

Aetna Small Business Health Plan Options

DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER

RATES EFFECTIVE 10/01/2011 through 12/31/2011

Plan Options	Primary Care Physician / Specialist Office Visit	Inpatient Hospital & Outpatient Surgery	Emergency Room	Network Deductible ¹ (Individual / Family)	Network Plan Coinsurance	Network Maximum Out-of-Pocket Limit ¹ (Individual / Family)	Out-of-Network Deductible ¹ (Individual / Family)	Out-of-Network Plan Coinsurance	Out-of-Network Maximum Out-of-Pocket Limit ¹ (Individual / Family)	Monthly Premium - Pharmacy Plan \$15/\$35/\$70 Mail Order: \$30/\$70/\$140					
										S:	E/S:	P/C (26 dep age):	F (26 dep age):	P/C (30 dep age):	F (30 dep age):
OA EPO 1-11	\$30 / \$50 copay; deductible waived	10% after deductible	\$150 copay; deductible waived	\$1,000 / \$3,000	10% after deductible	\$3,000 / \$9,000	N/A	N/A	N/A	\$451	\$1,079	\$949	\$1,468	\$979	\$1,515
OA EPO 2-11	\$30 / \$50 copay; deductible waived	10% after deductible	\$150 copay; deductible waived	\$2,000 / \$6,000	10% after deductible	\$4,000 / \$12,000	N/A	N/A	N/A	\$406	\$970	\$852	\$1,319	\$880	\$1,361
OA EPO 3-11	\$30 / \$50 copay; deductible waived	20% after deductible	\$150 copay; deductible waived	\$1,500 / \$4,500	20% after deductible	\$4,500 / \$13,500	N/A	N/A	N/A	\$412	\$986	\$867	\$1,341	\$895	\$1,384
OA EPO 4-11	\$40 / \$60 copay; deductible waived	20% after deductible	\$150 copay; deductible waived	\$2,500 / \$7,500	20% after deductible	\$5,000 / \$15,000	N/A	N/A	N/A	\$369	\$883	\$776	\$1,201	\$801	\$1,240
OA EPO 5-11	\$50 / \$75 copay; deductible waived	30% after deductible	\$150 copay; deductible waived	\$2,500 / \$7,500	30% after deductible	\$6,000 / \$18,000	N/A	N/A	N/A	\$350	\$838	\$736	\$1,139	\$760	\$1,175
OA EPO 6-11	\$50 / \$75 copay; deductible waived	30% after deductible	\$150 copay; deductible waived	\$3,000 / \$9,000	30% after deductible	\$8,000 / \$24,000	N/A	N/A	N/A	\$338	\$809	\$711	\$1,100	\$733	\$1,135
OA MC 3-11	\$25 / \$50 copay; deductible waived	10% after deductible	\$150 copay; deductible waived	\$1,500 / \$4,500	10% after deductible	\$3,000 / \$9,000	\$3,000 / \$9,000	30% after deductible	\$6,000 / \$18,000	\$488	\$1,167	\$1,026	\$1,587	\$1,059	\$1,638
OA MC 4-11	\$30 / \$30 copay; deductible waived	20% after deductible	\$150 copay; deductible waived	\$3,000 / \$9,000	20% after deductible	\$5,500 / \$16,500	\$5,000 / \$15,000	40% after deductible	\$10,000 / \$30,000	\$431	\$1,031	\$906	\$1,402	\$935	\$1,446
OA EPO 2-10/10 HSA Compatible ^{2,3}	10% after deductible	10% after deductible	10% after deductible	\$2,500 / \$5,000	10% after deductible	\$5,000 / \$10,000	N/A	N/A	N/A	\$342	\$818	\$719	\$1,112	\$742	\$1,147
OA EPO 4-10/10 HSA Compatible ^{2,3}	20% after deductible	20% after deductible	20% after deductible	\$3,500 / \$7,000	20% after deductible	\$5,950 / \$11,900	N/A	N/A	N/A	\$292	\$698	\$613	\$948	\$633	\$979
OA EPO 5-11 HSA Compatible ^{2,3}	10% after deductible	10% after deductible	10% after deductible	\$5,000 / \$10,000	10% after deductible	\$5,950 / \$11,900	N/A	N/A	N/A	\$274	\$654	\$575	\$890	\$594	\$918
OA MC 3-11 HSA Compatible ^{2,3}	20% after deductible	20% after deductible	20% after deductible	\$3,000 / \$6,000	20% after deductible	\$5,500 / \$11,000	\$6,000 / \$12,000	40% after deductible	\$9,000 / \$18,000	\$363	\$868	\$763	\$1,181	\$787	\$1,218
Indemnity 1-10/10	20% after deductible	20% after deductible	20% after deductible	\$2,500 / \$7,500 (Network and Out-of-Network combined)	20% after deductible	\$5,000 / \$15,000 (Network and Out-of-Network combined)	\$2,500 / \$7,500 (Network and Out-of-Network combined)	20% after deductible	\$5,000 / \$15,000 (Network and Out-of-Network combined)	\$1,861	\$4,452	\$3,912	\$6,053	\$4,037	\$6,247

¹ Deductible applies 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.

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 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



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conditions as set forth in the Aetna Life Insurance Company 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 10/1/11 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® brochures for more information on our products.

