

Healthy New York

Small Group Rates — Metro New York

October 2010
through
December 2010

Healthy New York Small Group HMO Rate Schedule

Monthly Rate *for each* subscriber classification for New York employers located in the following counties: Bronx, Dutchess, Kings, Nassau, New York, Orange, Putnam, Queens, Richmond, Rockland, Suffolk, Westchester, Sullivan, Ulster.

The rate-per-subscriber classification will depend on the month coverage begins for the Group. 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.

Determine the Subscriber Classification for each eligible employee enrolling in the plan. Calculate the Group's full monthly premium by adding the applicable Subscriber Classification rates for all employees together.

Quote conditions include the following:

Assumed Dependent Eligibility — A dependent child is eligible until he or she reaches the age of 26. A group 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.

These quoted monthly rates are valid only for the conditions stated 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 Healthy New York Program policy.

Once you have determined the full monthly premium for the Group, remit payment along with the completed, signed and dated Healthy New York Application and Certification Form. Make check payable to Aetna.

Direct questions to Aetna at: 1-866-386-1371

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

Monthly HMO Rates	Dependent to Age 26		Dependent to Age 30	
	With Rx	Without Rx	With Rx	Without Rx
Single	\$368	\$325	\$368	\$325
Parent/Child(ren)	\$651	\$574	\$698	\$615
Couple	\$737	\$650	\$737	\$650
Family	\$1,088	\$960	\$1,166	\$1,029

Monthly high-deductible health plan rates	Dependent to Age 26		Dependent to Age 30	
	With Rx	Without Rx	With Rx	Without Rx
Single	\$284	\$250	\$284	\$250
Parent/Child(ren)	\$502	\$441	\$538	\$473
Couple	\$567	\$499	\$567	\$499
Family	\$839	\$738	\$900	\$791

THESE RATES ARE EFFECTIVE OCTOBER 2010 THROUGH DECEMBER 2010.

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

Si usted necesita este material en otro lenguaje, por favor llame a Services al Miembro al 1-888-802-3862/TDD 1-800-628-3323.

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