

**State:** District of Columbia

**Filing Company:** Aetna Life Insurance Company

**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

**Product Name:** DC IVL Exchange

**Project Name/Number:** /

## Rate Information

Rate data applies to filing.

**Filing Method:** Review and Approval

**Rate Change Type:** Neutral

**Overall Percentage of Last Rate Revision:** %

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

## Company Rate Information

| Company Name:                | Company Rate Change: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): |
|------------------------------|----------------------|-----------------------------|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|
| Aetna Life Insurance Company | New Product          | %                           | %                      |  |  |                                   | %                               | %                               |

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## Rate Review Detail

### COMPANY:

Company Name: Aetna Life Insurance Company  
 HHS Issuer Id: 77422  
 Product Names: 2014 Individual Preferred Provider Organization (PPO) Plans  
 Trend Factors:

### FORMS:

New Policy Forms: HIXGR-96786 01 et al.  
 Affected Forms:  
 Other Affected Forms:

### REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual  
 Member Months: 0  
 Benefit Change:  
 Percent Change Requested: Min: Max: Avg:

### PRIOR RATE:

Total Earned Premium:  
 Total Incurred Claims:  
 Annual \$: Min: Max: Avg:

### REQUESTED RATE:

Projected Earned Premium: 5,042,120.00  
 Projected Incurred Claims: 3,825,456.00  
 Annual \$: Min: 149.62 Max: 819.41 Avg: 315.13

**SERFF Tracking #:**

AETN-128968538

**State Tracking #:****Company Tracking #:**

DC-2014-01

**State:** District of Columbia**Filing Company:** Aetna Life Insurance Company**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)**Product Name:** DC IVL Exchange**Project Name/Number:** /

## Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name            | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments            |
|----------|----------------------|--------------------------|---|-------------|-------------------------|------------------------|
| 1        |                      | DC Individual Rate table |   | New         |                         | DC_IVL_Rate_Table.zip, |

**SERFF Tracking #:**

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***Attachment DC\_IVL\_Rate\_Table.zip is not a PDF document and cannot be reproduced here.***

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Product Name: DC IVL Exchange

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## Supporting Document Schedules

|                          |                           |
|--------------------------|---------------------------|
| <b>Satisfied - Item:</b> | Cover Letter All Filings  |
| <b>Comments:</b>         |                           |
| <b>Attachment(s):</b>    | Cover_Letter_2014 ACA.pdf |
| <b>Item Status:</b>      |                           |
| <b>Status Date:</b>      |                           |

|                         |                                  |
|-------------------------|----------------------------------|
| <b>Bypassed - Item:</b> | Certificate of Authority to File |
| <b>Bypass Reason:</b>   | n/a                              |
| <b>Attachment(s):</b>   |                                  |
| <b>Item Status:</b>     |                                  |
| <b>Status Date:</b>     |                                  |

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Actuarial Memorandum  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | DC Individual rate filing check list.pdf<br>DC Actuarial Memo - 2014 ACA .pdf<br>Exhibit A_ DC AV and Product Summary DC IVL.pdf<br>Exhibit B _ DC Rate Development.pdf<br>Exhibit C _DC Age Factors.pdf<br>Exhibit D _DC Area Factors.pdf<br>Exhibit E _DC Plans Forms AV Benefit factor.pdf |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Actuarial Justification   |
| <b>Comments:</b>         | Please refer "Actuarial Memorandum" for the actuarial justification |
| <b>Attachment(s):</b>    |   |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |

|                         |  |
|-------------------------|--|
| <b>Bypassed - Item:</b> | District of Columbia and Countrywide Loss Ratio Analysis (P&C) |
|-------------------------|--|

**State:** District of Columbia **Filing Company:** Aetna Life Insurance Company  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)  
**Product Name:** DC IVL Exchange  
**Project Name/Number:** /

|                       |     |
|-----------------------|-----|
| <b>Bypass Reason:</b> | n/a |
| <b>Attachment(s):</b> |     |
| <b>Item Status:</b>   |     |
| <b>Status Date:</b>   |     |

|                         |  |
|-------------------------|--|
| <b>Bypassed - Item:</b> | District of Columbia and Countrywide Experience for the Last 5 Years (P&C) |
| <b>Bypass Reason:</b>   | n/a  |
| <b>Attachment(s):</b>   |  |
| <b>Item Status:</b>     |  |
| <b>Status Date:</b>     |  |

|                         |                          |
|-------------------------|--------------------------|
| <b>Bypassed - Item:</b> | Consumer Disclosure Form |
| <b>Bypass Reason:</b>   | n/a                      |
| <b>Attachment(s):</b>   |                          |
| <b>Item Status:</b>     |                          |
| <b>Status Date:</b>     |                          |

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Actuarial Memorandum and Certifications |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | URRT Part III IVL - DC.pdf              |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |

|                          |   |
|--------------------------|---|
| <b>Satisfied - Item:</b> | Unified Rate Review Template  |
| <b>Comments:</b>         |   |
| <b>Attachment(s):</b>    | Unified_Rate_Review_Template_DC_VALUE.xlsm<br>UnifiedRateReviewSubmission_2013053094023.xml |
| <b>Item Status:</b>      |   |
| <b>Status Date:</b>      |   |

|                          |                                     |
|--------------------------|-------------------------------------|
| <b>Satisfied - Item:</b> | DISB Actuarial Value Input Template |
| <b>Comments:</b>         |                                     |
| <b>Attachment(s):</b>    | DC AV Inputs Chart.xlsm             |

**SERFF Tracking #:**

AETN-128968538

**State Tracking #:**

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DC-2014-01

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|                     |  |
|---------------------|--|
| <b>Item Status:</b> |  |
| <b>Status Date:</b> |  |

SERFF Tracking #:

AETN-128968538

State Tracking #:

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DC-2014-01

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State:

District of Columbia

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI:

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***Attachment Unified\_Rate\_Review\_Template\_DC\_VALUE.xlsm is not a PDF document and cannot be reproduced here.***

***Attachment UnifiedRateReviewSubmission\_2013053094023.xml is not a PDF document and cannot be reproduced here.***

***Attachment DC AV Inputs Chart.xlsm is not a PDF document and cannot be reproduced here.***



Xiaofang Liu, ASA  
Individual Product  
Aetna Life Insurance Company  
151 Farmington Avenue, RS12  
Hartford, CT 06156  
Phone: 860-273-2002  
Email: LiuX4@aetna.com

May 31, 2013

Ms. Darniece Shirley  
Government of the District of Columbia  
Department of Insurance, Securities and Banking  
Actuarial Analysis Division  
810 First St., NE, Suite 701  
Washington, DC 20002

Subject: Aetna Life Insurance Company, NAIC No. 001-60054  
Form Number: HIXGR-96786 01 et al.  
Aetna Filing Number: 2014-01-01 DC IVL  
HIOS Product ID: 77422DC006  
Market Type: Individual  
Type of Product: PPO

Dear Ms. Shirley:

We enclose, for your Department's review, a rate filing for the above referenced new products form for January 1, 2014, which will be offered in the District of Columbia by Aetna Life Insurance Company. The purpose of this filing is to provide details of the premium rate development and the resulting proposed monthly premium rates for calendar year 2014. This rate filing is intended for new business that is issued through the DC Health Benefit Exchange. Plans contained within this rate filing will be made available to existing policyholders, including non-grandfathered members whose coverage will expire in 2014.

The health benefit plans included in this filing comply with all state-specific benefit requirements and rating regulations, as well as those associated with Federal Health Care Reform H.R. 3590 – the Patient Protection and Affordable Care Act (PPACA). Additionally, these health benefit plans either conform to the allowed tiers of coverage, defined as Bronze, Silver, and Gold, or provide Catastrophic coverage as defined by PPACA and applicable regulations. All plans achieve an actuarial value consistent with the allowable range of deviation and the thresholds established for each tier – 60%, 70%, and 80%, respectively. The market names of our product are listed in the Exhibit E.

This submission includes the following:

- DC Rate Filing Checklist
- Actuarial Memorandum and Certification
- Addendums I through IV
- Exhibits A through E
- Rate Template
- DISB Actuarial Value Input Template
- Unified Rate Review Template
- Part III Actuarial Memorandum

Please feel free to contact me at the above listed telephone number and/or e-mail address if you have any additional questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaofang Liu', with a stylized flourish at the end.

Xiaofang Liu, ASA

Encl: a/s

**Aetna Life Insurance Company**

**Rate Filing Check List**  
**Filing # AETN-128968538**  
**HIOS Product ID: 77422DC006**  
**Policy Forms: HIXGR-96786 01 et al.**  
**Comprehensive Individual Medical Expense Benefit Plans**

Based on the DC Health Benefit Exchange Authority Rate Filing Requirements, below is the check list for our rate filing.

**1. Cover Letter**

Please see the attached Cover Letter.

**2. For Renewal Filings, One Page Consumer Summary**

This is not a renewal filing. It is the new rate filing for new ACA products effective 1/1/14. So it is not applicable for this rate filing.

**3. Actuarial Memorandum**

**A. Description of Benefits**

Please see section "Benefit Design" in the Actuarial Memorandum.

**B. Issue Age Range**

Policies will be issued to individuals at all ages.

**C. Marketing Method**

These plans will be made available through the District of Columbia Health Benefit Exchange.

**D. Premium Basis**

Member level rating will be used in the individual market.

**E. Nature of Rate Change and Proposed Rate/Methodology Change**

This is the initial rate filing for the new benefit plans available from Aetna Life Insurance Company that will be available in the District of Columbia Health Benefit Exchange effective January 1, 2014. The proposed rate and methodology is included in

the Actuarial Memorandum sections “Rating Methodology” and “Monthly Premium Rates”

**F. For Each Change, Indication if New or Modified**

Not applicable.

**G. For Each Change Comparison to Status Quo**

Not applicable

**H. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology**

Not applicable

**I. Annual Rate Change for DC Policyholders**

The plans covered in this filing are new plans and therefore do not affect current DC policy holders.

