,312.50	\$474.35	\$806.38	\$948.68	\$1,351.88	
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$464.67	\$789.93	\$929.33	\$1,324.30	\$478.61	\$813.63	\$957.21	\$1,364.03	
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$471.68	\$801.86	\$943.37	\$1,344.30	\$485.83	\$825.92	\$971.67	\$1,384.63	
14025536	NYC Community Plan Platinum 30 RE	Platinum	EPO	\$553.80	\$941.47	\$1,107.61	\$1,578.34	\$570.41	\$969.71	\$1,140.84	\$1,625.69	
14025535	NYC Community Plan Platinum 20 RE	Platinum	EPO	\$556.65	\$946.30	\$1,113.29	\$1,586.44	\$573.35	\$974.69	\$1,146.69	\$1,634.03	
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$641.26	\$1,090.14	\$1,282.52	\$1,827.59	\$660.50	\$1,122.84	\$1,321.00	\$1,882.42	
14025539	Gold Savings Plus RE	Gold	EPO	\$622.49	\$1,058.23	\$1,244.97	\$1,774.09	\$641.16	\$1,089.98	\$1,282.32	\$1,827.31	
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$530.87	\$902.49	\$1,061.75	\$1,512.99	\$546.80	\$929.56	\$1,093.60	\$1,558.38	
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$558.20	\$948.94	\$1,116.41	\$1,590.88	\$574.95	\$977.41	\$1,149.90	\$1,638.61	
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$547.09	\$930.06	\$1,094.19	\$1,559.22	\$563.50	\$957.96	\$1,127.02	\$1,606.00	
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$538.08	\$914.73	\$1,076.16	\$1,533.53	\$554.22	\$942.17	\$1,108.44	\$1,579.54	
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$692.69	\$1,177.57	\$1,385.38	\$1,974.17	\$713.47	\$1,212.90	\$1,426.94	\$2,033.40	
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$534.04	\$907.86	\$1,068.07	\$1,522.01	\$550.06	\$935.10	\$1,100.11	\$1,567.67	
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$521.69	\$886.87	\$1,043.37	\$1,486.80	\$537.34	\$913.48	\$1,074.67	\$1,531.40	
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$516.09	\$877.36	\$1,032.18	\$1,470.86	\$531.57	\$903.68	\$1,063.15	\$1,514.99	
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$450.62	\$766.06	\$901.25	\$1,284.28	\$464.14	\$789.04	\$928.29	\$1,322.81	
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$455.38	\$774.15	\$910.77	\$1,297.85	\$469.04	\$797.37	\$938.09	\$1,336.79	
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$464.75	\$790.07	\$929.50	\$1,324.54	\$478.69	\$813.77	\$957.39	\$1,364.28	
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$464.19	\$789.13	\$928.39	\$1,322.95	\$478.12	\$812.80	\$956.24	\$1,362.64	
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$459.48	\$781.12	\$918.96	\$1,309.52	\$473.26	\$804.55	\$946.53	\$1,348.81	
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$453.72	\$771.32	\$907.44	\$1,293.10	\$467.33	\$794.46	\$934.66	\$1,331.89	
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$457.80	\$778.26	\$915.60	\$1,304.73	\$471.53	\$801.61	\$943.07	\$1,343.87	
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$464.71	\$790.01	\$929.43	\$1,324.43	\$478.65	\$813.71	\$957.31	\$1,364.16	

3Q 2015 Rate Summary

Rate Tables - Medical Plans

NYRA04

NYRA08

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015
14025431	NYC Community Plan Platinum 30	Platinum	EPO	\$576.60	\$980.23	\$1,153.21	\$1,643.32	\$593.90	\$1,009.64	\$1,187.81	\$1,692.62
14025430	NYC Community Plan Platinum 20	Platinum	EPO	\$579.56	\$985.26	\$1,159.12	\$1,651.75	\$596.95	\$1,014.82	\$1,193.89	\$1,701.30
14025420	OA EPO Gold 1000 90	Gold	EPO	\$667.66	\$1,135.02	\$1,335.32	\$1,902.83	\$687.69	\$1,169.07	\$1,375.38	\$1,959.91
14025421	Gold Savings Plus	Gold	EPO	\$648.11	\$1,101.79	\$1,296.23	\$1,847.12	\$667.55	\$1,134.84	\$1,335.12	\$1,902.53
14025426	OA EPO Silver 3000 70	Silver	EPO	\$552.73	\$939.64	\$1,105.46	\$1,575.28	\$569.31	\$967.83	\$1,138.62	\$1,622.54
14025423	OA EPO Silver 2000 60	Silver	EPO	\$581.18	\$988.01	\$1,162.36	\$1,656.37	\$598.62	\$1,017.65	\$1,197.23	\$1,706.06
14025424	OA EPO Silver 2000 80	Silver	EPO	\$569.62	\$968.35	\$1,139.23	\$1,623.41	\$586.71	\$997.40	\$1,173.41	\$1,672.11
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$560.23	\$952.39	\$1,120.46	\$1,596.66	\$577.04	\$980.96	\$1,154.07	\$1,644.56
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$721.21	\$1,226.05	\$1,442.41	\$2,055.44	\$742.85	\$1,262.83	\$1,485.68	\$2,117.10
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$556.02	\$945.24	\$1,112.04	\$1,584.66	\$572.70	\$973.60	\$1,145.40	\$1,632.20
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$543.16	\$923.38	\$1,086.32	\$1,548.01	\$559.45	\$951.08	\$1,118.91	\$1,594.45
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$537.34	\$913.47	\$1,074.67	\$1,531.41	\$553.46	\$940.87	\$1,106.91	\$1,577.35
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$469.17	\$797.60	\$938.35	\$1,337.15	\$483.25	\$821.53	\$966.50	\$1,377.26
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$474.13	\$806.02	\$948.26	\$1,351.28	\$488.35	\$830.20	\$976.71	\$1,391.82
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$483.88	\$822.60	\$967.76	\$1,379.06	\$498.40	\$847.28	\$996.79	\$1,420.43
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$483.30	\$821.61	\$966.61	\$1,377.41	\$497.80	\$846.26	\$995.61	\$1,418.73
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$478.40	\$813.28	\$956.79	\$1,363.43	\$492.75	\$837.68	\$985.49	\$1,404.33
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$472.40	\$803.08	\$944.80	\$1,346.34	\$486.57	\$827.17	\$973.14	\$1,386.73
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$476.64	\$810.30	\$953.29	\$1,358.44	\$490.94	\$834.61	\$981.89	\$1,399.19
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$483.84	\$822.54	\$967.69	\$1,378.96	\$498.36	\$847.22	\$996.72	\$1,420.33
14025536	NYC Community Plan Platinum 30 RE	Platinum	EPO	\$568.08	\$965.74	\$1,136.16	\$1,619.03	\$585.12	\$994.71	\$1,170.24	\$1,667.60
14025535	NYC Community Plan Platinum 20 RE	Platinum	EPO	\$571.00	\$970.70	\$1,141.99	\$1,627.34	\$588.13	\$999.82	\$1,176.25	\$1,676.16
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$657.79	\$1,118.25	\$1,315.58	\$1,874.71	\$677.52	\$1,151.80	\$1,355.05	\$1,930.95
14025539	Gold Savings Plus RE	Gold	EPO	\$638.54	\$1,085.51	\$1,277.07	\$1,819.83	\$657.70	\$1,118.08	\$1,315.38	\$1,874.42
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$544.56	\$925.75	\$1,089.12	\$1,552.00	\$560.90	\$953.52	\$1,121.79	\$1,598.56
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$572.59	\$973.41	\$1,145.19	\$1,631.89	\$589.77	\$1,002.61	\$1,179.55	\$1,680.85
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$561.20	\$954.04	\$1,122.40	\$1,599.42	\$578.04	\$982.66	\$1,156.07	\$1,647.40
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$551.95	\$938.32	\$1,103.90	\$1,573.06	\$568.51	\$966.47	\$1,137.02	\$1,620.25
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$710.55	\$1,207.93	\$1,421.10	\$2,025.06	\$731.87	\$1,244.17	\$1,463.73	\$2,085.81
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$547.80	\$931.27	\$1,095.61	\$1,561.24	\$564.23	\$959.21	\$1,128.48	\$1,608.08
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$535.13	\$909.73	\$1,070.27	\$1,525.13	\$551.18	\$937.02	\$1,102.38	\$1,570.88
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$529.40	\$899.97	\$1,058.79	\$1,508.78	\$545.28	\$926.97	\$1,090.55	\$1,554.04
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$462.24	\$785.81	\$924.48	\$1,317.39	\$476.11	\$809.38	\$952.21	\$1,356.91
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$467.12	\$794.11	\$934.25	\$1,331.31	\$481.13	\$817.93	\$962.28	\$1,371.25
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$476.73	\$810.44	\$953.46	\$1,358.68	\$491.03	\$834.75	\$982.06	\$1,399.44
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$476.16	\$809.47	\$952.32	\$1,357.06	\$490.44	\$833.75	\$980.89	\$1,397.77
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$471.33	\$801.26	\$942.65	\$1,343.28	\$485.47	\$825.30	\$970.93	\$1,383.58
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$465.42	\$791.21	\$930.83	\$1,326.44	\$479.38	\$814.95	\$958.75	\$1,366.23
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$469.60	\$798.32	\$939.20	\$1,338.36	\$483.69	\$822.27	\$967.38	\$1,378.51
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$476.69	\$810.38	\$953.39	\$1,358.58	\$490.99	\$834.69	\$981.99	\$1,399.34

