

Aetna Small Business Health Plan Options

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

RATES EFFECTIVE 7/1/2009 TO 9/15/2009

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 ² (Individual / Family)	Out-of-Network Maximum Out-of-Pocket Limit ² (Individual / Family)	Lifetime Maximum	Monthly Premium
MC OA 31-07 (HSA Compatible ^{2,3})	20% after deductible Preventive Care - Child: \$0 copy; deductible waived Adult: \$10 / \$20 copy; 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: \$301 E/S: \$696 P/C: \$588 F: \$910
MC OA 34-07 (HSA Compatible ^{2,3})	0% after deductible Preventive Care - Child: \$0 copy; deductible waived Adult: \$10 / \$20 copy; 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: \$318 E/S: \$734 P/C: \$620 F: \$959
MC OA 35-09 (HSA Compatible ^{2,3})	0% after deductible Preventive Care - Child: \$0 copy; deductible waived Adult: \$10 / \$20 copy; 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: \$434 E/S: \$1,002 P/C: \$847 F: \$1,310
MC OA 36-09 (HSA Compatible ^{2,3})	0% after deductible Preventive Care - Child: \$0 copy; deductible waived Adult: \$10 / \$20 copy; 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: \$270 E/S: \$624 P/C: \$527 F: \$815
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 E \$15/\$35/\$50 Mail Order: \$30/\$70/\$100 S: \$2,024 E/S: \$4,675 P/C: \$3,950 F: \$6,112

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.

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.