**J. Base Period Experience**

DC experience is not credible, in order to obtain sufficient credibility, the base period experience used are the grandfathered and non-grandfathered individual and small group business in the District of Columbia and State of Virginia market of Aetna Life Insurance Company. The base experience used is from 11/1/2011 to 10/31/2012 and paid through 12/21/2012. No large claim adjustments made on the base period experience. The IBNR reserves represent 3.26% of the experience period claims for the individual market and 3.2% for the small group market.

Please see the Exhibit B and Addendum I – “DC Individual Market Index Rate Development” Line 1 and 2 in the Actuarial Memorandum for more details.

**K. Projected Base Period Experience**

- i. Demonstrate and support each adjustment made to the base period experience for removal of claims for services covered during the base period that are not an essential health benefit; addition of cost for services not covered during the base period, that represent essential health benefits required to be covered during the projection period.**

First, one index plan was chosen for each segment and assigned a factor of 1.0. The one index plan forms the basis of the benefit plan normalization factor development and hence was used as the reference point for developing the adjustment factor used to adjust claims to a consistent level as those expected for

the Silver Anchor Plan. Then the cost of Silver Anchor Plan is divided by a factor of 0.7 to obtain the cost of 100% AV plan.

Please see the Exhibit B and Addendum I – “DC Individual Market Index Rate Development” Line 3a to 3c in the Actuarial Memorandum for more details.

**ii. Describe and provide support for the development of each of the following projection factors applied to the base period:**

- 1. Medical and prescription drug trends including a description of the methodology used for calculating, data relied upon, and all adjustments made to the data and quantitative support.**

Please see the Addendum III – “DC Market Trend Development” the Actuarial Memorandum for more details.

- 2. Projected changes in the underlying demographics of the population anticipated to be insured in the merged individual and small group pool, including a description of the factors used to adjust the base period experience.**
- 3. Projected changes in the average morbidity of the population anticipated to be insured in the merged individual and small group pool, including but not limited to the separately identifying the impact of guaranteed issue, premium and cost sharing subsidies, a mandate that most individuals obtain coverage, pent-up demand, and termination of current high risk pools.**

Please see the Addendum II – “DC Guaranteed Issue and Modified Community Rating Development” the Actuarial Memorandum for questions 2 and 3 above.

- 4. The impact on the utilization due to projected changes in average cost sharing in force across the merged individual and small group pool.**

No adjustment is made on the impact on the utilization.

**L. Manual Rate Development**

Please see the Addendum I – “DC Individual Market Index Rate Development” and Exhibit B the Actuarial Memorandum for more details.

**M. Credibility**

DC experience alone is not credible, in order to obtain sufficient credibility, we combined State of Virginia and District of Columbia experience. We used this experience at 100% credibility.

#### **N. Projected Index Rate**

The index rate represent the average allowed claims cost per member per month for coverage of essential health benefits for market.

Paid claims were used as a basis for developing the index rate. Line 3 to Line 4 in the Exhibit B illustrates how paid claims were adjusted to reflect the allowed claims.

Manual rate is development based on combined State of Virginia and District of Columbia experience, and is used a 100% credibility. Please see the Exhibit B and Addendum I – “DC Individual Market Index Rate Development” in the Actuarial Memorandum for rate development details.

Currently, Aetna Life Insurance Company has 70% membership in the individual market and has 30% membership in the small group market in DC. Due to the merge of the individual and small group pool, we expected 50% of current small group members will migrate to individual market. So the expected distribution of membership of individual and small group will be 85% and 15%, respectively.

#### **O. Market-wide Adjustments to the Index Rate**

- i. Support for the market-wide risk transfer payment/charge assumed.**
- ii. Support for the market-wide adjustment for assessments and recoveries under the transitional reinsurance program.**

Please see the “Reinsurance and Risk Corridor” section in the Actuarial Memorandum for i and ii above.

- iii. The amount of any federal or District of Columbia Exchange user fees PMPM.**

No Exchange user fees have been included to develop the index rate.

#### **P. Plan Level Adjustments to the Index Rate**

- i. Adjustments to reflect the actuarial value and cost sharing design of each plan.**

Please see section “Benefit Design” in the Actuarial Memorandum, Exhibit A and E for actuarial value and pricing relativities.

**ii. Support for any differences at the plan level due to provider network, delivery system characteristics, and utilization management practices.**

The estimated claim impact associated with the restructuring of our network arrangements was determined by repricing state-specific claims experience for the commercial medical products issued by Aetna Life Insurance Company for all fully insured market segments - Large Group, Small Group, and Individual - using the revised/renegotiated fee schedules applicable to participating facilities and providers. Claim repricing also considered changes to network composition including such changes as tiering of participating facilities and providers. Additionally, the estimated impact on voluntary claims incurred through non-participating facilities and providers is based on reduced reimbursement levels, as allowable by state regulations. For purposes of determining the projected savings amount, the distribution of paid claims is based on Aetna Life Insurance Company state-specific Small Group experience. The final claim impact assumption was developed as the weighted average expected savings by category.

Please see the Exhibit B Line 5d and Addendum I – “DC Individual Market Index Rate Development” in the Actuarial Memorandum for more details.

**iii. Support for additional costs added for benefits provided that are in addition to essential health benefits.**

There is no additional cost added for benefits provided that are in addition to essential health benefits. The EHB adjustment in Exhibit B Line 9 is to add the cost for the District of Columbia state-specific EHB.

**iv. The expected impact of the specific eligibility categories for a catastrophic plan offered in the individual market.**

The average morbidity level for the Catastrophic plan is estimated to be approximately 25% lower than that of a similar Bronze plan. This adjustment is reflected in the plan factors shown in Exhibit E.

**Q. Non-Benefit Expenses**

Please see the “Determination of Retention Portion of Market Index Rate” in the Actuarial Memorandum.

**R. Filed Loss Ratio**

A target medical loss ratio (claims divided by premium) of 74.2% was used to price the rates in the filing. With the quality improvement expense adjusted made to claims in the numerator and tax and fees adjusted made to premium in the denominator, this is

expected to produce Federal Medical Loss Ratio above 80.5%, excluding any credibility adjustments.

Please see the “Medical Loss Ratio” in the Actuarial Memorandum for details.

#### **S. Actuarial Certification**

Please see the section “Actuarial Certification” in the Actuarial Memorandum.

#### **T. District of Columbia Loss Ratio Analysis**

- i. Evaluation Period**
- ii. Earned Premium**
- iii. Claims**
- iv. Number of Claims**

Please see the Addendum IV - Experience Data and Past Experience in the Actuarial Memorandum.

- v. Loss Development Factors**

Please see the Addendum I - DC Individual Market Index Rate Development in the Actuarial Memorandum.

- vi. Loss Ratio Demonstration**

Please see the “Medical Loss Ratio” in the Actuarial Memorandum.

- vii. Permissible Loss Ratio**

Please see the “Determination of Retention Portion of Market Index Rate” in the Actuarial Memorandum.

- viii. Credibility Analysis**

Please see the Addendum IV - Experience Data and Past Experience in the Actuarial Memorandum.

- ix. Determination of Overall Annual Rate Change**

Not applicable, since this is the new product filing.

#### **U. District of Columbia and Countrywide Experience**

- i. Earned Premium**
- ii. Number of Contracts/Policyholders**

**iii. History of Past Rate Changes**

Please see the Addendum IV - Experience Data and Past Experience in the Actuarial Memorandum.

**4. Rate Table**

Please see attached rate table.

**Aetna Life Insurance Company**  
**Actuarial Memorandum**  
**Filing # AETN-128968538**  
**HIOS Product ID: 77422DC006**  
**Policy Forms: HIXGR-96786 01 et al.**  
**Comprehensive Individual Medical Expense Benefit Plans**

**Purpose, Scope and Proposed Effective Date**

The purpose of this filing is to request approval of monthly premium rates for the above-listed new policy forms for use beginning January 1, 2014 in the District of Columbia. The requested rates have been developed incorporating consideration of the market changes and rating requirements for the Individual markets pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA) and subsequent regulation. They are compliant with all rating guidelines under federal and state regulation. The underlying benefit plans on the above listed new policy forms will be issued via the District of Columbia Health Benefit Exchange (DC HBX).

**Lack of Final Guidance**

The descriptions and analysis presented in this rate filing reflect our understanding of regulations and guidance issued prior to May 15, 2013. As further guidance is received, we reserve the right to submit revisions or withdraw this rate filing.

**Key Assumptions**

The rates in this filing were developed assuming that the District of Columbia would expand Medicaid coverage. The individual and small group market experience will be combined to establish a common rate. The individual and small group market experience will be combined to establish a common rate but for Federal MLR purposes the individual and small group markets will remain separate in the District. The age curve used in DC HBX will be the age curve developed by the Department of Insurance Securities and Banking (DISB). Since Aetna Life Insurance Company only has about 3000 members in DC in the individual and small group markets combined, the experience is not credible. The experience of Aetna Life Insurance Company in the state of Virginia was considered in developing the premium rates. We assume the distribution of Aetna Life Insurance Company's membership in DC would be 85% in the individual market and 15% in the small group market. As further guidance and information is received, we reserve the right to submit revisions to these assumptions or withdraw this rate filing.

**Benefit Design**

Aetna Life Insurance Company is offering one Catastrophic, four Bronze, three Silver, and one Gold plan On-Exchange in the individual market. Several plan versions On-Exchange are offered with and without pediatric dental benefits.

Please refer to the above referenced policy forms for detailed benefit language. Information on the cost-sharing parameters of the covered benefit plans, including deductibles and copays, and Actuarial Values can be found in Exhibit A. All benefits are compliant with the District of Columbia benefit mandates and the requirements of the PPACA, including preventive care benefits, deductible limits, and Actuarial Value requirements.

### **Applicability**

These rates are intended for new business beginning 1/1/2014.

### **Renewability Clause**

This policy is guaranteed renewable as required under §2703 of the Public Health Service Act.