Aetna Life Insurance Company
New York Small Group

4Q 2015 Rate Summary

Rate Tables - Medical Plans

NYRA04

NYRA08

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015
14025431	NYC Community Plan Platinum 30	Platinum	EPO	\$591.51	\$1,005.56	\$1,183.01	\$1,685.79	\$609.26	\$1,035.73	\$1,218.50	\$1,736.36
14025430	NYC Community Plan Platinum 20	Platinum	EPO	\$594.54	\$1,010.72	\$1,189.08	\$1,694.44	\$612.38	\$1,041.04	\$1,224.75	\$1,745.27
14025420	OA EPO Gold 1000 90	Gold	EPO	\$684.91	\$1,164.35	\$1,369.83	\$1,952.01	\$705.46	\$1,199.28	\$1,410.92	\$2,010.57
14025421	Gold Savings Plus	Gold	EPO	\$664.86	\$1,130.27	\$1,329.73	\$1,894.86	\$684.81	\$1,164.18	\$1,369.62	\$1,951.71
14025426	OA EPO Silver 3000 70	Silver	EPO	\$567.01	\$963.92	\$1,134.03	\$1,615.99	\$584.02	\$992.84	\$1,168.05	\$1,664.47
14025423	OA EPO Silver 2000 60	Silver	EPO	\$596.20	\$1,013.54	\$1,192.41	\$1,699.18	\$614.09	\$1,043.95	\$1,228.18	\$1,750.16
14025424	OA EPO Silver 2000 80	Silver	EPO	\$584.34	\$993.38	\$1,168.68	\$1,665.37	\$601.87	\$1,023.18	\$1,203.74	\$1,715.33
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$574.71	\$977.01	\$1,149.42	\$1,637.92	\$591.95	\$1,006.32	\$1,183.90	\$1,687.06
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$739.85	\$1,257.74	\$1,479.69	\$2,108.56	\$762.05	\$1,295.47	\$1,524.08	\$2,171.82
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$570.39	\$969.67	\$1,140.78	\$1,625.62	\$587.50	\$998.76	\$1,175.00	\$1,674.39
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$557.20	\$947.24	\$1,114.40	\$1,588.02	\$573.92	\$975.66	\$1,147.83	\$1,635.66
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$551.22	\$937.08	\$1,102.45	\$1,570.99	\$567.76	\$965.19	\$1,135.52	\$1,618.12
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$481.30	\$818.21	\$962.60	\$1,371.71	\$495.74	\$842.76	\$991.48	\$1,412.86
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$486.39	\$826.86	\$972.77	\$1,386.20	\$500.98	\$851.67	\$1,001.95	\$1,427.79
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$496.39	\$843.86	\$992.78	\$1,414.71	\$511.28	\$869.18	\$1,022.56	\$1,457.15
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$495.79	\$842.85	\$991.59	\$1,413.01	\$510.66	\$868.14	\$1,021.34	\$1,455.40
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$490.76	\$834.29	\$981.52	\$1,398.67	\$505.48	\$859.32	\$1,010.97	\$1,440.63
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$484.61	\$823.83	\$969.21	\$1,381.13	\$499.15	\$848.54	\$998.29	\$1,422.56
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$488.96	\$831.24	\$977.93	\$1,393.55	\$503.63	\$856.18	\$1,007.27	\$1,435.36
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$496.35	\$843.79	\$992.70	\$1,414.60	\$511.24	\$869.10	\$1,022.48	\$1,457.04
14025536	NYC Community Plan Platinum 30 RE	Platinum	EPO	\$582.76	\$990.70	\$1,165.53	\$1,660.88	\$600.24	\$1,020.42	\$1,200.50	\$1,710.71
14025535	NYC Community Plan Platinum 20 RE	Platinum	EPO	\$585.75	\$995.78	\$1,171.51	\$1,669.40	\$603.32	\$1,025.65	\$1,206.66	\$1,719.48
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$674.79	\$1,147.15	\$1,349.58	\$1,923.16	\$695.03	\$1,181.56	\$1,390.07	\$1,980.85
14025539	Gold Savings Plus RE	Gold	EPO	\$655.04	\$1,113.57	\$1,310.08	\$1,866.86	\$674.69	\$1,146.98	\$1,349.38	\$1,922.87
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$558.63	\$949.68	\$1,117.27	\$1,592.11	\$575.39	\$978.17	\$1,150.79	\$1,639.87
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$587.39	\$998.57	\$1,174.78	\$1,674.07	\$605.01	\$1,028.53	\$1,210.02	\$1,724.29
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$575.70	\$978.70	\$1,151.41	\$1,640.75	\$592.97	\$1,008.06	\$1,185.95	\$1,689.97
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$566.22	\$962.57	\$1,132.43	\$1,613.72	\$583.21	\$991.45	\$1,166.40	\$1,662.13
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$728.91	\$1,239.15	\$1,457.83	\$2,077.40	\$750.78	\$1,276.32	\$1,501.56	\$2,139.72
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$561.96	\$955.34	\$1,123.93	\$1,601.59	\$578.82	\$984.00	\$1,157.65	\$1,649.64
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$548.97	\$933.24	\$1,097.93	\$1,564.55	\$565.44	\$961.24	\$1,130.87	\$1,611.49
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$543.08	\$923.23	\$1,086.16	\$1,547.77	\$559.37	\$950.93	\$1,118.74	\$1,594.20
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$474.19	\$806.12	\$948.37	\$1,351.43	\$488.42	\$830.30	\$976.82	\$1,391.97
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$479.20	\$814.64	\$958.40	\$1,365.71	\$493.58	\$839.08	\$987.15	\$1,406.68
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$489.05	\$831.39	\$978.10	\$1,393.80	\$503.72	\$856.33	\$1,007.44	\$1,435.61
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$488.47	\$830.39	\$976.93	\$1,392.13	\$503.12	\$855.30	\$1,006.24	\$1,433.89
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$483.51	\$821.96	\$967.02	\$1,378.00	\$498.02	\$846.62	\$996.03	\$1,419.34
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$477.45	\$811.66	\$954.89	\$1,360.72	\$491.77	\$836.01	\$983.54	\$1,401.54
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$481.74	\$818.95	\$963.48	\$1,372.95	\$496.19	\$843.52	\$992.38	\$1,414.14
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$489.01	\$831.32	\$978.03	\$1,393.69	\$503.68	\$856.26	\$1,007.37	\$1,435.50

1Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA05

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$444.19	\$755.13	\$888.39	\$1,265.95	\$457.52	\$777.78	\$915.04	\$1,303.93
14025421	Gold Savings Plus	Gold	EPO	\$431.19	\$733.02	\$862.38	\$1,228.89	\$444.13	\$755.01	\$888.25	\$1,265.76
14025426	OA EPO Silver 3000 70	Silver	EPO	\$367.73	\$625.14	\$735.46	\$1,048.03	\$378.76	\$643.89	\$757.52	\$1,079.47
14025423	OA EPO Silver 2000 60	Silver	EPO	\$386.66	\$657.32	\$773.32	\$1,101.98	\$398.26	\$677.04	\$796.52	\$1,135.04
14025424	OA EPO Silver 2000 80	Silver	EPO	\$378.97	\$644.24	\$757.93	\$1,080.06	\$390.34	\$663.57	\$780.67	\$1,112.46
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$372.72	\$633.63	\$745.44	\$1,062.26	\$383.90	\$652.64	\$767.80	\$1,094.13
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$479.82	\$815.69	\$959.64	\$1,367.49	\$494.21	\$840.16	\$988.43	\$1,408.51
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$369.92	\$628.87	\$739.84	\$1,054.28	\$381.02	\$647.74	\$762.04	\$1,085.91
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$361.37	\$614.32	\$722.73	\$1,029.89	\$372.21	\$632.75	\$744.41	\$1,060.79
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$357.49	\$607.73	\$714.98	\$1,018.85	\$368.21	\$625.96	\$736.43	\$1,049.42
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$312.14	\$530.64	\$624.28	\$889.61	\$321.50	\$546.56	\$643.01	\$916.30
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$315.44	\$536.25	\$630.88	\$899.01	\$324.90	\$552.34	\$649.81	\$925.98
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$321.93	\$547.28	\$643.85	\$917.49	\$331.59	\$563.70	\$663.17	\$945.01
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$321.54	\$546.62	\$643.08	\$916.39	\$331.19	\$563.02	\$662.37	\$943.88
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$318.28	\$541.07	\$636.56	\$907.09	\$327.83	\$557.30	\$655.66	\$934.30
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$314.29	\$534.29	\$628.57	\$895.72	\$323.72	\$550.32	\$647.43	\$922.59
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$317.11	\$539.09	\$634.22	\$903.77	\$326.62	\$555.26	\$653.25	\$930.88
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$321.90	\$547.23	\$643.80	\$917.42	\$331.56	\$563.65	\$663.11	\$944.94
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$437.63	\$743.97	\$875.26	\$1,247.24	\$450.76	\$766.29	\$901.52	\$1,284.66
14025539	Gold Savings Plus RE	Gold	EPO	\$424.82	\$722.19	\$849.64	\$1,210.73	\$437.56	\$743.86	\$875.13	\$1,247.05
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$362.30	\$615.90	\$724.59	\$1,032.55	\$373.17	\$634.38	\$746.33	\$1,063.53
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$380.95	\$647.61	\$761.89	\$1,085.70	\$392.38	\$667.04	\$784.75	\$1,118.27
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$373.37	\$634.72	\$746.73	\$1,064.09	\$384.57	\$653.76	\$769.13	\$1,096.01
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$367.21	\$624.26	\$734.43	\$1,046.56	\$378.23	\$642.99	\$756.46	\$1,077.96
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$472.73	\$803.64	\$945.46	\$1,347.28	\$486.91	\$827.75	\$973.82	\$1,387.70
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$364.46	\$619.57	\$728.91	\$1,038.70	\$375.39	\$638.16	\$750.78	\$1,069.86
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$356.03	\$605.24	\$712.05	\$1,014.67	\$366.71	\$623.40	\$733.41	\$1,045.11
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$352.21	\$598.75	\$704.42	\$1,003.79	\$362.78	\$616.71	\$725.55	\$1,033.90
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$307.53	\$522.80	\$615.06	\$876.46	\$316.76	\$538.48	\$633.51	\$902.75
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$310.78	\$528.32	\$621.56	\$885.72	\$320.10	\$544.17	\$640.21	\$912.29
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$317.17	\$539.19	\$634.34	\$903.93	\$326.69	\$555.37	\$653.37	\$931.05
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$316.79	\$538.54	\$633.58	\$902.85	\$326.29	\$554.70	\$652.59	\$929.94
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$313.57	\$533.08	\$627.15	\$893.69	\$322.98	\$549.07	\$645.96	\$920.50
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$309.64	\$526.39	\$619.28	\$882.48	\$318.93	\$542.18	\$637.86	\$908.95
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$312.43	\$531.12	\$624.85	\$890.41	\$321.80	\$547.05	\$643.60	\$917.12
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$317.14	\$539.15	\$634.29	\$903.86	\$326.65	\$555.32	\$653.32	\$930.98

Aetna Life Insurance Company
New York Small Group

2Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA05

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$455.62	\$774.55	\$911.23	\$1,298.50	\$469.29	\$797.79	\$938.57	\$1,337.46
14025421	Gold Savings Plus	Gold	EPO	\$442.28	\$751.87	\$884.55	\$1,260.49	\$455.55	\$774.43	\$911.09	\$1,298.30
14025426	OA EPO Silver 3000 70	Silver	EPO	\$377.19	\$641.22	\$754.37	\$1,074.98	\$388.51	\$660.46	\$777.00	\$1,107.23
14025423	OA EPO Silver 2000 60	Silver	EPO	\$396.60	\$674.22	\$793.21	\$1,130.32	\$408.50	\$694.45	\$817.01	\$1,164.23
14025424	OA EPO Silver 2000 80	Silver	EPO	\$388.71	\$660.81	\$777.42	\$1,107.83	\$400.37	\$680.63	\$800.74	\$1,141.06
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$382.31	\$649.92	\$764.61	\$1,089.57	\$393.78	\$669.42	\$787.55	\$1,122.26
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$492.16	\$836.67	\$984.31	\$1,402.65	\$506.92	\$861.77	\$1,013.84	\$1,444.73
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$379.43	\$645.04	\$758.87	\$1,081.39	\$390.81	\$664.39	\$781.64	\$1,113.83
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$370.66	\$630.12	\$741.32	\$1,056.37	\$381.78	\$649.02	\$763.56	\$1,088.06
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$366.68	\$623.36	\$733.37	\$1,045.05	\$377.68	\$642.06	\$755.37	\$1,076.40
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$320.17	\$544.29	\$640.34	\$912.48	\$329.78	\$560.62	\$659.55	\$939.85
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$323.55	\$550.04	\$647.10	\$922.12	\$333.26	\$566.54	\$666.51	\$949.78
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$330.20	\$561.35	\$660.41	\$941.08	\$340.11	\$578.19	\$680.22	\$969.31
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$329.81	\$560.68	\$659.62	\$939.96	\$339.70	\$577.50	\$679.41	\$968.16
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$326.46	\$554.98	\$652.92	\$930.42	\$336.25	\$571.63	\$672.51	\$958.33
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$322.37	\$548.03	\$644.74	\$918.75	\$332.04	\$564.47	\$664.08	\$946.31
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$325.27	\$552.95	\$650.53	\$927.01	\$335.03	\$569.54	\$670.05	\$954.82
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$330.18	\$561.30	\$660.36	\$941.01	\$340.09	\$578.14	\$680.17	\$969.24
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$448.88	\$763.10	\$897.76	\$1,279.31	\$462.35	\$785.99	\$924.69	\$1,317.69
14025539	Gold Savings Plus RE	Gold	EPO	\$435.74	\$740.76	\$871.48	\$1,241.86	\$448.81	\$762.98	\$897.62	\$1,279.12
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$371.61	\$631.74	\$743.22	\$1,059.09	\$382.76	\$650.69	\$765.52	\$1,090.86
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$390.74	\$664.26	\$781.48	\$1,113.61	\$402.46	\$684.19	\$804.92	\$1,147.02
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$382.97	\$651.04	\$765.93	\$1,091.45	\$394.46	\$670.57	\$788.91	\$1,124.19
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$376.66	\$640.31	\$753.31	\$1,073.47	\$387.96	\$659.52	\$775.91	\$1,105.67
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$484.88	\$824.30	\$969.77	\$1,381.92	\$499.43	\$849.03	\$998.86	\$1,423.38
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$373.83	\$635.50	\$747.65	\$1,065.40	\$385.04	\$654.57	\$770.08	\$1,097.36
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$365.18	\$620.81	\$730.36	\$1,040.76	\$376.14	\$639.43	\$752.27	\$1,071.98
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$361.26	\$614.15	\$722.53	\$1,029.60	\$372.10	\$632.57	\$744.21	\$1,060.49
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$315.44	\$536.24	\$630.87	\$898.99	\$324.90	\$552.33	\$649.80	\$925.96
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$318.77	\$541.91	\$637.54	\$908.49	\$328.33	\$558.17	\$656.67	\$935.74
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$325.32	\$553.05	\$650.65	\$927.17	\$335.08	\$569.64	\$670.17	\$954.99
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$324.94	\$552.39	\$649.87	\$926.07	\$334.69	\$568.96	\$669.37	\$953.85
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$321.64	\$546.78	\$643.27	\$916.67	\$331.29	\$563.18	\$662.57	\$944.17
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$317.60	\$539.93	\$635.21	\$905.17	\$327.13	\$556.13	\$654.27	\$932.33
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$320.46	\$544.78	\$640.92	\$913.31	\$330.07	\$561.12	\$660.15	\$940.71
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$325.30	\$553.01	\$650.60	\$927.10	\$335.06	\$569.60	\$670.12	\$954.91

3Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA05

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$467.36	\$794.51	\$934.72	\$1,331.98	\$481.38	\$818.35	\$962.76	\$1,371.94
14025421	Gold Savings Plus	Gold	EPO	\$453.68	\$771.26	\$907.36	\$1,292.99	\$467.29	\$794.40	\$934.58	\$1,331.78
14025426	OA EPO Silver 3000 70	Silver	EPO	\$386.91	\$657.75	\$773.82	\$1,102.69	\$398.52	\$677.48	\$797.03	\$1,135.77
14025423	OA EPO Silver 2000 60	Silver	EPO	\$406.83	\$691.61	\$813.65	\$1,159.46	\$419.03	\$712.36	\$838.06	\$1,194.24
14025424	OA EPO Silver 2000 80	Silver	EPO	\$398.73	\$677.84	\$797.46	\$1,136.39	\$410.69	\$698.18	\$821.38	\$1,170.48
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$392.16	\$666.67	\$784.32	\$1,117.66	\$403.92	\$686.67	\$807.85	\$1,151.19
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$504.84	\$858.24	\$1,009.69	\$1,438.81	\$519.99	\$883.99	\$1,039.98	\$1,481.97
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$389.22	\$661.67	\$778.43	\$1,109.26	\$400.90	\$681.52	\$801.78	\$1,142.54
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$380.21	\$646.36	\$760.43	\$1,083.61	\$391.62	\$665.75	\$783.24	\$1,116.12
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$376.14	\$639.43	\$752.27	\$1,071.99	\$387.42	\$658.61	\$774.84	\$1,104.15
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$328.42	\$558.32	\$656.84	\$936.00	\$338.27	\$575.07	\$676.55	\$964.08
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$331.89	\$564.22	\$663.78	\$945.89	\$341.85	\$581.15	\$683.69	\$974.27
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$338.72	\$575.82	\$677.43	\$965.34	\$348.88	\$593.09	\$697.75	\$994.30
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$338.31	\$575.13	\$676.62	\$964.19	\$348.46	\$592.38	\$696.92	\$993.12
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$334.88	\$569.29	\$669.76	\$954.40	\$344.93	\$586.37	\$689.85	\$983.03
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$330.68	\$562.15	\$661.36	\$942.43	\$340.60	\$579.01	\$681.20	\$970.70
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$333.65	\$567.21	\$667.30	\$950.91	\$343.66	\$584.23	\$687.32	\$979.44
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$338.69	\$575.77	\$677.38	\$965.27	\$348.85	\$593.04	\$697.70	\$994.23
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$460.45	\$782.77	\$920.91	\$1,312.29	\$474.26	\$806.25	\$948.54	\$1,351.66
14025539	Gold Savings Plus RE	Gold	EPO	\$446.97	\$759.86	\$893.95	\$1,273.88	\$460.38	\$782.66	\$920.77	\$1,312.10
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$381.19	\$648.03	\$762.38	\$1,086.40	\$392.63	\$667.47	\$785.25	\$1,118.99
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$400.82	\$681.39	\$801.63	\$1,142.32	\$412.84	\$701.83	\$825.68	\$1,176.59
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$392.84	\$667.83	\$785.68	\$1,119.59	\$404.63	\$687.86	\$809.25	\$1,153.18
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$386.37	\$656.82	\$772.73	\$1,101.14	\$397.96	\$676.52	\$795.91	\$1,134.17
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$497.38	\$845.55	\$994.77	\$1,417.54	\$512.30	\$870.92	\$1,024.61	\$1,460.07
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$383.46	\$651.89	\$766.93	\$1,092.87	\$394.96	\$671.45	\$789.94	\$1,125.66
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$374.59	\$636.81	\$749.19	\$1,067.59	\$385.83	\$655.91	\$771.67	\$1,099.62
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$370.58	\$629.98	\$741.15	\$1,056.15	\$381.70	\$648.88	\$763.38	\$1,087.83
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$323.57	\$550.07	\$647.14	\$922.17	\$333.28	\$566.57	\$666.55	\$949.84
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$326.99	\$555.88	\$653.97	\$931.91	\$336.80	\$572.56	\$673.59	\$959.87
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$333.71	\$567.31	\$667.42	\$951.08	\$343.72	\$584.33	\$687.44	\$979.61
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$333.31	\$566.63	\$666.62	\$949.94	\$343.31	\$583.63	\$686.62	\$978.44
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$329.93	\$560.88	\$659.86	\$940.30	\$339.83	\$577.71	\$679.66	\$968.51
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$325.79	\$553.85	\$651.58	\$928.51	\$335.56	\$570.47	\$671.13	\$956.37
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$328.72	\$558.83	\$657.44	\$936.85	\$338.58	\$575.59	\$677.16	\$964.96
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$333.69	\$567.27	\$667.37	\$951.00	\$343.70	\$584.29	\$687.39	\$979.53

4Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA05

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2015	Child(ren) Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$479.44	\$815.05	\$958.88	\$1,366.40	\$493.82	\$839.50	\$987.65	\$1,407.39
14025421	Gold Savings Plus	Gold	EPO	\$465.40	\$791.19	\$930.81	\$1,326.40	\$479.36	\$814.93	\$958.73	\$1,366.19
14025426	OA EPO Silver 3000 70	Silver	EPO	\$396.91	\$674.75	\$793.82	\$1,131.19	\$408.82	\$694.99	\$817.63	\$1,165.13
14025423	OA EPO Silver 2000 60	Silver	EPO	\$417.34	\$709.48	\$834.68	\$1,189.42	\$429.86	\$730.76	\$859.72	\$1,225.10
14025424	OA EPO Silver 2000 80	Silver	EPO	\$409.04	\$695.36	\$818.07	\$1,165.76	\$421.31	\$716.22	\$842.61	\$1,200.73
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$402.30	\$683.90	\$804.59	\$1,146.55	\$414.37	\$704.42	\$828.73	\$1,180.95
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$517.89	\$880.42	\$1,035.79	\$1,475.99	\$533.43	\$906.83	\$1,066.86	\$1,520.27
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$399.27	\$678.77	\$798.55	\$1,137.93	\$411.25	\$699.13	\$822.51	\$1,172.07
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$390.04	\$663.07	\$780.08	\$1,111.61	\$401.74	\$682.96	\$803.48	\$1,144.96
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$385.86	\$655.96	\$771.71	\$1,099.69	\$397.44	\$675.64	\$794.86	\$1,132.68
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$336.91	\$572.75	\$673.82	\$960.19	\$347.02	\$589.93	\$694.03	\$989.00
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$340.47	\$578.80	\$680.94	\$970.34	\$350.68	\$596.16	\$701.37	\$999.45
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$347.47	\$590.70	\$694.94	\$990.29	\$357.89	\$608.42	\$715.79	\$1,020.00
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$347.06	\$589.99	\$694.11	\$989.11	\$357.47	\$607.69	\$714.93	\$1,018.78
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$343.53	\$584.01	\$687.07	\$979.07	\$353.84	\$601.53	\$707.68	\$1,008.44
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$339.23	\$576.68	\$678.45	\$966.79	\$349.41	\$593.98	\$698.80	\$995.79
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$342.27	\$581.87	\$684.55	\$975.48	\$352.54	\$599.33	\$705.09	\$1,004.74
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$347.44	\$590.66	\$694.89	\$990.22	\$357.86	\$608.38	\$715.74	\$1,019.93
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$472.35	\$803.00	\$944.71	\$1,346.21	\$486.52	\$827.09	\$973.05	\$1,386.60
14025539	Gold Savings Plus RE	Gold	EPO	\$458.53	\$779.50	\$917.05	\$1,306.80	\$472.29	\$802.89	\$944.56	\$1,346.00
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$391.04	\$664.78	\$782.09	\$1,114.48	\$402.77	\$684.72	\$805.55	\$1,147.91
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$411.17	\$699.00	\$822.35	\$1,171.85	\$423.51	\$719.97	\$847.02	\$1,207.01
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$402.99	\$685.09	\$805.98	\$1,148.53	\$415.08	\$705.64	\$830.16	\$1,182.99
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$396.35	\$673.80	\$792.70	\$1,129.60	\$408.24	\$694.01	\$816.48	\$1,163.49
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$510.24	\$867.41	\$1,020.48	\$1,454.18	\$525.55	\$893.43	\$1,051.09	\$1,497.81
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$393.37	\$668.74	\$786.75	\$1,121.12	\$405.17	\$688.80	\$810.35	\$1,154.75
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$384.28	\$653.27	\$768.55	\$1,095.19	\$395.81	\$672.87	\$791.61	\$1,128.05
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$380.15	\$646.26	\$760.31	\$1,083.44	\$391.55	\$665.65	\$783.12	\$1,115.94
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$331.93	\$564.28	\$663.86	\$946.00	\$341.89	\$581.21	\$683.78	\$974.38
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$335.44	\$570.25	\$670.88	\$956.00	\$345.50	\$587.36	\$691.01	\$984.68
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$342.34	\$581.97	\$684.67	\$975.66	\$352.61	\$599.43	\$705.21	\$1,004.93
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$341.93	\$581.28	\$683.85	\$974.49	\$352.19	\$598.72	\$704.37	\$1,003.72
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$338.46	\$575.38	\$676.91	\$964.60	\$348.61	\$592.64	\$697.22	\$993.54
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$334.21	\$568.16	\$668.42	\$952.50	\$344.24	\$585.20	\$688.47	\$981.08
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$337.22	\$573.27	\$674.43	\$961.07	\$347.34	\$590.47	\$694.66	\$989.90
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$342.31	\$581.93	\$684.62	\$975.58	\$352.58	\$599.39	\$705.16	\$1,004.85

1Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA06

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015	Premium Rate 1Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$501.30	\$852.22	\$1,002.61	\$1,428.72	\$516.34	\$877.79	\$1,032.69	\$1,471.58
14025421	Gold Savings Plus	Gold	EPO	\$486.63	\$827.27	\$973.26	\$1,386.89	\$501.23	\$852.09	\$1,002.46	\$1,428.50
14025426	OA EPO Silver 3000 70	Silver	EPO	\$415.01	\$705.52	\$830.02	\$1,182.78	\$427.46	\$726.69	\$854.92	\$1,218.26
14025423	OA EPO Silver 2000 60	Silver	EPO	\$436.37	\$741.84	\$872.75	\$1,243.67	\$449.46	\$764.10	\$898.93	\$1,280.98
14025424	OA EPO Silver 2000 80	Silver	EPO	\$427.69	\$727.08	\$855.38	\$1,218.92	\$440.52	\$748.89	\$881.04	\$1,255.49
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$420.64	\$715.09	\$841.29	\$1,198.83	\$433.26	\$736.54	\$866.53	\$1,234.79
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$541.51	\$920.57	\$1,083.02	\$1,543.31	\$557.76	\$948.19	\$1,115.51	\$1,589.61
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$417.48	\$709.72	\$834.97	\$1,189.83	\$430.00	\$731.01	\$860.02	\$1,225.52
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$407.83	\$693.31	\$815.66	\$1,162.31	\$420.06	\$714.11	\$840.13	\$1,197.18
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$403.45	\$685.87	\$806.91	\$1,149.84	\$415.55	\$706.45	\$831.12	\$1,184.34
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$352.27	\$598.87	\$704.55	\$1,003.98	\$362.84	\$616.84	\$725.69	\$1,034.10
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$356.00	\$605.19	\$711.99	\$1,014.59	\$366.68	\$623.35	\$733.35	\$1,045.03
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$363.32	\$617.64	\$726.64	\$1,035.46	\$374.22	\$636.17	\$748.44	\$1,066.52
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$362.88	\$616.90	\$725.77	\$1,034.22	\$373.77	\$635.41	\$747.54	\$1,065.25
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$359.20	\$610.64	\$718.40	\$1,023.72	\$369.98	\$628.96	\$739.95	\$1,054.43
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$354.70	\$602.98	\$709.39	\$1,010.88	\$365.34	\$621.07	\$730.67	\$1,041.21
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$357.88	\$608.40	\$715.77	\$1,019.97	\$368.62	\$626.65	\$737.24	\$1,050.57
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$363.29	\$617.59	\$726.58	\$1,035.38	\$374.19	\$636.12	\$748.38	\$1,066.44
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$493.90	\$839.62	\$987.79	\$1,407.60	\$508.72	\$864.81	\$1,017.42	\$1,449.83
14025539	Gold Savings Plus RE	Gold	EPO	\$479.44	\$815.04	\$958.88	\$1,366.40	\$493.82	\$839.49	\$987.65	\$1,407.39
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$408.88	\$695.09	\$817.76	\$1,165.30	\$421.15	\$715.94	\$842.29	\$1,200.26
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$429.93	\$730.87	\$859.85	\$1,225.29	\$442.83	\$752.80	\$885.65	\$1,262.05
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$421.37	\$716.33	\$842.74	\$1,200.91	\$434.01	\$737.82	\$868.02	\$1,236.94
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$414.43	\$704.53	\$828.85	\$1,181.12	\$426.86	\$725.67	\$853.72	\$1,216.55
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$533.51	\$906.96	\$1,067.02	\$1,520.50	\$549.52	\$934.17	\$1,099.03	\$1,566.12
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$411.31	\$699.23	\$822.63	\$1,172.24	\$423.65	\$720.21	\$847.31	\$1,207.41
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$401.80	\$683.06	\$803.60	\$1,145.13	\$413.85	\$703.55	\$827.71	\$1,179.48
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$397.49	\$675.74	\$794.98	\$1,132.85	\$409.41	\$696.01	\$818.83	\$1,166.84
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$347.07	\$590.02	\$694.14	\$989.15	\$357.48	\$607.72	\$714.96	\$1,018.82
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$350.74	\$596.25	\$701.47	\$999.60	\$361.26	\$614.14	\$722.51	\$1,029.59
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$357.95	\$608.51	\$715.90	\$1,020.15	\$368.69	\$626.77	\$737.38	\$1,050.75
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$357.52	\$607.78	\$715.04	\$1,018.93	\$368.25	\$626.01	\$736.49	\$1,049.50
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$353.89	\$601.62	\$707.78	\$1,008.59	\$364.51	\$619.67	\$729.01	\$1,038.85
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$349.45	\$594.07	\$698.91	\$995.94	\$359.93	\$611.89	\$719.88	\$1,025.82
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$352.60	\$599.41	\$705.19	\$1,004.90	\$363.18	\$617.39	\$726.35	\$1,035.05
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$357.92	\$608.46	\$715.84	\$1,020.07	\$368.66	\$626.71	\$737.32	\$1,050.67

2Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA06

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015	Premium Rate 2Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$514.19	\$874.13	\$1,028.39	\$1,465.45	\$529.62	\$900.35	\$1,059.24	\$1,509.41
14025421	Gold Savings Plus	Gold	EPO	\$499.14	\$848.54	\$998.28	\$1,422.55	\$514.11	\$874.00	\$1,028.23	\$1,465.23
14025426	OA EPO Silver 3000 70	Silver	EPO	\$425.68	\$723.66	\$851.36	\$1,213.19	\$438.45	\$745.37	\$876.90	\$1,249.59
14025423	OA EPO Silver 2000 60	Silver	EPO	\$447.59	\$760.91	\$895.19	\$1,275.64	\$461.02	\$783.74	\$922.05	\$1,313.91
14025424	OA EPO Silver 2000 80	Silver	EPO	\$438.69	\$745.77	\$877.38	\$1,250.26	\$451.85	\$768.14	\$903.70	\$1,287.77
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$431.46	\$733.48	\$862.92	\$1,229.66	\$444.40	\$755.48	\$888.81	\$1,266.55
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$555.43	\$944.24	\$1,110.87	\$1,582.99	\$572.09	\$972.57	\$1,144.20	\$1,630.48
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$428.22	\$727.97	\$856.44	\$1,220.42	\$441.07	\$749.81	\$882.13	\$1,257.03
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$418.31	\$711.13	\$836.63	\$1,192.19	\$430.86	\$732.46	\$861.73	\$1,227.96
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$413.83	\$703.51	\$827.66	\$1,179.41	\$426.24	\$724.62	\$852.49	\$1,214.79
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$361.33	\$614.27	\$722.66	\$1,029.80	\$372.17	\$632.70	\$744.34	\$1,060.69
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$365.15	\$620.76	\$730.30	\$1,040.68	\$376.10	\$639.38	\$752.21	\$1,071.90
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$372.66	\$633.52	\$745.32	\$1,062.08	\$383.84	\$652.53	\$767.68	\$1,093.94
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$372.21	\$632.76	\$744.43	\$1,060.81	\$383.38	\$651.74	\$766.76	\$1,092.63
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$368.44	\$626.34	\$736.87	\$1,050.04	\$379.49	\$645.13	\$758.98	\$1,081.54
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$363.82	\$618.49	\$727.63	\$1,036.87	\$374.73	\$637.04	\$749.46	\$1,067.98
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$367.09	\$624.05	\$734.17	\$1,046.20	\$378.10	\$642.77	\$756.20	\$1,077.59
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$372.63	\$633.47	\$745.26	\$1,062.00	\$383.81	\$652.47	\$767.62	\$1,093.86
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$506.60	\$861.21	\$1,013.19	\$1,443.80	\$521.80	\$887.05	\$1,043.59	\$1,487.11
14025539	Gold Savings Plus RE	Gold	EPO	\$491.77	\$836.00	\$983.53	\$1,401.53	\$506.52	\$861.08	\$1,013.04	\$1,443.58
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$419.39	\$712.96	\$838.78	\$1,195.26	\$431.97	\$734.35	\$863.94	\$1,231.12
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$440.98	\$749.67	\$881.96	\$1,256.79	\$454.21	\$772.16	\$908.42	\$1,294.49
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$432.21	\$734.75	\$864.41	\$1,231.78	\$445.18	\$756.79	\$890.34	\$1,268.73
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$425.08	\$722.64	\$850.17	\$1,211.49	\$437.83	\$744.32	\$875.68	\$1,247.83
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$547.23	\$930.28	\$1,094.45	\$1,559.59	\$563.65	\$958.19	\$1,127.28	\$1,606.38
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$421.89	\$717.21	\$843.78	\$1,202.39	\$434.55	\$738.73	\$869.09	\$1,238.46
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$412.13	\$700.62	\$824.26	\$1,174.58	\$424.49	\$721.64	\$848.99	\$1,209.82
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$407.71	\$693.11	\$815.42	\$1,161.98	\$419.94	\$713.90	\$839.88	\$1,196.84
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$355.99	\$605.19	\$711.99	\$1,014.58	\$366.67	\$623.35	\$733.35	\$1,045.02
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$359.75	\$611.58	\$719.51	\$1,025.30	\$370.54	\$629.93	\$741.10	\$1,056.06
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$367.15	\$624.16	\$734.30	\$1,046.38	\$378.16	\$642.88	\$756.33	\$1,077.77
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$366.71	\$623.41	\$733.43	\$1,045.13	\$377.71	\$642.11	\$755.43	\$1,076.48
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$362.99	\$617.08	\$725.98	\$1,034.52	\$373.88	\$635.59	\$747.76	\$1,065.56
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$358.44	\$609.35	\$716.88	\$1,021.55	\$369.19	\$627.63	\$738.39	\$1,052.20
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$361.66	\$614.82	\$723.32	\$1,030.73	\$372.51	\$633.26	\$745.02	\$1,061.65
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$367.12	\$624.11	\$734.25	\$1,046.30	\$378.13	\$642.83	\$756.28	\$1,077.69

