

Aetna Small Business Health Plan Options

Cortland, Madison, Seneca, Tompkins, Chemung, Delaware, Steuben, Herkimer, Oneida, Albany, Rensselaer, Saratoga, Schenectady, Warren, Washington

RATES EFFECTIVE 10/1/2009 TO 12/15/2009

Plan Options	Primary Care Physician / Specialist Office Visit	Inpatient Hospital / Outpatient Surgery	Emergency Room	Network Deductible ¹ (Individual / Family)	Out-of-Network Deductible ¹ (Individual / Family)	Network Plan Coinsurance	Out-of-Network Plan Coinsurance	Network Maximum Out-of-Pocket Limit ¹ (Individual / Family)	Out-of-Network Maximum Out-of-Pocket Limit ¹ (Individual / Family)	Lifetime Maximum	Monthly Premium - Pharmacy Plan E Generics Only - \$15 Mail Order: Generics Only - \$30	Monthly Premium - Pharmacy Plan F \$0/\$30/\$50 Mail Order: \$0/\$60/\$100	Monthly Premium - Pharmacy Plan G \$15/\$35/\$70 Mail Order: \$30/\$70/\$140
MC OA 21-09	\$25 / \$25 copay; deductible waived	10% after deductible / 10% after deductible	\$100 copay; deductible waived	\$500 / \$1,500	\$1,000 / \$3,000	10% after deductible	30% after deductible	\$1,000 / \$3,000	\$2,000 / \$6,000	Network - Unlimited Out-of-Network - \$2,000,000	S: \$523 E/S \$1,208 P/C \$1,021 F: \$1,579	S: \$607 E/S: \$1,401 P/C: \$1,184 F: \$1,832	S: \$578 E/S: \$1,336 P/C: \$1,129 F: \$1,746
MC OA 22-09	\$25 / \$50 copay; deductible waived	0% after deductible / 0% after deductible	\$100 copay; deductible waived	\$1,000 / \$3,000	\$2,000 / \$6,000	0% after deductible	30% after deductible	N/A	\$3,000 / \$9,000	Network - Unlimited Out-of-Network - \$2,000,000	S: \$477 E/S: \$1,102 P/C: \$931 F: \$1,441	S: \$554 E/S: \$1,279 P/C: \$1,080 F: \$1,672	S: \$527 E/S: \$1,216 P/C: \$1,028 F: \$1,590
MC OA 24-09	\$25 / \$50 copay; deductible waived	20% after deductible / 20% after deductible	\$100 copay; deductible waived	\$2,000 / \$6,000	\$2,000 / \$6,000	20% after deductible	40% after deductible	\$2,000 / \$6,000	\$4,000 / \$12,000	Network - Unlimited Out-of-Network - \$2,000,000	S: \$406 E/S: \$939 P/C \$793 F: \$1,227	S: \$475 E/S: \$1,097 P/C \$927 F: \$1,435	S: \$450 E/S: \$1,039 P/C \$878 F: \$1,358
MC OA 26-09	\$25 / \$40 copay	\$500 copay per admission / \$250 copay	\$100 copay	N/A	\$2,000 / \$6,000	N/A	30% after deductible	N/A	\$3,000 / \$9,000	Network - Unlimited Out-of-Network - \$2,000,000	S: \$717 E/S: \$1,655 P/C: \$1,398 F: \$2,164	S: \$798 E/S: \$1,843 P/C: \$1,557 F: \$2,409	S: \$761 E/S: \$1,758 P/C: \$1,486 F: \$2,299
MC OA 27-09 (Limited Benefits Plan)	\$30 / \$50 copay; deductible waived; Limited to 6 office visits per calendar year; Network and Out-of-Network Combined	30% after deductible / 30% after deductible	30% after deductible	\$3,000 / \$6,000	\$3,000 / \$6,000	30% after deductible	50% after deductible	\$9,000 / \$18,000	\$9,000 / \$18,000	\$2,000,000 (Network and Out-of-Network Combined)	S: \$310 E/S: \$716 P/C: \$605 F: \$936	Pharmacy Plan F not available with this plan	Pharmacy Plan G not available with this plan
MC OA 29-09	\$25 / \$25 copay	\$500 copay per admission / \$0 copay	\$50 copay	N/A	\$1,000 / \$3,000	N/A	20% after deductible	N/A	\$3,000 / \$9,000	Network - Unlimited Out-of-Network - \$2,000,000	S: \$845 E/S: \$1,951 P/C: \$1,649 F: \$2,551	S: \$938 E/S: \$2,165 P/C: \$1,830 F: \$2,831	S: \$896 E/S: \$2,070 P/C: \$1,749 F: \$2,707
MC OA 33-09	\$25 / \$40 copay; deductible waived	10% after deductible / 10% after deductible	\$100 copay; deductible waived	\$1,500 / \$4,500	\$2,000 / \$6,000	10% after deductible	30% after deductible	\$1,500 / \$4,500	\$3,000 / \$9,000	Network - Unlimited Out-of-Network - \$2,000,000	S: \$433 E/S: \$999 P/C: \$844 F: \$1,307	S: \$506 E/S: \$1,169 P/C: \$987 F: \$1,528	S: \$480 E/S: \$1,108 P/C: \$936 F: \$1,448
EPO OA 1-09	\$25 / \$40 copay	\$300 copay per day up to 5 days per admission / \$250 copay	\$100 copay	N/A	N/A	N/A	N/A	N/A	N/A	Unlimited	S: \$468 E/S: \$1,080 P/C: \$913 F: \$1,412	S: \$541 E/S: \$1,249 P/C: \$1,055 F: \$1,633	S: \$517 E/S: \$1,194 P/C: \$1,009 F: \$1,561
EPO OA 2-09	\$25 / \$25 copay; deductible waived	0% after deductible / 0% after deductible	\$100 copay; deductible waived	\$1,000 / \$3,000	N/A	0% after deductible	N/A	N/A	N/A	Unlimited	S: \$453 E/S: \$1,047 P/C: \$884 F: \$1,368	S: \$529 E/S: \$1,221 P/C: \$1,032 F: \$1,596	S: \$501 E/S: \$1,158 P/C: \$978 F: \$1,514
EPO OA 3-09	\$25 / \$50 copay; deductible waived	\$500 copay per admission after deductible / \$100 copay after	\$100 copay; deductible waived	\$1,500 / \$4,500	N/A	0% after deductible	N/A	N/A	N/A	Unlimited	S: \$411 E/S: \$949 P/C: \$802 F: \$1,241	S: \$481 E/S: \$1,110 P/C: \$938 F: \$1,451	S: \$455 E/S: \$1,052 P/C: \$889 F: \$1,375
EPO OA 4-09	\$25 / \$50 copay; deductible waived	10% after deductible / 10% after deductible	\$100 copay; deductible waived	\$2,000 / \$6,000	N/A	10% after deductible	N/A	\$3,000 / \$9,000	N/A	Unlimited	S: \$370 E/S: \$854 P/C: \$721 F: \$1,116	S: \$445 E/S: \$1,028 P/C: \$869 F: \$1,344	S: \$410 E/S: \$946 P/C: \$799 F: \$1,237