### **Determination of Index Rate**

DC Health Benefit Exchange Authority requires that individual and small group be merged into a single risk pool for rating purpose in the District of Columbia. We developed our index rate based on this requirement. The development of these rates involves a projection of who will be covered and at what cost in 2014. We have used available models and tools to accomplish this and shown, in our judgment, what the various components are worth relative to the final premium. The largest assumptions impacting the final rates are the cost of guaranteed issue, community rating, and the market dynamics relative to who actually will be covered in 2014 given the relatively small tax penalties to incent the healthy and the delayed entry of existing medically underwritten members in the individual and small group markets. We believe these dynamics will lead to significant adverse selection in 2014.

The dynamics that we considered in the individual and small group markets include, but are not limited to:

1. The lack of medical underwriting
2. The guaranteed issue nature of coverage
3. The impact of community rating
4. Narrower rate variability by age
5. No rating by gender
6. The impact of restrictions such as the cap on the number of dependent children included in rating.
7. Presence of High Risk Individuals that will transition into the Individual market.

8. The addition of previously uninsured lives to the market pool. These newly insureds would come from both those individuals who were not able to access the market previously because of affordability issues as well as those with pre-existing conditions.
9. The additional utilization of the newly insureds without prior coverage.
10. The delayed entry of the existing Individual medically-underwritten market to the pool due to staggered anniversary dates throughout 2014.

In setting the projected claim level in the market in 2014, the projections are based upon the experience of the current Individual and Small Group PPO business in the District of Columbia and State of Virginia markets of Aetna Life Insurance Company (ALIC). First the existing experience claims are normalized. Then, an adjustment was made for the difference between the current average benefit level and the anchor silver plan. Finally, we apply a factor of 0.70 to convert the Silver Plan to an Allowed Cost PMPM of 100% actuarial value.

Aetna then applied medical cost trend to project the allowed claims from the experience period to the 2014 rating period. The trend assumption is 9.3%.

Aetna included the expected impact of reducing unit costs due to re-contracting efforts with the physicians and medical providers in DC. Based on these efforts, Aetna is expecting a 7.69% reduction in medical costs.

Aetna adjusted costs for the impact of guaranteed issue and community rating to reflect future population morbidities.

An adjustment for pediatric dental is included. The adjustment was calculated based on a projected allowed flat dollar amount of \$9.39, normalized for the DC age curve and expressed as a percentage of the Allowed Index Rate. We will re-evaluate and reserve the right to revise our pediatric dental rating should final rating guidance affect our projection.

The other adjustments included in development of index rate are market level risk adjustment, duration, and Essential Health Benefit adjustments.

The detailed development of the index rate is shown in Exhibit B and discussed in Addendum I (Line 1 to Line 11).

### **Reserves**

Claims Incurred But Not Reported (IBNR) reserves are included in the experience period paid claims. IBNR reserves are estimated using actuarial principles and assumptions that consider among other things, historical and projected claim submission patterns, historical and projected claim processing time, medical cost trends, utilization of health care services, claim inventory levels, changes in membership and product mix, seasonality and other relevant factors. For the experience period, we used two months of paid claim runoff to reduce the reliance on reserve estimates in the most recent incurred months. The IBNR reserves represent 3.2% of the experience period claims for the individual market and 3.0% for the small group market.

## **Determination of Retention Portion of Market Index Rate**

The retention for the combined Individual and Small Group PPO risk pool is 25.8%. This was developed from the following items:

| <b>Percentage of Premium</b> | <b>Percentage</b> |
|------------------------------|-------------------|
| G & A Expense                | 10.93%            |
| Broker Commission            | 4.13%             |
| 800 line, .com               | 0.15%             |
| Risk Adjustment Fee          | 0.02%             |
| Reinsurance Contribution     | 1.62%             |
| PCORFI Fee                   | 0.05%             |
| Health Insurance Fee         | 2.60%             |
| Profit / Margin              | 4.00%             |
| Premium Tax                  | 2.25%             |
| <b>Total:</b>                | <b>25.8%</b>      |

## **Impact of PPACA Taxes and Fees**

The Patient Protection and Affordable Care Act created several new fees assessed on insurers and health insurance. Three of these fees go into effect in 2014, described further below.

- 1.Reinsurance Contribution (RC): This is a temporary fee, designed to fund the temporary reinsurance program that will cover the individual markets for the years 2014 through 2016. The fee is assessed on fully insured and self-insured group health plans. There will be a standard national assessment for the RC, as well as the option for states to assess an additional state-level assessment. The total amount to be collected under the national assessment in 2014 is \$12 billion, declining to \$8 billion in 2015 and \$5 billion in 2016. Aetna has calculated the impact for the 2014 RC fee based on the final regulation for policies issued in DC to be worth approximately 1.62% of premium. This impact does not include any state-level assessment.
- 2.Health Insurer Fee (HIF): This permanent industry fee will be assessed based on each insurer's share of the fully insured market, in order to collect a total of \$8.0 billion for 2014. The total assessment will increase each year, to \$14.3 billion in 2018 and increasing at the rate of premium growth thereafter. Aetna has calculated the impact for the 2014 HIF fee based on current regulations to be approximately 2.6% of premium.
- 3.Exchange User Fee: There is no Exchange User Fee in DC.

## **Reinsurance and Risk Corridor**

The reinsurance adjustment is based on results from Aetna's stop-loss pricing model, based on the assumption that 80% of claims between \$60,000 and \$250,000 would be eligible for

reimbursement. Claims were normalized for the expected age and gender mix on the 2014 DC Exchange. This model resulted in anticipated recoveries of equivalent to 8.29% of premium in the individual market. There are no recoveries in the small group market.

We did not assume any adjustments to premiums or impact to MLR for the risk corridor program. Aetna is applying for QHP certification on these plans in DC in order to benefit from this program. We have assumed a neutral position for the risk adjustment program with zero payments and receipts.

### **Base Premium Rate**

To develop silver index rate base premium, first, we adjust the index rate to the 1.000 age factor level of the DC age scale. Then, we applied modifiers on the index rate to reflect the projected reinsurance receipts and risk adjustment receipts/payments. Third, retention items were applied to calculate premium of 100% AV plan. Last, we arrived the premium of the Silver index plan by multiple a factor of 0.7 on the premium of 100% of AV plan. The Silver index plan base premium is \$322.96 in the individual market. Addendum I and Exhibit B (Line 12 to Line 20) provide further details on the Silver index plan base premium build-up.

### **Rating Methodology**

Rates are determined using the prescribed member build-up approach, with a cap of 3 dependent children under age 21.

#### **Rate Formula**

For each member, including only the 3 oldest dependent children under age 21, calculate the Member Rate as follows:

Market Index Rate \* Age Factor \* Area Factor \* Plan Factor

Add up the Member Rate for each covered member, subject to the dependent child cap, to determine the total premium for the policy.

#### **Age Factors**

The DC Health Benefit Exchange Authority has prescribed its own age rating factors. The factors are shown in Exhibit C.

#### **Area Definitions and Rating Factors**

We are using the rating area definitions prescribed by DC Health Benefit Exchange Authority. Only one area is defined in DC. We are using a common area factor 1.000 of all of DC. The factors are shown in Exhibit D.

Tobacco Definitions and Rating:

The DC Health Benefit Exchange Authority does not permit the use of tobacco rating.

Plan Benefit Factors

The Plan Factors represent the expected value of the difference in benefits between the EHB Silver plan and each additional proposed benefit plan discussed in this filing. These factors were developed using a proprietary pricing model which relies on:

- 1) State- and product-specific benefit/service category weights;
- 2) Rating factors for various levels of plan/member cost-sharing options for deductibles, coinsurance, out-of-pocket maximums, copays, etc.

The product-specific service category weights were developed with reliance on experience associated with our Small Group block of business. The cost-sharing-specific rating factors were developed using experience associated with our Large Group block of business which excludes the effects of selection. Final plan factors reflect the value of the EHB and state mandated benefits, the impact of out-of-network benefits, and any additional benefits as denoted in the included benefit plan summaries. No adjustments were made to differentiate benefit factors based on morbidity differences or benefit selection. Plan factors, as well as form filing numbers and HHS Plan IDs for each benefit design are shown in attached Exhibit E.

As an example of the premium, consider a family living in DC that enrolls in the Aetna Classic 3500 plan. Assume that the parents are ages 40 and 42 and have children ages 6, 8, 11, and 13. The rate for this family is calculated as:

|                   |        |        |        |        |        |        |
|-------------------|--------|--------|--------|--------|--------|--------|
| Member Age        | 42     | 40     | 13     | 11     | 8      | 6      |
| Market Index Rate | 322.96 | 322.96 | 322.96 | 322.96 | 322.96 | 356.95 |
| Age Factor        | 1.053  | 0.975  | 0.727  | 0.727  | 0.727  | 0.727  |
| Area Factor       | 1.000  | 1.000  | 1.000  | 1.000  | 1.000  | 1.000  |
| Plan Factor       | 1.0128 | 1.0128 | 1.0128 | 1.0128 | 1.0128 | 1.0128 |
| Final Rate        | 344.43 | 318.92 | 237.79 | 237.79 | 237.79 | N/A    |

The family’s final monthly rate is the sum of the member rates, or \$1,376.72. Consistent with the limit on the number of billable dependents, no premium will be charged for the youngest family member in this example.

**Monthly Premium Rates**

The member-level monthly premium rates for the plans shown in the Exhibits A and E, based on all rating factors defined, are included in this filing in .xlm format produced by the SERFF rate plan management data template.

## Medical Loss Ratio

The expected 2014 Federal MLR for this product form is 80.5% in the individual market. This does not include the credibility adjustment described in the regulation. The following table provides the details of the calculations.

|     |                                       | <b>Individual</b> | <b>Formula</b>               |
|-----|---------------------------------------|-------------------|------------------------------|
| (a) | Member Months                         | N/A               |                              |
| (b) | Premium (pmpm) <sup>(1)</sup>         | \$315.13          |                              |
| (c) | Medical Cost (pmpm)                   | \$233.98          |                              |
| (d) | Medical Benefit Ratio (MBR)           | 74.2%             | = (c) / (b)                  |
|     |                                       |                   |                              |
| (e) | Quality Improvement Activities (pmpm) | \$1.89            | = (b) x 0.6 % <sup>(2)</sup> |
| (f) | Taxes and Fees (pmpm)                 | \$22.06           | = (b) x 7.0% <sup>(3)</sup>  |
|     |                                       |                   |                              |
| (g) | Adjusted Premium (pmpm)               | \$293.07          | = (b) - (f)                  |
| (h) | Adjusted Claims (pmpm)                | \$235.87          | = (c) + (e)                  |
|     | <b>Medical Loss Ratio (MLR)</b>       | <b>80.5%</b>      | = (h) / (g)                  |

Notes: (1) Average Premium PMPM reflects the projected distribution of member ages and plan selection.

