

# Healthy New York Individual/Sole Proprietor Rate Schedule Syracuse 2013

Monthly rate for New York residents residing in the following counties: Broome, Cayuga, Onondaga, Oswego, Tioga.

The monthly rate will depend on the month coverage begins. If we receive properly completed forms between the 1st and 20th of the month, coverage will be effective the 1st of the following month. If we receive properly completed forms between the 21st and 31st of the month, coverage will be effective the 1st of the month following 30 days.

**Rates shown include the following:**

**Extended Dependent Coverage** — A dependent child is eligible until he/she reaches the age of 26. A sole proprietor or subscriber may elect to cover the dependent child(ren) until the end of the month he/she turns 30. If elected, coverage for dependents to age 30 can be provided for an additional premium and would take effect upon inception of your plan. Please note there may be tax consequences if you elect coverage for a dependent child up to age 30. See flyer “extended dependent coverage.”

These quoted monthly rates are valid only for the conditions stated above and such other terms and conditions as are set forth in the Aetna contract or official renewal letter.

All coverage is subject to the terms and conditions set forth in the Aetna Healthy New York Program policy.

**HDHP rates effective January 2013 – December 2013**

Monthly high-deductible health plan rates	Dependent to age 26		Dependent to age 30	
	With Rx	Without Rx	With Rx	Without Rx
<b>Single</b>	\$453	\$387	\$453	\$387
<b>Parent/Child(ren)</b>	\$838	\$716	\$863	\$738
<b>Couple</b>	\$906	\$774	\$906	\$774
<b>Family</b>	\$1,404	\$1,200	\$1,446	\$1,236

**Personal service from our customer service department**

We have Customer Service Representatives to answer your call; you can count on reaching us when you need us. We’re available Monday through Friday 8 a.m. to 5 p.m.

Questions?  
 Please call us at **1-866-386-1371**.

PLEASE NOTE: To be eligible for these rates, we must receive full first month’s premium along with a completed and signed Healthy New York Application and Certification form. Please make checks payable to Aetna.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Plans are underwritten by Aetna Health Inc. (Aetna).**

**If you need this material translated into another language, please call Member Services at 1-888-802-3862/TDD 1-800-628-3323.**

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