¹ Deductible does not apply toward Out-of-Pocket Limit; Network and Out-of-Network accumulate separately. Certain services may not apply toward the Deductible or Out-of-Pocket Limit. 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 Life Insurance Company.

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 Life Insurance Company 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.



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MC OA 31-07 (HSA Compatible^{2,3})	20% after deductible Preventive Care - Child: \$0 copay; deductible waived Adult: \$10 / \$20 copay; deductible waived	20% after deductible / 20% after deductible	20% after deductible	\$3,000 / \$6,000 (Network and Out-of-Network Combined)	\$3,000 / \$6,000 (Network and Out-of-Network Combined)	20% after deductible	40% after deductible	\$5,000 / \$10,000 (Network and Out-of-Network Combined)	\$5,000 / \$10,000 (Network and Out-of-Network Combined)	Network - Unlimited Out-of-Network - \$2,000,000	Only available with Pharmacy Plan B \$15/\$35/\$50 Mail Order: \$30/\$70/\$100 S: \$302 E/S: \$697 P/C: \$589 F: \$911
MC OA 34-07 (HSA Compatible^{2,3})	0% after deductible Preventive Care - Child: \$0 copay; deductible waived Adult: \$10 / \$20 copay; deductible waived	0% after deductible / 0% after deductible	0% after deductible	\$3,000 / \$6,000 (Network and Out-of-Network Combined)	\$3,000 / \$6,000 (Network and Out-of-Network Combined)	0% after deductible	30% after deductible	\$5,000 / \$10,000 (Network and Out-of-Network Combined)	\$5,000 / \$10,000 (Network and Out-of-Network Combined)	Network - Unlimited Out-of-Network - \$2,000,000	Only available with Pharmacy Plan B \$15/\$35/\$50 Mail Order: \$30/\$70/\$100 S: \$327 E/S: \$756 P/C: \$639 F: \$988
MC OA 35-09 (HSA Compatible^{2,3})	0% after deductible Preventive Care - Child: \$0 copay; deductible waived Adult: \$10 / \$20 copay; deductible waived	0% after deductible / 0% after deductible	0% after deductible	\$1,500 / \$3,000 (Network and Out-of-Network Combined)	\$1,500 / \$3,000 (Network and Out-of-Network Combined)	0% after deductible	30% after deductible	\$5,000 / \$10,000 (Network and Out-of-Network Combined)	\$5,000 / \$10,000 (Network and Out-of-Network Combined)	Network - Unlimited Out-of-Network - \$2,000,000	Only available with Pharmacy Plan F \$0/\$30/\$50 Mail Order: \$0/\$60/\$100 S: \$447 E/S: \$1,033 P/C: \$872 F: \$1,350
MC OA 36-09 (HSA Compatible^{2,3})	0% after deductible Preventive Care - Child: \$0 copay; deductible waived Adult: \$10 / \$20 copay; deductible waived	0% after deductible / 0% after deductible	0% after deductible	\$5,000 / \$10,000 (Network and Out-of-Network Combined)	\$5,000 / \$10,000 (Network and Out-of-Network Combined)	0% after deductible	30% after deductible	\$5,800 / \$11,600 (Network and Out-of-Network Combined)	\$5,800 / \$11,600 (Network and Out-of-Network Combined)	Network - Unlimited Out-of-Network - \$2,000,000	Only available with Pharmacy Plan G \$15/\$35/\$70 Mail Order: \$30/\$70/\$140 S: \$278 E/S: \$643 P/C: \$543 F: \$840
Indemnity 20-07	20% after deductible	20% after deductible / 20% after deductible	20% after deductible	\$1,000 / \$2,000 (Preferred and Non-Preferred Combined)	\$1,000 / \$2,000 (Preferred and Non-Preferred Combined)	20% after deductible	20% after deductible	\$3,000 / \$6,000 (Preferred and Non-Preferred Combined)	\$3,000 / \$6,000 (Preferred and Non-Preferred Combined)	Unlimited	Only available with Pharmacy Plan B \$15/\$35/\$50 Mail Order: \$30/\$70/\$100 S: \$2,026 E/S: \$4,680 P/C: \$3,955 F: \$6,119

² Deductible, and all payments for RX and all covered expenses, unless indicated otherwise, count towards the Out-of-Pocket Limit.

³ HSA Compatible plans are administered on a plan year basis.

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