(2) The cost of quality improvement activities is estimated to be 0.6% of the premium.

(3) Taxes and fees are estimated to be 7.0% of the premium.

\*Assumptions for QIA and excludable taxes reflect current actuarial projections and may differ from the final reported MLR.

\*\*Data and calculations for MBR and MLR calculation only includes data associated with this filing and annual standalone calculation which may differ from the Federal required market pool calculations as presented in the MLR Blanks. This calculation is based on the projected average premium pmpm.

**Actuarial Certification**

I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of The District of Columbia, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including ASOP No. 8. I certify that the index rate in compliance with 45 CFR 156.80(d)(1) and developed in compliance with applicable ASOPs. I certify that the index rate and only the allowable modifiers in 45 CFR 156.80(d)(1) and (2) were used to generate the plan level rates. I certify that the Metal AV were developed using the standard AV calculator with modified entries to reflect the plan appropriately in accordance with 45 CFR 156.135(b)(2). I also assert that the benefits are reasonable in relation to the premiums, and that the calculations are based on my best estimate of the future experience. I further attest that to the best of my knowledge, the rates are not excessive, inadequate, or unfairly discriminatory.



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Bruce T. Campbell, FSA, MAAA  
Aetna Life Insurance Company

May 31, 2013

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Date

**Aetna Life Insurance Company**  
**DC Individual Market Index Rate Development**  
**Filing # AETN-128968538**  
**HIOS Product ID: 77422DC006**  
**Policy Forms: HIXGR -96786 01 et al.**  
**Addendum I**

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DC Health Benefit Exchange Authority requires the individual and small group be merged into a single risk pool for rating purpose in the District of Columbia (DC). We develop our index rate based on this requirement. The calculations and adjustments used to develop the market index rate illustrated in Exhibit B are summarized below.

Small Group and Individual experience and factors are combined from Line 1 to Line 13, and have been developed separately from Line 14 to Line 20.

**Step 1: Develop base period cost PMPM**

- Lines 1 and 2
  - Line 1 - Member months for experience incurred 11/1/2011 through 10/31/2012 and paid through 12/31/2012 for the DC and State of Virginia (VA)
  - Line 2 - Corresponding paid claims PMPM for DC and VA
  - Approximately 3.2% of claims shown on Line 2 represent provision for claims incurred but not reported (IBNR) as of 12/31/12
  - Due to lack of credibility of DC experience, VA experience is included to develop the index rate
  - Further details of the Lines 1 and Line 2 experience period data and past experience are shown in Addendum IV
- Lines 3a through 3c are factors used to estimate the base period allowed cost. Adjustments include:
  - 3a – Average benefit factor (one index plan was chosen for each segment and assigned a factor of 1.0)
  - 3b – Benefit index for a standard EHB silver plan (expected relationship of paid claims for the Standard EHB silver plan vs. the index plan used in Line 3a)
  - 3c – Factor to convert the silver plan to 100% AV plan or allowed cost
- Lines 4 Allowed Cost PMPM (100% AV Plan)
  - Line 2 divided by Line 3a times Line 3b divided by Line 3c

**Step 2: Develop the Index Rate**

- Line 5 Trend

- 5a & 5b - Medical trend factor used to project historical experience to the pricing period. Please see Addendum III for support of our selected trend. The trend factor is consistent with that of Aetna's small group DC PPO business
- 5c – Claim Trend Factor
- 5d - Adjustment for changes in network contracts between the historical experience and products/network that will be offered in 2014
- Line 6 Future population morbidity changes
  - 6a - Anticipated impact of guarantee issue on Individual experience and community rating on Small Group experience in DC. Please see Addendum II for a description of the development of guarantee issue and community rating factors
  - 6b - Uninsured Pent up Demand. Estimated impact of increased first-year utilization in 2014 for previously uninsured participants spread across the anticipated Exchange population
  - 6c - Adjustment for the family billing limit of three dependent children. The adjustment factor is 1.006 in the Individual market, and is 1.000 in the Small Group market. We weight the individual and small group market factors at 85% and 15%, respectively, to develop the single factors of 1.0051 for both markets
- Line 7
  - Adjustment to reflect the cost difference between the expected duration mix of current business and the expected lifetime target duration
- Line 8
  - Adjustment factor to reflect differences between the morbidity-profile of Aetna's historical experience and the market. This adjustment brings the underlying experience to the overall market level. This adjustment is based on a Wakely study performed using calendar year 2011 experience. This study examined the morbidity of each participating carrier relative to the overall pool. The results of this study were adjusted for each line of business, where applicable, to account for changes in overall morbidity from the study's experience period to the experience period noted above. Adjustments were made for credibility and our understanding of our current risk position relative to the market
- Line 9
  - Adjustment to include costs for state-specific Essential Health Benefits (EHBs) and mandates not included in Aetna's existing benefit factors
- Line 10
  - Pediatric Dental - Estimated cost of pediatric dental claims adjusted to the basis for the index rate. The adjustment was calculated based on a projected allowed flat dollar amount of \$9.39, normalized for the DC age curve and expressed as a percentage of the Allowed Index Rate
- Line 11 Allowed Index Rate
  - Product of Line 4 and Lines 5c through 10

- Line 12
  - Adjustment bringing the index rate to the 1.0 factor level for the DC age scale. This is developed based on the blend of individual and small group member distribution
- Line 13
  - Allowed Base Rate – This is the cost of a plan at an age factor of 1.0 with all mandated EHB and without cost sharing

**Step 3: Apply modifiers to the allowed base rate and arrive premium to standard silver plan**

- Line 14
  - Anticipated reduction in claims costs due to expected reimbursements from the federal reinsurance program. Please refer to the “Reinsurance and Risk Corridor” section in the actuarial memorandum. This only applies to the Individual Market
- Line 15
  - Adjustment for the anticipated impact of the federal risk adjustment program. Please refer to the “Reinsurance and Risk Corridor” section in the actuarial memorandum
- Line 16
  - Allowed Base Rate with Modifiers, calculated as the product of Lines 14 through 15. This calculation is preformed separately for Individual and Small Group
- Line 17
  - One minus the estimated portion of premium required for retention. Please see the “Determination of Retention Portion of Market Index Rate” section in the actuarial memorandum for a discussion of our retention assumptions
- Line 18
  - Final Allowed Base Premium Rate, calculated as Line 16 divided by Line 17
- Line 19
  - AV of Standard Silver plan
- Line 20
  - Standard Silver plan base premium rate, calculated as product of Line 18 and Line 19.

**Aetna Life Insurance Company**  
**DC Guaranteed Issue and Modified Community Rating Development**  
**Filing # AETN-128968538**  
**HIOS Product ID: 77422DC006**  
**Policy Forms: HIXGR -96786 01 et al.**  
**Addendum II**

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**Guaranteed Issue**

A key provision of the Patient Protection and Affordable Care Act is that all individual policies effective on or after January 1, 2014 are offered on a guaranteed issue basis without rating for pre-existing medical conditions, with product-level rate differentiation limited to metallic tiers and rating variations limited to age, rating area, and tobacco-use status. In the pre-January 1, 2014 Individual market environment in DC, policy availability and rates varied by age and health status. When considering all PPACA-related rating changes including the individual mandate, advanced premium tax credits and cost sharing subsidies, the morbidity profile of the individual insurance market in DC will change in 2014.

In order to estimate the impact of these market changes, a profile (size and morbidity) of the population in DC was constructed along the following dimensions:

- Pre-2014 insurance segment – Individual Non-Grandfathered, Individual Grandfathered, Small Group, High Risk, and Uninsured by self-reported health status;
- Age Band; and
- Annual Income Level.

The size of each dimension, above, was developed from data provided by McKinsey and Company. The morbidity of each dimension was developed based on the following sources:

- Individual Non-Grandfathered, Individual Grandfathered and Small Group – Aetna internal experience data;
- High Risk – Wakely Consulting Group risk score data; and
- Uninsured – Medical Expenditure Panel Survey.

Once the population profile was constructed, a market migration model was used to assign each sub-segment to a 2014 insurance segment. This assignment was completed by calculating a perceived cost to each available insurance segment choice and assuming that the individuals in a sub-segment choose to minimize their cost.<sup>1</sup> The resulting 2014 individual market morbidity profile was then calculated as the weighted average of the relative morbidities of the sub-segments that were assigned to the individual market. A summary of the pre-2014 population and resultant individual market profile is as follows:

| <b>District of Columbia</b>           | <b>Pre-2014<br/>Population<br/>(000)</b> | <b>Pre-2014<br/>Morbidity<br/>Relativity*</b> | <b>2014 IVL Non-<br/>Grandfathered<br/>Population<br/>(000)</b> | <b>Distribution of<br/>2014 IVL<br/>Exchange<br/>Population</b> | <b>2014<br/>Morbidity<br/>Relativity*</b> |
|---------------------------------------|--|---|---|---|---|
| <b>UNINSURED</b>                      | 34                                       | 125%  | 8   | 63%   | 161%                                      |
| <b>INDIVIDUAL</b>                     | 16                                       | 102%  | 3   | 22%   | 108%                                      |
| <i>Individual - Grandfathered</i>     | 2  | 111%  | 1   | 5%  | 112%                                      |
| <i>Individual - Non-Grandfathered</i> | 13                                       | 100%  | 2   | 17%   | 106%                                      |
| <b>SMALL GROUP</b>                    | 59                                       | 130%  | 2   | 13%   | 134%                                      |
| <b>HIGH RISK</b>                      | .2                                       | 500%  | 0   | 2%  | 500%                                      |
| <b>TOTAL</b>                          | 109                                      | 125%  | 13  | 100%  | 150%                                      |

\*Morbidity relativities calculated under the assumption that the current non-grandfathered book is 1.0.