Aetna Life Insurance Company
New York Small Group

3Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA06

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent & Child(ren)	Couple	Family	Single	Parent & Child(ren)	Couple	Family
				Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015	Premium Rate 3Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$527.45	\$896.67	\$1,054.90	\$1,503.23	\$543.27	\$923.57	\$1,086.55	\$1,548.33
14025421	Gold Savings Plus	Gold	EPO	\$512.01	\$870.42	\$1,024.02	\$1,459.23	\$527.37	\$896.53	\$1,054.74	\$1,503.01
14025426	OA EPO Silver 3000 70	Silver	EPO	\$436.66	\$742.31	\$873.31	\$1,244.47	\$449.76	\$764.58	\$899.51	\$1,281.80
14025423	OA EPO Silver 2000 60	Silver	EPO	\$459.13	\$780.53	\$918.27	\$1,308.53	\$472.90	\$803.95	\$945.82	\$1,347.79
14025424	OA EPO Silver 2000 80	Silver	EPO	\$450.00	\$765.00	\$900.00	\$1,282.49	\$463.50	\$787.95	\$927.00	\$1,320.96
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$442.58	\$752.39	\$885.16	\$1,261.36	\$455.86	\$774.96	\$911.71	\$1,299.20
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$569.75	\$968.58	\$1,139.51	\$1,623.80	\$586.84	\$997.64	\$1,173.70	\$1,672.51
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$439.26	\$746.74	\$878.51	\$1,251.88	\$452.44	\$769.14	\$904.87	\$1,289.44
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$429.10	\$729.47	\$858.20	\$1,222.93	\$441.97	\$751.35	\$883.95	\$1,259.62
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$424.50	\$721.64	\$848.99	\$1,209.81	\$437.24	\$743.29	\$874.46	\$1,246.10
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$370.65	\$630.10	\$741.30	\$1,056.35	\$381.77	\$649.00	\$763.54	\$1,088.04
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$374.56	\$636.76	\$749.13	\$1,067.51	\$385.80	\$655.86	\$771.60	\$1,099.54
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$382.27	\$649.85	\$764.53	\$1,089.46	\$393.74	\$669.35	\$787.47	\$1,122.14
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$381.81	\$649.08	\$763.62	\$1,088.16	\$393.26	\$668.55	\$786.53	\$1,120.80
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$377.93	\$642.49	\$755.87	\$1,077.11	\$389.27	\$661.76	\$778.55	\$1,109.42
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$373.19	\$634.43	\$746.39	\$1,063.60	\$384.39	\$653.46	\$768.78	\$1,095.51
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$376.55	\$640.13	\$753.10	\$1,073.17	\$387.85	\$659.33	\$775.69	\$1,105.37
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$382.24	\$649.80	\$764.47	\$1,089.38	\$393.71	\$669.29	\$787.40	\$1,122.06
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$519.66	\$883.41	\$1,039.31	\$1,481.02	\$535.25	\$909.91	\$1,070.49	\$1,525.45
14025539	Gold Savings Plus RE	Gold	EPO	\$504.44	\$857.55	\$1,008.89	\$1,437.66	\$519.57	\$883.28	\$1,039.16	\$1,480.79
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$430.20	\$731.34	\$860.41	\$1,226.08	\$443.11	\$753.28	\$886.22	\$1,262.86
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$452.35	\$768.99	\$904.70	\$1,289.19	\$465.92	\$792.06	\$931.84	\$1,327.87
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$443.35	\$753.69	\$886.69	\$1,263.54	\$456.65	\$776.30	\$913.29	\$1,301.45
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$436.04	\$741.27	\$872.08	\$1,242.72	\$449.12	\$763.51	\$898.24	\$1,280.00
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$561.33	\$954.27	\$1,122.67	\$1,599.80	\$578.17	\$982.90	\$1,156.35	\$1,647.79
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$432.77	\$735.70	\$865.53	\$1,233.38	\$445.75	\$757.77	\$891.50	\$1,270.38
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$422.76	\$718.69	\$845.51	\$1,204.86	\$435.44	\$740.25	\$870.88	\$1,241.01
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$418.22	\$710.98	\$836.45	\$1,191.94	\$430.77	\$732.31	\$861.54	\$1,227.70
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$365.17	\$620.79	\$730.34	\$1,040.74	\$376.13	\$639.41	\$752.25	\$1,071.96
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$369.03	\$627.35	\$738.06	\$1,051.73	\$380.10	\$646.17	\$760.20	\$1,083.28
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$376.62	\$640.25	\$753.23	\$1,073.36	\$387.92	\$659.46	\$775.83	\$1,105.56
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$376.17	\$639.48	\$752.33	\$1,072.07	\$387.46	\$658.66	\$774.90	\$1,104.23
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$372.35	\$632.99	\$744.70	\$1,061.19	\$383.52	\$651.98	\$767.04	\$1,093.03
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$367.68	\$625.05	\$735.36	\$1,047.89	\$378.71	\$643.80	\$757.42	\$1,079.33
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$370.98	\$630.67	\$741.97	\$1,057.31	\$382.11	\$649.59	\$764.23	\$1,089.03
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$376.59	\$640.20	\$753.18	\$1,073.28	\$387.89	\$659.41	\$775.78	\$1,105.48

