

# Aetna Small Business Health Plan Options

## NYC Community Plan<sup>SM</sup>

Manhattan, Bronx, Queens, Staten Island and Brooklyn

RATES EFFECTIVE 10/1/2010 through 12/15/2010

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	Pharmacy Plan	Monthly Premium					
								S:	E/S:	P/C (26 dep age):	F (26 dep age):	P/C (30 dep age):	F (30 dep age):
<b>NYC Community Plan<sup>SM</sup> 1-10</b>	\$20 / \$40 copay	\$750 copay per admission / \$150 copay	\$150 copay	N/A	N/A	N/A	Retail: \$15 / 50% Mail Order: \$30 / 50%	\$357.00	\$760.00	\$668.00	\$1,087.00	\$689.00	\$1,122.00
<b>NYC Community Plan<sup>SM</sup> 5-10</b>	\$20 / \$40 copay	\$250 copay per day up to 3 days per admission / \$150 copay	\$150 copay	N/A	N/A	N/A	Generics Only - Retail: \$15 Mail Order: \$30	\$336.00	\$716.00	\$629.00	\$1,024.00	\$649.00	\$1,057.00
<b>NYC Community Plan<sup>SM</sup> 6-10</b>	\$30 / \$50 copay	\$250 copay per day up to 4 days per admission / \$150 copay	\$150 copay	N/A	N/A	N/A	Generics Only - Retail: \$15 Mail Order: \$30	\$327.00	\$697.00	\$612.00	\$997.00	\$632.00	\$1,029.00

Self-Referred Deductible is \$5,000 / \$15,000  
 Self-Referred Plan 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., Aetna Life Insurance Company and Aetna Health Insurance Company of New York (Aetna).**

These quoted rates are for a 12-month period from the effective date of coverage and are valid only for the benefits 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 benefits 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.**

Plans/rates are effective as of 10/1/10 and could change at any time due to legislative or filing actions.  
 This list of benefits isn't inclusive of all the benefits these plans offer. Please refer to the Aetna Avenue<sup>®</sup> brochure for more information on our products.



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