<sup>1</sup> An individual in the pre-2014 individual grandfathered insurance segment would compare the perceived costs associated with retaining their grandfathered policy (premium + expected out-of-pocket medical costs), moving into the post-2014 individual market (premium + expected out-of-pocket medical costs – available subsidies), or going uninsured (mandate tax + expected out-of-pocket medical costs).

We validated our model dataset and results against the similar SOA/Optum study, and see comparable results when adjusting for factors such as the difference between the 2016 migration and the 2014 migration, under the assumption that existing non-grandfathered business will transition during 2014.

After this validation, we adjusted the migration of the currently insured medically underwritten policies at policy anniversary (vs. on January 1).

Pent-up demand was modeled by increasing utilization on the previously uninsured population by 15% in 2014. This increase is estimated to be worth about 8.5% on the total 2014 Exchange population.

## **Community Rating**

The Community Rating adjustment accounts for the addition of certain ACA rating restrictions that will apply to small groups in 2014. The main driver of this adjustment is the removal of health status underwriting for new and renewing business. This will cause relatively higher rate increases for groups with better morbidity, and relatively lower rate increases (or rate decreases) for groups with poorer morbidity. The expected result is that the overall morbidity of the Small Group pool will increase (higher claim costs) as the healthy groups facing the larger premium rate increases will be more likely to drop coverage, and the unhealthy groups with lower premium rate increases (or decreases) will remain.

The following population segments will have the most impact to the 2014 small group market and will have varying morbidity levels and migration patterns:

- The existence of individual exchanges may lead employers to no longer offer small group coverage. The existence of subsidies in the individual market, combined with the lack of any employer penalty for groups under 50 lives, may lead to more migration from small group to individual market.
- The uninsured may enter the small group market if they currently declined available coverage or their employer decides to begin offering coverage in 2014. The bias of adverse selection suggests those uninsured consumers with higher expected morbidity will be the first to purchase health insurance.
- Employers that provide coverage today, that are most adversely impacted by ACA rate restrictions (younger, healthier groups) will be more likely to renew their current plans in December 2013, thus delaying the rate impact until late 2014. The removal of healthier lives will increase the morbidity of the ACA rate compliant pool in 2014.

Thus, the current employee and employer distributions will change in 2014 due to these assumed migration patterns, and the expected morbidity of the future small group block in 2014 will be higher than the morbidity of the current block.

**Aetna Life Insurance Company**  
**DC Market Trend Development**  
**Filing # AETN-128968538**  
**HIOS Product ID: 77422DC006**  
**Policy Forms: HIXGR -96786 01 et al.**  
**Addendum III**

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The PPO medical cost trend assumption used in the development of the CY2014 manual rates is 9.3% for CY 2013 and CY2014. The following table shows the trend assumptions by major types of service as defined by HHS, separately by unit cost, utilization, and in total.

| Type of Service     | Unit Cost | Utilization | Total |
|---------------------|-----------|-------------|-------|
| Inpatient Hospital  | 2.9%      | 6.2%        | 9.3%  |
| Outpatient Hospital | 2.9%      | 6.2%        | 9.3%  |
| Professional        | 2.9%      | 6.2%        | 9.3%  |
| Other Medical       | 2.9%      | 6.2%        | 9.3%  |
| Capitation          | 0.0%      | 0.0%        | 0.0%  |
| Prescription Drug   | 2.9%      | 6.2%        | 9.3%  |
| Total               |           |             | 9.3%  |

The trends utilized for the projections for DC small group and individual were developed based on small group experience for PPO plans for the DC and Northern VA markets. Actual historical net claims are reviewed at the market and product level. An aggregate trend for these markets is then determined using the market and product membership weights to remove the impact of product and market mix.

The data utilized in the trend analysis was based on the claim data incurred from January 2009 – December 2012 paid through December 2012. This was the most recent data available at the time the rates for CY2014 were developed. From the monthly claim data, calendar year PMPMs are calculated for each market. This use of Calendar Year PMPMs is intended to reduce the impact of seasonality. The net trends for each market and product are then calculated by dividing the PMPM's year over year. The aggregate net trend used as the starting point for the projection is calculated as the member weighted average of the market net trends.

To develop the pricing trend (or gross trend) for 2012, the aggregate net trend for Calendar Year 2012 is normalized for demographics and plan design based on the filed characteristic factors. Additional adjustments are made based on items that were believed to have had an effect on the experience data such as changes in provider reimbursements, increase in COBRA benefits and an increase in claims due to seasonal flu and snow. The changes in unit price contracted for hospital and professional services and the estimated increase in claims expected as a result of increased COBRA benefits and the estimated increase in claims due to seasonal flu and snow were developed by our Medical Economics Unit.

The pricing trend for 2013 and 2014 is developed by applying the value of the expected changes to the above listed items to the 2012 pricing trend.

Below is a table showing the calendar year trends by high level trend components

| Trend Components       | 2012 | 2013  |
|------------------------|------|-------|
| Unit Price             | 3.3% | 2.9%  |
| Utilization            | 1.3% | 4.5%  |
| Leverage (Med and Rx)  | 1.9% | 1.9%  |
| Leap Year (Med and Rx) | 0.3% | -0.3% |
| Pricing Trend          | 7.0% | 9.3%  |

2013 trend is equal to 2012 trend multiplied by the product of the changes in the trend components -1.

$$2013 \text{ trend} = 1.07 \times (1.029/1.033) \times (1.045/1.013) \times (1.019/1.019) \times (0.997/1.003) - 1 = 9.3\%$$

2014 trend = 2013 trend.

**Aetna Life Insurance Company**  
**Experience Data and Past Experience**  
**Filing # AETN-128968538**  
**HIOS Product ID: 77422DC006**  
**Policy Forms: HIXGR -96786 01 et al.**  
**Addendum IV**

**Experience Date**

We are using a rolling 12-month experience period ending 10/31/2012 and paid through 12/31/2012 for Individual and Small Group blocks of business to develop rates for these new policy forms. The following tables summarize the experience of the most recent rolling 12-month period that is used for the pricing rate development and also show past experience.

| <b>Individual Market Past Experience -The District of Columbia and State of Virginia</b> |                 |         |             |            |                 |            |
|--|-----------------|---------|-------------|------------|-----------------|------------|
|  |                 | Members | Subscribers | Premiums   | Incurred Claims | Loss Ratio |
| Year   | CY 2010         | 179,381 | 140,229     | 33,366,152 | 20,963,528      | 62.8%      |
|  | CY 2011         | 176,048 | 133,181     | 35,005,957 | 24,680,030      | 70.5%      |
| Experience Period  | 11/2011-10/2012 | 166,011 | 123,859     | 34,640,750 | 25,506,316      | 73.6%      |
| Month  | Nov-11          | 14,114  | 10,594      | 2,890,730  | 2,290,230       | 79.2%      |
|  | Dec-11          | 14,045  | 10,520      | 2,925,326  | 2,366,825       | 80.9%      |
|  | Jan-12          | 13,903  | 10,386      | 2,902,803  | 1,627,914       | 56.1%      |
|  | Feb-12          | 13,845  | 10,345      | 2,884,600  | 2,320,658       | 80.4%      |
|  | Mar-12          | 13,819  | 10,312      | 2,892,617  | 2,153,182       | 74.4%      |
|  | Apr-12          | 13,740  | 10,256      | 2,880,986  | 2,278,942       | 79.1%      |
|  | May-12          | 13,755  | 10,262      | 2,889,220  | 2,740,571       | 94.9%      |
|  | Jun-12          | 13,703  | 10,221      | 2,867,210  | 1,653,318       | 57.7%      |
|  | Jul-12          | 13,747  | 10,236      | 2,853,092  | 1,693,672       | 59.4%      |
|  | Aug-12          | 13,847  | 10,282      | 2,874,011  | 2,149,463       | 74.8%      |
|  | Sep-12          | 13,730  | 10,220      | 2,872,391  | 2,010,247       | 70.0%      |
|  | Oct-12          | 13,763  | 10,225      | 2,907,764  | 2,221,294       | 76.4%      |

| <b>Individual Market Past Experience - The District of Columbia</b> |                 |         |             |           |                 |            |
|---|-----------------|---------|-------------|-----------|-----------------|------------|
|   |                 | Members | Subscribers | Premiums  | Incurred Claims | Loss Ratio |
| Year  | CY 2010         | 20,104  | 17,987      | 3,850,046 | 1,943,483       | 50.5%      |
|   | CY 2011         | 21,898  | 19,041      | 4,332,451 | 2,569,675       | 59.3%      |
| Experience Period   | 11/2011-10/2012 | 25,837  | 22,055      | 4,830,999 | 2,785,664       | 57.7%      |
| Month   | Nov-11          | 2,000   | 1,716       | 363,105   | 227,971         | 62.8%      |
|   | Dec-11          | 2,064   | 1,755       | 403,073   | 264,408         | 65.6%      |
|   | Jan-12          | 2,066   | 1,761       | 398,393   | 230,169         | 57.8%      |
|   | Feb-12          | 2,097   | 1,795       | 394,445   | 257,371         | 65.2%      |
|   | Mar-12          | 2,136   | 1,828       | 393,098   | 265,267         | 67.5%      |
|   | Apr-12          | 2,140   | 1,828       | 415,842   | 188,875         | 45.4%      |
|   | May-12          | 2,138   | 1,828       | 399,464   | 239,869         | 60.0%      |
|   | Jun-12          | 2,146   | 1,832       | 399,520   | 212,174         | 53.1%      |
|   | Jul-12          | 2,180   | 1,858       | 401,182   | 197,753         | 49.3%      |
|   | Aug-12          | 2,253   | 1,925       | 418,242   | 268,609         | 64.2%      |
|   | Sep-12          | 2,279   | 1,943       | 405,168   | 219,388         | 54.1%      |
|   | Oct-12          | 2,338   | 1,986       | 439,467   | 213,810         | 48.7%      |