Aetna Life Insurance Company
New York Small Group

4Q 2015 Rate Summary

Rate Tables - Medical Plans
NYRA06

New Plan Number	Plan Name	Metal Level	Plan	With dependent up to age 26				With dependent up to age 30 rider			
				Single	Parent &	Couple	Family	Single	Parent &	Couple	Family
				Premium Rate 4Q 2015	Child(ren) Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015	Premium Rate 4Q 2015
14025420	OA EPO Gold 1000 90	Gold	EPO	\$541.08	\$919.84	\$1,082.16	\$1,542.08	\$557.31	\$947.44	\$1,114.62	\$1,588.34
14025421	Gold Savings Plus	Gold	EPO	\$525.24	\$892.91	\$1,050.49	\$1,496.94	\$541.00	\$919.70	\$1,082.00	\$1,541.85
14025426	OA EPO Silver 3000 70	Silver	EPO	\$447.94	\$761.50	\$895.88	\$1,276.63	\$461.38	\$784.35	\$922.76	\$1,314.93
14025423	OA EPO Silver 2000 60	Silver	EPO	\$471.00	\$800.70	\$942.00	\$1,342.35	\$485.13	\$824.72	\$970.26	\$1,382.62
14025424	OA EPO Silver 2000 80	Silver	EPO	\$461.63	\$784.77	\$923.26	\$1,315.64	\$475.48	\$808.31	\$950.96	\$1,355.11
14025425	OA EPO HSA Comp 2000 90 PY	Silver	EPO	\$454.02	\$771.83	\$908.04	\$1,293.96	\$467.64	\$794.98	\$935.28	\$1,332.78
14025422	Indemnity Silver 2500 80	Silver	Indemnity	\$584.48	\$993.61	\$1,168.96	\$1,665.76	\$602.01	\$1,023.42	\$1,204.03	\$1,715.73
14025427	Silver Savings Plus 2000 80	Silver	EPO	\$450.61	\$766.04	\$901.22	\$1,284.24	\$464.13	\$789.02	\$928.26	\$1,322.77
14025428	Silver HSA Savings Plus 2000 90	Silver	EPO	\$440.19	\$748.32	\$880.38	\$1,254.54	\$453.40	\$770.77	\$906.79	\$1,292.18
14025429	Silver Savings Plus 2500 80	Silver	EPO	\$435.47	\$740.29	\$870.94	\$1,241.08	\$448.53	\$762.50	\$897.07	\$1,278.31
14025412	OA EPO Bronze 3500 50	Bronze	EPO	\$380.23	\$646.39	\$760.45	\$1,083.65	\$391.64	\$665.78	\$783.26	\$1,116.16
14025414	OA EPO Bronze 4000 80	Bronze	EPO	\$384.24	\$653.22	\$768.49	\$1,095.10	\$395.77	\$672.82	\$791.54	\$1,127.95
14025416	OA EPO Bronze 5000 60	Bronze	EPO	\$392.15	\$666.65	\$784.29	\$1,117.62	\$403.91	\$686.65	\$807.82	\$1,151.15
14025411	OA EPO HSA Comp 3000 100 PY	Bronze	EPO	\$391.68	\$665.85	\$783.35	\$1,116.28	\$403.43	\$685.83	\$806.85	\$1,149.77
14025413	OA EPO HSA Comp 3500 60 PY	Bronze	EPO	\$387.70	\$659.09	\$775.40	\$1,104.95	\$399.33	\$678.86	\$798.66	\$1,138.10
14025415	OA EPO HSA Comp 5000 100 PY	Bronze	EPO	\$382.84	\$650.83	\$765.68	\$1,091.09	\$394.33	\$670.35	\$788.65	\$1,123.82
14025418	Bronze Savings Plus 4000 70	Bronze	EPO	\$386.28	\$656.68	\$772.56	\$1,100.90	\$397.87	\$676.38	\$795.74	\$1,133.93
14025417	Bronze HSA Savings Plus 3500 70	Bronze	EPO	\$392.12	\$666.60	\$784.23	\$1,117.53	\$403.88	\$686.60	\$807.76	\$1,151.06
14025538	OA EPO Gold 1000 90 RE	Gold	EPO	\$533.09	\$906.25	\$1,066.17	\$1,519.30	\$549.08	\$933.44	\$1,098.16	\$1,564.88
14025539	Gold Savings Plus RE	Gold	EPO	\$517.48	\$879.72	\$1,034.96	\$1,474.82	\$533.00	\$906.11	\$1,066.01	\$1,519.06
14025546	OA EPO Silver 3000 70 RE	Silver	EPO	\$441.32	\$750.25	\$882.64	\$1,257.77	\$454.56	\$772.76	\$909.12	\$1,295.50
14025541	OA EPO Silver 2000 60 RE	Silver	EPO	\$464.04	\$788.87	\$928.08	\$1,322.51	\$477.96	\$812.54	\$955.92	\$1,362.19
14025542	OA EPO Silver 2000 80 RE	Silver	EPO	\$454.81	\$773.17	\$909.61	\$1,296.20	\$468.45	\$796.37	\$936.90	\$1,335.09
14025544	OA EPO HSA Comp 2000 90 PY RE	Silver	EPO	\$447.31	\$760.43	\$894.62	\$1,274.84	\$460.73	\$783.24	\$921.46	\$1,313.09
14025540	Indemnity Silver 2500 80 RE	Silver	Indemnity	\$575.84	\$978.93	\$1,151.68	\$1,641.15	\$593.12	\$1,008.30	\$1,186.23	\$1,690.38
14025543	Silver Savings Plus 2000 80 RE	Silver	EPO	\$443.95	\$754.72	\$887.90	\$1,265.26	\$457.27	\$777.36	\$914.54	\$1,303.22
14025545	Silver HSA Savings Plus 2000 90 RE	Silver	EPO	\$433.68	\$737.26	\$867.37	\$1,236.00	\$446.69	\$759.38	\$893.39	\$1,273.08
14025547	Silver Savings Plus 2500 80 RE	Silver	EPO	\$429.03	\$729.35	\$858.06	\$1,222.74	\$441.90	\$751.23	\$883.80	\$1,259.42
14025549	OA EPO Bronze 3500 50 RE	Bronze	EPO	\$374.61	\$636.83	\$749.22	\$1,067.63	\$385.85	\$655.93	\$771.70	\$1,099.66
14025552	OA EPO Bronze 4000 80 RE	Bronze	EPO	\$378.57	\$643.56	\$757.13	\$1,078.91	\$389.93	\$662.87	\$779.84	\$1,111.28
14025554	OA EPO Bronze 5000 60 RE	Bronze	EPO	\$386.35	\$656.80	\$772.70	\$1,101.10	\$397.94	\$676.50	\$795.88	\$1,134.13
14025548	OA EPO HSA Comp 3000 100 PY RE	Bronze	EPO	\$385.89	\$656.01	\$771.78	\$1,099.78	\$397.47	\$675.69	\$794.93	\$1,132.77
14025551	OA EPO HSA Comp 3500 60 PY RE	Bronze	EPO	\$381.97	\$649.35	\$763.94	\$1,088.62	\$393.43	\$668.83	\$786.86	\$1,121.28
14025553	OA EPO HSA Comp 5000 100 PY RE	Bronze	EPO	\$377.18	\$641.21	\$754.36	\$1,074.97	\$388.50	\$660.45	\$776.99	\$1,107.22
14025550	Bronze Savings Plus 4000 70 RE	Bronze	EPO	\$380.57	\$646.97	\$761.15	\$1,084.63	\$391.99	\$666.38	\$783.98	\$1,117.17
14025555	Bronze HSA Savings Plus 3500 70 RE	Bronze	EPO	\$386.32	\$656.75	\$772.64	\$1,101.01	\$397.91	\$676.45	\$795.82	\$1,134.04

List of Small Group Off-Exchange Forms

NYCCP Certificate and Schedules

OffHIXSG(NYCCP\$20)GR-96830-1-SB
OffHIXSG(NYCCP\$30)GR-96830-1-SB
OffHIXSGNYCCPGR-96830 Contraceptive Rider-1
OffHIXSGNYCCPGR-96830-Deps Age 29 Rider-1
OffHIXSGNYCCPGR-96830-1

SG Indemnity Certificate and Schedules

OffHIXSGINDEMGR-96820-1
OffHIXSGINDEMGR-96820-Contraceptive Rider-1
OffHIXSGINDEMGR-96820-Deps Age 29 Rider-1
OffHIXSG(IndemSilver250080%)GR-96820-1-SB

SG EPO Certificate and Schedules

OffHIXSGEPOGR-96817-1
OffHIXSGEPOGR-96817-Contraceptive Rider-1
OffHIXSGEPOGR-96817-Deps Age 29 Rider-1
OffHIXSG(EPOBronze350050%)GR-96817-1-SB
OffHIXSG(EPOBronze400080%)GR-96817-1-SB
OffHIXSG(EPOGold100090%)GR-96817-1-SB
OffHIXSG(EPOSilver200060%)GR-96817-1-SB
OffHIXSG(EPOSilver200080%)GR-96817-1-SB
OffHIXSG(EPOSilver300070%)GR-96817-1-SB

SG EPO HSA PY Certificate and Schedules

OffHIXSGEPOHSAPYGR-96823-1
OffHIXSGEPOHSAPYGR-96823-Contraceptive Rider-1
OffHIXSGEPOHSAPYGR-96823-Deps Age 29 Rider-1
OffHIXSG(EPOBronze3000100%HSAPY)-96823-1-SB
OffHIXSG(EPOBronze350060%HSAPY)GR-96823-1-SB
OffHIXSG(EPOBronze5000100%HSAPY)GR-96823-1-SB
OffHIXSG(EPOSilver200090%HSAPY)GR-96823-1-SB

SG EPO Savings Plus Certificate and Schedules

OffHIXSGNYEPOSAVPLUS-96000-1
OffHIXSGNYEPOSAVPLUS-96000-Deps Age 29 Rider-1
OffHIXSGNYEPOSAVPLUS-96000-Contraceptive Rider-1
OffHIXSG(EPOBronze400070%SP)GR-96000-1-SB
OffHIXSG(EPOGold100090%SP)GR-96000-1-SB
OffHIXSG(EPOSilver200080%SP)GR-96000-1-SB
OffHIXSG(EPOSilver250080%SP)GR-96000-1-SB

SG EPO HSA PY Savings Plus Certificate and Schedules

OffHIXSGNYEPOSAVPLUSHSAPY-96001-1

OffHIXSGNYEPOSAVPLUSHSAPY-96001-Contraceptive Rider-1

OffHIXSGNYEPOSAVPLUSHSAPY-96001-Deps Age 29 Rider-1

OffHIXSG(EPOSilver200090%SPHSAPY)GR-96001-1-SB

OffHIXSG(EOPBronze350070%SPHSAPY)GR-96001-1-SB

**Exhibit B
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 employer groups, with no preexisting condition limitations or benefit waiting periods. Aetna Life Insurance Company 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.

NYC Community Plan is specifically designed and available for residents who live or work and access health care in the five boroughs of New York City — Manhattan, Bronx, Staten Island, Queens and Brooklyn. The NYC Community Plan is an in-network only plan that has two in-network levels of benefits — Referred Benefits and Self-Referred Benefits.

**Exhibit C
Commissions Schedule and Incentive Fees**

ALIC Commissions were finalized and approved 11/27/2013, File #2013110042.