

Aetna Small Business Health Plan Options

NYC Community PlanSM

Manhattan, Bronx, Queens, Staten Island and Brooklyn

RATES EFFECTIVE 1/1/2010 through 3/15/2010



Plan Options	Referred Primary Care Physician / Specialist Office Visit	Referred Inpatient Hospital / Outpatient Surgery	Emergency Room	Referred Deductible	Referred Plan Coinsurance	Referred Out-of-Pocket Maximum	Lifetime Maximum	Pharmacy Plan	Single Rate	Employee Spouse Rate	Parent Child Rate	Family Rate
NYC Community Plan SM 4-07	\$30 / \$50 copay	\$1,000 copay per admission	\$150 copay	N/A	N/A	N/A	Referred - Unlimited Self-Referred - \$1,000,000	No Prescription Drug Benefit - Discount RX Card Only	\$276.00	\$588.00	\$497.00	\$809.00
NYC Community Plan SM 2-07	\$30 / \$50 copay	\$1,000 copay per admission	\$150 copay	N/A	N/A	N/A	Referred - Unlimited Self-Referred - \$1,000,000	No Prescription Drug Benefit - Discount RX Card Only	\$290.00	\$617.00	\$522.00	\$849.00
NYC Community Plan SM 6E-08	\$30 / \$50 copay	\$250 copay per day up to 4 days per admission	\$150 copay	N/A	N/A	N/A	Referred - Unlimited Self-Referred - \$1,000,000	Generics Only - Retail: \$15 Mail Order: \$30	\$302.00	\$644.00	\$544.00	\$886.00
NYC Community Plan SM 5E-08	\$20 / \$40 copay	\$250 copay per day up to 3 days per admission	\$150 copay	N/A	N/A	N/A	Referred - Unlimited Self-Referred - \$1,000,000	Generics Only - Retail: \$15 Mail Order: \$30	\$311.00	\$662.00	\$559.00	\$910.00
NYC Community Plan SM 3D-07	\$20 / \$40 copay	\$750 copay per admission	\$150 copay	N/A	N/A	N/A	Referred - Unlimited Self-Referred - \$1,000,000	Retail: \$15 / 50% Mail Order: \$30 / 50% \$3,000 cal yr max; Retail/Mail Order combined	\$313.00	\$666.00	\$563.00	\$916.00
NYC Community Plan SM 1D-07	\$20 / \$40 copay	\$750 copay per admission	\$150 copay	N/A	N/A	N/A	Referred - Unlimited Self-Referred - \$1,000,000	Retail: \$15 / 50% Mail Order: \$30 / 50% \$3,000 cal yr max; Retail/Mail Order combined	\$328.00	\$698.00	\$589.00	\$960.00

Self-Referred Deductible limit is \$5,000 / \$15,000.

Self-Referred Coinsurance is 30% after deductible.

Self-Referred Out of Pocket Maximum is \$20,000 / \$60,000.

Deductible does not apply towards Out-of-Pocket Maximum; Referred and Self-Referred accumulate separately. Certain services may not apply toward the Deductible or Out-of-Pocket Maximum.

The NYC Community Plan is an "in-network only" plan (Referred and Self-Referred). Benefits for emergency services only are available from health care providers who do not participate in the Aetna network.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health, Inc. and Aetna Health Insurance Company of New York (together, "Aetna").

These quoted rates are for a 12-month period from the effective date of coverage and are valid only for the benefit level and conditions stated and such other terms and conditions as set forth in the Aetna Group Policy or official renewal letters. Any changes in benefit level, conditions stated or other terms of the Policy may require change in rates. These rates are applicable only to the Aetna service areas stated above. These rates are subject to final approval by Aetna. **Rates have been filed with the**

NY State Department of Insurance. Aetna reserves the right to modify the final rates based on actual enrollment.

This list of benefits isn't inclusive of all the benefits these plans offer. Please refer to the Small Business solutions brochures for more information on our products.