| <b>Individual Market Past Experience- State of Virginia</b> |                 |         |             |            |                 |            |
|---|-----------------|---------|-------------|------------|-----------------|------------|
|   |                 | Members | Subscribers | Premiums   | Incurred Claims | Loss Ratio |
| Year  | CY 2010         | 159,277 | 122,242     | 29,516,106 | 19,020,045      | 64.4%      |
|   | CY 2011         | 154,150 | 114,140     | 30,673,506 | 22,110,354      | 72.1%      |
| Experience Period   | 11/2011-10/2012 | 140,174 | 101,804     | 29,809,751 | 22,720,652      | 76.2%      |
| Month   | Nov-11          | 12,114  | 8,878       | 2,527,625  | 2,062,259       | 81.6%      |
|   | Dec-11          | 11,981  | 8,765       | 2,522,253  | 2,102,417       | 83.4%      |
|   | Jan-12          | 11,837  | 8,625       | 2,504,410  | 1,397,745       | 55.8%      |
|   | Feb-12          | 11,748  | 8,550       | 2,490,155  | 2,063,287       | 82.9%      |
|   | Mar-12          | 11,683  | 8,484       | 2,499,519  | 1,887,915       | 75.5%      |
|   | Apr-12          | 11,600  | 8,428       | 2,465,144  | 2,090,067       | 84.8%      |
|   | May-12          | 11,617  | 8,434       | 2,489,756  | 2,500,702       | 100.4%     |
|   | Jun-12          | 11,557  | 8,389       | 2,467,690  | 1,441,144       | 58.4%      |
|   | Jul-12          | 11,567  | 8,378       | 2,451,910  | 1,495,920       | 61.0%      |
|   | Aug-12          | 11,594  | 8,357       | 2,455,769  | 1,880,853       | 76.6%      |
|   | Sep-12          | 11,451  | 8,277       | 2,467,223  | 1,790,859       | 72.6%      |
|   | Oct-12          | 11,425  | 8,239       | 2,468,297  | 2,007,485       | 81.3%      |

The above experience in the Individual market differs from the Individual market pricing by the inclusion of dental rider claims and premiums. During the current experience periods Individual dental product claims are worth about \$4.72 PMPM when spread across all members.

| <b>Small Group PPO Market Past Experience - The District of Columbia and State of Virginia</b> |                 |         |             |            |                 |            |
|--|-----------------|---------|-------------|------------|-----------------|------------|
|  |                 | Members | Subscribers | Premiums   | Incurred Claims | Loss Ratio |
| Year   | CY 2010         | 164,168 | 80,184      | 55,599,174 | 40,535,284      | 72.9%      |
|  | CY 2011         | 161,034 | 76,343      | 57,705,024 | 41,826,823      | 72.5%      |
| Experience Period  | 11/2011-10/2012 | 166,142 | 79,099      | 59,088,567 | 45,123,776      | 76.4%      |
| Month  | Nov-11          | 13,114  | 6,157       | 4,654,359  | 3,284,413       | 70.6%      |
|  | Dec-11          | 13,062  | 6,092       | 4,646,336  | 3,119,337       | 67.1%      |
|  | Jan-12          | 13,260  | 6,216       | 4,735,285  | 3,429,675       | 72.4%      |
|  | Feb-12          | 13,591  | 6,381       | 4,765,629  | 3,504,221       | 73.5%      |
|  | Mar-12          | 13,778  | 6,532       | 4,885,263  | 4,232,120       | 86.6%      |
|  | Apr-12          | 13,686  | 6,505       | 4,828,973  | 3,418,381       | 70.8%      |
|  | May-12          | 14,064  | 6,716       | 4,979,999  | 4,584,807       | 92.1%      |
|  | Jun-12          | 14,239  | 6,841       | 5,046,332  | 3,671,544       | 72.8%      |
|  | Jul-12          | 14,312  | 6,884       | 5,114,951  | 3,803,847       | 74.4%      |
|  | Aug-12          | 14,252  | 6,842       | 5,068,368  | 3,592,034       | 70.9%      |
|  | Sep-12          | 14,367  | 6,938       | 5,165,103  | 3,955,557       | 76.6%      |
|  | Oct-12          | 14,417  | 6,995       | 5,197,968  | 4,527,840       | 87.1%      |

| <b>Small Group PPO Market Past Experience - The District of Columbia</b> |                 |         |             |           |                 |            |
|--|-----------------|---------|-------------|-----------|-----------------|------------|
|  |                 | Members | Subscribers | Premiums  | Incurred Claims | Loss Ratio |
| Year   | CY 2010         | 14,192  | 8,087       | 5,474,390 | 3,292,254       | 60.1%      |
|  | CY 2011         | 12,276  | 6,633       | 4,820,432 | 2,897,916       | 60.1%      |
| Experience Period  | 11/2011-10/2012 | 10,414  | 5,680       | 3,897,407 | 3,019,132       | 77.5%      |
| Month  | Nov-11          | 913     | 501         | 336,737   | 198,923         | 59.1%      |
|  | Dec-11          | 915     | 501         | 333,771   | 282,763         | 84.7%      |
|  | Jan-12          | 850     | 474         | 324,125   | 218,406         | 67.4%      |
|  | Feb-12          | 857     | 475         | 323,813   | 433,365         | 133.8%     |
|  | Mar-12          | 820     | 459         | 318,476   | 241,941         | 76.0%      |
|  | Apr-12          | 829     | 461         | 328,004   | 247,145         | 75.3%      |
|  | May-12          | 957     | 517         | 359,780   | 375,016         | 104.2%     |
|  | Jun-12          | 923     | 496         | 341,228   | 189,945         | 55.7%      |
|  | Jul-12          | 859     | 457         | 317,244   | 229,053         | 72.2%      |
|  | Aug-12          | 831     | 443         | 311,707   | 188,226         | 60.4%      |
|  | Sep-12          | 823     | 445         | 297,136   | 172,027         | 57.9%      |
|  | Oct-12          | 837     | 451         | 305,387   | 242,323         | 79.3%      |

| <b>Small Group PPO Market Past Experience - State of Virginia</b> |                 |         |             |            |                 |            |
|---|-----------------|---------|-------------|------------|-----------------|------------|
|   |                 | Members | Subscribers | Premiums   | Incurred Claims | Loss Ratio |
| Year  | CY 2010         | 149,976 | 72,097      | 50,124,784 | 37,243,030      | 74.3%      |
|   | CY 2011         | 148,758 | 69,710      | 52,884,593 | 38,928,907      | 73.6%      |
| Experience Period   | 11/2011-10/2012 | 155,728 | 73,419      | 55,191,159 | 42,104,645      | 76.3%      |
| Month   | Nov-11          | 12,201  | 5,656       | 4,317,623  | 3,085,490       | 71.5%      |
|   | Dec-11          | 12,147  | 5,591       | 4,312,565  | 2,836,574       | 65.8%      |
|   | Jan-12          | 12,410  | 5,742       | 4,411,160  | 3,211,269       | 72.8%      |
|   | Feb-12          | 12,734  | 5,906       | 4,441,816  | 3,070,856       | 69.1%      |
|   | Mar-12          | 12,958  | 6,073       | 4,566,787  | 3,990,179       | 87.4%      |
|   | Apr-12          | 12,857  | 6,044       | 4,500,969  | 3,171,237       | 70.5%      |
|   | May-12          | 13,107  | 6,199       | 4,620,219  | 4,209,791       | 91.1%      |
|   | Jun-12          | 13,316  | 6,345       | 4,705,104  | 3,481,599       | 74.0%      |
|   | Jul-12          | 13,453  | 6,427       | 4,797,707  | 3,574,794       | 74.5%      |
|   | Aug-12          | 13,421  | 6,399       | 4,756,661  | 3,403,809       | 71.6%      |
|   | Sep-12          | 13,544  | 6,493       | 4,867,967  | 3,783,530       | 77.7%      |
|   | Oct-12          | 13,580  | 6,544       | 4,892,581  | 4,285,517       | 87.6%      |

The above experience in the Small Group market matches the Small Group market pricing claims.

As of December, 2012 there were 2,035 policies and 2,383 covered lives in Aetna's Individual PPO block of business.

a. Credibility Analysis

As required by District of Columbia, we combined Small Group and Individual experience to establish the single index rate. In order to obtain sufficient credibility, we combined State of Virginia and the District of Columbia experience. We used this experience at 100% credibility.

b. Claims Incurred But Unpaid

The claims data was pulled for the time period 11/1/2011 to 10/31/2012 and paid through 12/31/2012 to give two months of run-out and avoid the use of Lag 0 and Lag 1 completion factors.

For Individual experience shown above, as paid through 12/31/2012, the claims incurred but unpaid included in the recent rolling 12-month experience is estimated to be \$90,741, which is 3.26% of the total claims.

c. Contract Reserves

No contract reserves are held for this block of business.

### **Past Rate Change History**

The following show the past rate changes for the Small Group and Individual Market.

#### Individual

- Effective February 1, 2006, we increased base monthly premium rates by approximately 10.0%.
- Effective February 1, 2007, we increased base monthly premium rates by approximately 29.3%.
- Effective March 1, 2008, we increased base monthly premium rates by approximately 11.2%.
- Effective April 1, 2009, we increased base monthly premium rates by approximately 12.8%.
- Effective April 1, 2010, we increased base monthly premium rates by approximately 13.7%.
- Effective October 1, 2010, we introduced a new rating system, premium rate development methodology, and quarterly rating methodology.
- Effective January 1, 2011, we increased base monthly premium rates for business originally effective prior to September 23, 2010, by approximately 1.7%, to account for the addition of HCR-relate benefits.
- Effective October 1, 2011, we decreased base monthly premium rates by approximately 10.0%.
- Effective April 1, 2012, we introduced two new benefit plans available for new business.
- Effective May 1, 2012, we introduced two new benefit plans available for new business.
- Effective August 1, 2012, we introduced a new product portfolio that included new HCR-mandated women's health benefit requirements. These new plans were introduced with new age/gender factors applicable to new business contracts.
- Effective October 1, 2012, we introduced a new product portfolio. Monthly premium rates for existing benefit plans remained as previously filed.

