

# Aetna Small Business Health Plan Options

Bronx, Kings, New York, Queens, Richmond, Rockland, Westchester

RATES EFFECTIVE 7/1/2009 TO 6/30/2010

Plan Options	Primary Care Physician / Specialist Office Visit	Inpatient Hospital / Outpatient Surgery	Emergency Hospital / Room	Network Deductible (Individual / Family)	Out-of-Network Deductible (Individual / Family)	Network Plan Coinsurance	Out-of-Network Plan Coinsurance	Network Maximum Out-of-Pocket Limit* (Individual / Family)	Out-of-Network Maximum Out-of-Pocket Limit* (Individual / Family)	Lifetime Maximum	Monthly Premium - Pharmacy Plan E Genetics Only - \$15 Mail Order: \$0.950/\$100 - \$30	Monthly Premium - Pharmacy Plan F \$0.320/\$50 Mail Order: \$0.950/\$100	Monthly Premium - Pharmacy Plan G \$1.635/\$370 Mail Order: \$3.0570/\$140
MC OA 21-09	\$25 / \$25 copy; deductible waived	10% after deductible / 10% after deductible	\$100 copy; 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: \$508 E/S: \$1,173 P/C: \$991 F: \$1,533	S: \$589 E/S: \$1,360 P/C: \$1,149 F: \$1,778	S: \$561 E/S: \$1,287 P/C: \$1,096 F: \$1,895
MC OA 22-09	\$25 / \$50 copy; deductible waived	0% after deductible / 0% after deductible	\$100 copy; 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: \$463 E/S: \$1,070 P/C: \$904 F: \$1,398	S: \$537 E/S: \$1,241 P/C: \$1,049 F: \$1,623	S: \$511 E/S: \$1,180 P/C: \$997 F: \$1,543
MC OA 24-09	\$25 / \$50 copy; deductible waived	20% after deductible / 20% after deductible	\$100 copy; 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: \$938 P/C: \$792 F: \$1,226	S: \$475 E/S: \$1,096 P/C: \$926 F: \$1,453	S: \$449 E/S: \$1,038 P/C: \$877 F: \$1,357
MC OA 26-09	\$25 / \$40 copy	\$500 copy per admission / \$250 copy	\$100 copy	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: \$716 E/S: \$1,653 P/C: \$1,397 F: \$2,161	S: \$797 E/S: \$1,841 P/C: \$1,555 F: \$2,407	S: \$780 E/S: \$1,756 P/C: \$1,484 F: \$2,296
MC OA 27-09 (Limited Benefits Plan)	\$30 / \$50 copy; 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: \$306 E/S: \$708 P/C: \$588 F: \$925	Pharmacy Plan F not available with this plan	Pharmacy Plan G not available with this plan
MC OA 28-09	\$25 / \$25 copy	\$500 copy per admission / \$0 copy	\$50 copy	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: \$944 E/S: \$1,849 P/C: \$1,847 F: \$2,548	S: \$936 E/S: \$2,163 P/C: \$1,828 F: \$2,628	S: \$995 E/S: \$2,068 P/C: \$1,747 F: \$2,704
MC OA 33-09	\$25 / \$40 copy; deductible waived	10% after deductible / 10% after deductible	\$100 copy; 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: \$432 E/S: \$968 P/C: \$843 F: \$1,305	S: \$605 E/S: \$1,167 P/C: \$966 F: \$1,526	S: \$479 E/S: \$1,107 P/C: \$935 F: \$1,447
EPO OA 1-09	\$25 / \$40 copy	\$300 copy per day up to 5 days per admission / \$250 copy	\$100 copy	N/A	N/A	N/A	N/A	N/A	N/A	Unlimited	S: \$467 E/S: \$1,078 P/C: \$911 F: \$1,409	S: \$540 E/S: \$1,246 P/C: \$1,053 F: \$1,629	S: \$516 E/S: \$1,192 P/C: \$1,007 F: \$1,558
EPO OA 2-09	\$25 / \$25 copy; deductible waived	0% after deductible / 0% after deductible	\$100 copy; deductible waived	\$1,000 / \$3,000	N/A	0% after deductible	N/A	N/A	N/A	Unlimited	S: \$462 E/S: \$1,046 P/C: \$863 F: \$1,366	S: \$528 E/S: \$1,219 P/C: \$1,030 F: \$1,583	S: \$500 E/S: \$1,155 P/C: \$976 F: \$1,510
EPO OA 3-09	\$25 / \$50 copy; deductible waived	\$500 copy per admission after deductible / \$100 copy after	\$100 copy; deductible waived	\$1,500 / \$4,500	N/A	0% after deductible	N/A	N/A	N/A	Unlimited	S: \$410 E/S: \$947 P/C: \$800 F: \$1,238	S: \$480 E/S: \$1,108 P/C: \$936 F: \$1,448	S: \$455 E/S: \$1,050 P/C: \$887 F: \$1,373
EPO OA 4-09	\$25 / \$50 copy; deductible waived	10% after deductible / 10% after deductible	\$100 copy; deductible waived	\$2,000 / \$6,000	N/A	10% after deductible	N/A	\$3,000 / \$9,000	N/A	Unlimited	S: \$369 E/S: \$862 P/C: \$720 F: \$1,114	S: \$444 E/S: \$1,026 P/C: \$867 F: \$1,342	S: \$409 E/S: \$944 P/C: \$798 F: \$1,235

Deductible does not apply toward Out-of-Pocket Limit; Network and Out-of-Network accumulates 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 and conditions 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.