### Small Group

(does not include changes to the portfolio that could have resulted in rate changes related to coverage changes)

| Change | Quarterly Change | 12 Month |
|--------|------------------|----------|
| 1Q2007 | +2.5%            | +4.6%    |
| 2Q2007 | +2.5%            | +5.1%    |
| 3Q2007 | +2.5%            | +7.7%    |
| 4Q2007 | -2.6%            | +4.9%    |
| 1Q2008 | -8.2%            | -6.1%    |
| 2Q2008 | +1.5%            | -7.0%    |
| 3Q2008 | +1.5%            | -7.9%    |
| 4Q2008 | +1.5%            | -4.0%    |
| 1Q2009 | +5.0%            | +9.8%    |
| 2Q2009 | +0.0%            | +8.2%    |
| 3Q2009 | +0.0%            | +6.6%    |
| 4Q2009 | +3.0%            | +8.2%    |
| 1Q2010 | +3.0%            | +6.1%    |
| 2Q2010 | +3.0%            | +9.3%    |
| 3Q2010 | +0.5%            | +9.8%    |
| 4Q2010 | +4.5%            | +11.4%   |
| 1Q2011 | +0.0%            | +8.2%    |
| 2Q2011 | -3.0%            | +1.9%    |
| 3Q2011 | +0.0%            | +1.4%    |
| 4Q2011 | +0.0%            | -3.0%    |
| 1Q2012 | -5.0%            | -7.9%    |
| 2Q2012 | +1.7%            | -3.4%    |
| 3Q2012 | +1.0%            | -2.4%    |
| 4Q2012 | +2.6%            | +0.1%    |
| 1Q2013 | +2.6%            | +8.1%    |
| 2Q2013 | +2.6%            | +9.1%    |

Aetna Life Insurance Company  
SERFF #: AETN – 128968538  
HIOS Product ID: 77422DC006  
Forms Filing: HIXGR-96786 01 et al.  
Exhibit A

District of Columbia Individual Portfolio | Summary of Benefits

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*NOTE: This exhibit includes benefit summaries for plans with the “PD” suffix. Plans without the “PD” suffix are identical to plans with the suffix except that they do not cover pediatric dental benefits.*

## Summary of Benefits Covered

## DC AETNA BASIC

## District of Columbia

Catastrophic Plan

| Summary of Features   | In-Network   | Out-of-Network                  |
|---|--|---------------------------------|
| <b>Deductible</b>   |  |                                 |
| Individual  | \$6,350  | \$12,700                        |
| Family  | \$12,700   | \$25,400                        |
| <b>Coinsurance</b><br>(Member Responsibility)   |  | N/A                             |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |                                 |
| <b>Out-of-Pocket Maximum</b>  |  |                                 |
| Individual  | \$6,350  | \$15,000                        |
| Family  | \$12,700   | \$30,000                        |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |                                 |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$20 ded waived/visits 1-3<br>0% after deductible                      | 50% after deductible            |
| <b>Specialist Visit</b>   | 0% after deductible  | 50% after deductible            |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 0% after deductible  | 50% after deductible            |
| <b>Emergency Room Services</b>  | 0% after deductible  | Paid as In-Network              |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | 0% after deductible  | 25%/visits 1-40; 40%/visits 41+ |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 0% after deductible  | 50% after deductible            |
| <b>Rehabilitative Speech Therapy</b>  | 0% after deductible  | 50% after deductible            |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | 0% after deductible  | 50% after deductible            |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible            |
| <b>Laboratory Outpatient and Professional Services</b>  | 0% after deductible  | 50% after deductible            |
| <b>X-rays and Diagnostic Imaging</b>  | 0% after deductible  | 50% after deductible            |
| <b>Skilled Nursing Facility</b>   | 0% after deductible  | 50% after deductible            |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 0% after deductible  | 50% after deductible            |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 0% after deductible  | 50% after deductible            |
| <b>Pharmacy</b>   |  |                                 |
|   | In-Network   | Out-of-Network                  |
| <b>Pharmacy Deductible</b>  |  |                                 |
| Individual  | Integrated with medical  | Integrated with medical         |
| Family  | Integrated with medical  | Integrated with medical         |
| <b>Generics</b>   | 0% after deductible  | 50% after deductible            |
| <b>Preferred Brand Drugs</b>  | 0% after deductible  | 50% after deductible            |
| <b>Non-Preferred Brand Drugs</b>  | 0% after deductible  | 50% after deductible            |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 0% after deductible  | Not covered                     |

Summary of Benefits Covered

DC AETNA ADVANTAGE 6350 PD

District of Columbia

Bronze Plan

Summary of Features In-Network Out-of-Network

|  |  |                                 |
|--|--|---------------------------------|
| <b>Deductible</b>  |  |                                 |
| Individual   | \$6,350  | \$12,700                        |
| Family   | \$12,700   | \$25,400                        |
| <b>Coinsurance</b><br><i>(Member Responsibility)</i>   |  | N/A                             |
|  | <i>\$0 once out-of-pocket max. is satisfied</i>                        |                                 |
| <b>Out-of-Pocket Maximum</b>   |  |                                 |
| Individual   | \$6,350  | \$15,000                        |
| Family   | \$12,700   | \$30,000                        |
|  | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |                                 |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br><i>(excludes Preventative and X-rays)</i>     | \$20 ded waived/visits 1-3<br>0% after deductible                      | 50% after deductible            |
| <b>Specialist Visit</b>  | 0% after deductible  | 50% after deductible            |
| <b>All Inpatient Hospital Services</b><br><i>(includes Mental/Behavioral Health and Substance Abuse)</i> | 0% after deductible  | 50% after deductible            |
| <b>Emergency Room Services</b>   | 0% after deductible  | Paid as In-Network              |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                         | 0% after deductible  | 25%/visits 1-40; 40%/visits 41+ |
| <b>Imaging (CT/PET Scans, MRIs)</b>  | 0% after deductible  | 50% after deductible            |
| <b>Rehabilitative Speech Therapy</b>   | 0% after deductible  | 50% after deductible            |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                                   | 0% after deductible  | 50% after deductible            |
| <b>Preventive Care/Screening/Immunization</b>  | 0%   | 50% after deductible            |
| <b>Laboratory Outpatient and Professional Services</b>   | 0% after deductible  | 50% after deductible            |
| <b>X-rays and Diagnostic Imaging</b>   | 0% after deductible  | 50% after deductible            |
| <b>Skilled Nursing Facility</b>  | 0% after deductible  | 50% after deductible            |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>   | 0% after deductible  | 50% after deductible            |
| <b>Outpatient Surgery Physician/Surgical Services</b>  | 0% after deductible  | 50% after deductible            |

Pharmacy In-Network Out-of-Network

|   |                         |                         |
|---|-------------------------|-------------------------|
| <b>Pharmacy Deductible</b>              |                         |                         |
| Individual                              | Integrated with medical | Integrated with medical |
| Family                                  | Integrated with medical | Integrated with medical |
| <b>Generics</b>                         | 0% after deductible     | 50% after deductible    |
| <b>Preferred Brand Drugs</b>            | 0% after deductible     | 50% after deductible    |
| <b>Non-Preferred Brand Drugs</b>        | 0% after deductible     | 50% after deductible    |
| <b>Specialty Drugs (i.e. high-cost)</b> | 0% after deductible     | Not covered             |

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

|                                       | Tier 1 Plan Benefit Design |      |            | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|----------------------------|------|------------|----------------------------|------|----------|
|                                       | Medical                    | Drug | Combined   | Medical                    | Drug | Combined |
| Deductible (\$)                       |                            |      | \$6,350.00 |                            |      |          |
| Coinsurance (%; Insurer's Cost Share) |                            |      | 100.00%    |                            |      |          |
| OOP Maximum (\$)                      |                            |      | \$6,350.00 |                            |      |          |
| OOP Maximum if Separate (\$)          |                            |      |            |                            |      |          |

[Click Here for Important Instructions](#)

| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

|   |
|---|
| a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/><br>Specialty Rx Coinsurance Maximum:                     |
| Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/><br># Days (1-10):                                       |
| Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/><br># Visits (1-10):                              |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input checked="" type="checkbox"/><br># Copays (1-10): 3 |

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 60.2%

Metal Tier: Bronze

This product, DC Aetna Advantage 6350 PD, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.2%

## Summary of Benefits Covered

## DC AETNA ADVANTAGE 5750

## District of Columbia

Bronze Plan

| Summary of Features   | In-Network   | Out-of-Network                         |
|---|--|--|
| <b>Deductible</b>   |  |  |
| Individual  | \$5,750  | \$11,500                               |
| Family  | \$11,500   | \$23,000                               |
| <b>Coinsurance</b><br>(Member Responsibility)   |  | N/A                                    |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |  |
| <b>Out-of-Pocket Maximum</b>  |  |  |
| Individual  | \$6,350  | \$12,700                               |
| Family  | \$12,700   | \$25,400                               |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |  |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$20 per visit<br>\$40 per visit after deductible                      | 50% after deductible                   |
| <b>Specialist Visit</b>   | \$40 per visit after deductible  | 50% after deductible                   |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | \$100/Admit  | 50% after deductible                   |
| <b>Emergency Room Services</b>  | \$250 per visit after deductible                                       | Paid as In-Network                     |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$25/visits 1-40; \$40/visits 41+                                      | 25%/visits 1-40; 40%/visits 41+        |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | \$250 per visit after deductible                                       | 50% after deductible                   |
| <b>Rehabilitative Speech Therapy</b>  | \$40 per visit after deductible  | 50% after deductible                   |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | \$40 per visit after deductible  | 50% after deductible                   |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible                   |
| <b>Laboratory Outpatient and Professional Services</b>  | 0% after deductible  | 50% after deductible                   |
| <b>X-rays and Diagnostic Imaging</b>  | \$100 per visit after deductible                                       | 50% after deductible                   |
| <b>Skilled Nursing Facility</b>   | \$100/Admit  | 50% after deductible                   |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | \$100 per visit after deductible                                       | 50% after deductible                   |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 0% after deductible  | 50% after deductible                   |
|   |  |  |
| Pharmacy  | In-Network   | Out-of-Network                         |
| <b>Pharmacy Deductible</b>  |  |  |
| Individual  | Integrated with medical  | Integrated with medical                |
| Family  | Integrated with medical  | Integrated with medical                |
| <b>Generics</b>   | \$10 deductible waived   | 50% after \$10 copay deductible waived |
| <b>Preferred Brand Drugs</b>  | \$75   | 50% after \$75 copay                   |
| <b>Non-Preferred Brand Drugs</b>  | 50% after deductible   | 50% after deductible                   |
| <b>Specialty Drugs (i.e. high-cost)</b>   | \$250  | Not covered                            |

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design |      |            | Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|------------|----------------------------|------|----------|
| Medical                    | Drug | Combined   | Medical                    | Drug | Combined |
|                            |      | \$5,750.00 |                            |      |          |
|                            |      | 100.00%    |                            |      |          |
|                            |      | \$6,350.00 |                            |      |          |
|                            |      |            |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$20.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$40.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 91%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 92%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$75.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Maximum Number of Days for Charging an IP Copay?

# Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

# Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 60.0%

Metal Tier: Bronze

This product, DC Aetna Advantage 5750, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.0%

## Summary of Benefits Covered

## DC AETNA ADVANTAGEPLUS 5500

## District of Columbia

Bronze Plan

| Summary of Features   | In-Network   | Out-of-Network                  |
|---|--|---------------------------------|
| <b>Deductible</b>   |  |                                 |
| Individual  | \$5,500  | \$11,000                        |
| Family  | \$11,000   | \$22,000                        |
| <b>Coinsurance</b><br>(Member Responsibility)   |  | N/A                             |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |                                 |
| <b>Out-of-Pocket Maximum</b>  |  |                                 |
| Individual  | \$6,350  | \$12,700                        |
| Family  | \$12,700   | \$25,400                        |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |                                 |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | 10% after deductible<br>10% after deductible                           | 50% after deductible            |
| <b>Specialist Visit</b>   | 10% after deductible   | 50% after deductible            |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 10% after deductible   | 50% after deductible            |
| <b>Emergency Room Services</b>  | 10% after deductible   | Paid as In-Network              |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | 10% after deductible   | 25%/visits 1-40; 40%/visits 41+ |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 10% after deductible   | 50% after deductible            |
| <b>Rehabilitative Speech Therapy</b>  | 10% after deductible   | 50% after deductible            |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | 10% after deductible   | 50% after deductible            |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible            |
| <b>Laboratory Outpatient and Professional Services</b>  | 10% after deductible   | 50% after deductible            |
| <b>X-rays and Diagnostic Imaging</b>  | 10% after deductible   | 50% after deductible            |
| <b>Skilled Nursing Facility</b>   | 10% after deductible   | 50% after deductible            |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 10% after deductible   | 50% after deductible            |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 10% after deductible   | 50% after deductible            |
|   |  |                                 |
| Pharmacy  | In-Network   | Out-of-Network                  |
| <b>Pharmacy Deductible</b>  |  |                                 |
| Individual  | Integrated with medical  | Integrated with medical         |
| Family  | Integrated with medical  | Integrated with medical         |
| <b>Generics</b>   | 10% after deductible   | 50% after deductible            |
| <b>Preferred Brand Drugs</b>  | 50% after deductible   | 50% after deductible            |
| <b>Non-Preferred Brand Drugs</b>  | 50% after deductible   | 50% after deductible            |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to \$500 copay/script   | Not Covered                     |

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier:

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design |      |            | Tier 2 Plan Benefit Design |      |          |
|----------------------------|------|------------|----------------------------|------|----------|
| Medical                    | Drug | Combined   | Medical                    | Drug | Combined |
|                            |      | \$5,500.00 |                            |      |          |
|                            |      | 83.29%     |                            |      |          |
|                            |      | \$6,350.00 |                            |      |          |
|                            |      |            |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?   
Specialty Rx Coinsurance Maximum: \$500

Maximum Number of Days for Charging an IP Copay?   
# Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?   
# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
# Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful.

Actuarial Value: 58.3%

Metal Tier: Bronze

This product, DC Aetna AdvantagePlus 5500, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 58.3%

## Summary of Benefits Covered

## DC AETNA CLASSIC 5000 PD

## District of Columbia

Silver Plan

| Summary of Features   | In-Network   | Out-of-Network                         |
|---|--|--|
| <b>Deductible</b>   |  |  |
| Individual  | \$5000   | \$10,000                               |
| Family  | \$10,000   | \$20,000                               |
| <b>Coinsurance</b><br>(Member Responsibility)   |  | N/A                                    |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |  |
| <b>Out-of-Pocket Maximum</b>  |  |  |
| Individual  | \$6,350  | \$12,700                               |
| Family  | \$12,700   | \$25,400                               |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |  |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$30 per visit<br>\$60 per visit                                       | 50% after deductible                   |
| <b>Specialist Visit</b>   | \$60 per visit   | 50% after deductible                   |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 30% after deductible   | 50% after deductible                   |
| <b>Emergency Room Services</b>  | \$400 per visit  | Paid as In-Network                     |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$25/visits 1-40; \$40/visits 41+                                      | 25%/visits 1-40; 40%/visits 41+        |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 30% after deductible   | 50% after deductible                   |
| <b>Rehabilitative Speech Therapy</b>  | \$30 per visit after deductible  | 50% after deductible                   |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | \$30 per visit after deductible  | 50% after deductible                   |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible                   |
| <b>Laboratory Outpatient and Professional Services</b>  | \$30 per visit   | 50% after deductible                   |
| <b>X-rays and Diagnostic Imaging</b>  | \$60 per visit   | 50% after deductible                   |
| <b>Skilled Nursing Facility</b>   | 30% after deductible   | 50% after deductible                   |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 30% after deductible   | 50% after deductible                   |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 30% after deductible   | 50% after deductible                   |
|   |  |  |
| Pharmacy  | In-Network   | Out-of-Network                         |
| <b>Pharmacy Deductible</b>  |  |  |
| Individual  | \$500  | \$500                                  |
| Family  | \$1,000  | \$1,000                                |
| <b>Generics</b>   | \$10 deductible waived   | 50% after \$10 copay deductible waived |
| <b>Preferred Brand Drugs</b>  | \$60   | 50% after \$60 copay                   |
| <b>Non-Preferred Brand Drugs</b>  | 50% after deductible   | 50% after deductible                   |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to max \$500 copay  | Not covered                            |

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Silver

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

|  | Tier 1 Plan Benefit Design |          |          | Tier 2 Plan Benefit Design |      |          |
|--|----------------------------|----------|----------|----------------------------|------|----------|
|  | Medical                    | Drug     | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$5,000.00                 | \$500.00 |          |                            |      |          |
| Coinsurance (%), Insurer's Cost Share) | 70.00%                     | 50.00%   |          |                            |      |          |
| OOP Maximum (\$)                       | \$6,350.00                 |          |          |                            |      |          |
| OOP Maximum if Separate (\$)           |                            |          |          |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \$500

Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 68.2%

Metal Tier: Silver

This product, DC Aetna Classic 5000 PD, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.2%

## Summary of Benefits Covered

## DC AETNA CLASSIC 3500

## District of Columbia

Silver Plan

| Summary of Features   | In-Network   | Out-of-Network                         |
|---|--|--|
| <b>Deductible</b>   |  |  |
| Individual  | \$3,500  | \$7,000                                |
| Family  | \$7,000  | \$14,000                               |
| <b>Coinsurance</b><br>(Member Responsibility)   |  | N/A                                    |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |  |
| <b>Out-of-Pocket Maximum</b>  |  |  |
| Individual  | \$6,350  | \$12,700                               |
| Family  | \$12,700   | \$25,400                               |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |  |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$30 per visit<br>\$60 per visit                                       | 50% after deductible                   |
| <b>Specialist Visit</b>   | \$60 per visit   | 50% after deductible                   |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 20% after deductible   | 50% after deductible                   |
| <b>Emergency Room Services</b>  | \$400 per visit  | Paid as In-Network                     |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$25/visits 1-40; \$40/visits 41+                                      | 25%/visits 1-40; 40%/visits 41+        |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 20% after deductible   | 50% after deductible                   |
| <b>Rehabilitative Speech Therapy</b>  | \$30 per visit after deductible  | 50% after deductible                   |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | \$30 per visit after deductible  | 50% after deductible                   |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible                   |
| <b>Laboratory Outpatient and Professional Services</b>  | \$30 per visit   | 50% after deductible                   |
| <b>X-rays and Diagnostic Imaging</b>  | \$60 per visit   | 50% after deductible                   |
| <b>Skilled Nursing Facility</b>   | 20% after deductible   | 50% after deductible                   |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 20% after deductible   | 50% after deductible                   |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 20% after deductible   | 50% after deductible                   |
|   |  |  |
| Pharmacy  | In-Network   | Out-of-Network                         |
| <b>Pharmacy Deductible</b>  |  |  |
| Individual  | \$500  | \$500                                  |
| Family  | \$1,000  | \$1,000                                |
| <b>Generics</b>   | \$10 deductible waived   | 50% after \$10 copay deductible waived |
| <b>Preferred Brand Drugs</b>  | \$60   | 50% after \$60 copay                   |
| <b>Non-Preferred Brand Drugs</b>  | 50% after deductible   | 50% after deductible                   |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to max \$500 copay  | Not covered                            |

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Silver

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |          | Tier 2 Plan Benefit Design |      |          |
|--|------------|----------|----------------------------|------|----------|
| Medical                                | Drug       | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$3,500.00 | \$500.00 |                            |      |          |
| Coinsurance (% , Insurer's Cost Share) | 80.00%     | 50.00%   |                            |      |          |
| OOP Maximum (\$)                       | \$6,350.00 |          |                            |      |          |
| OOP Maximum if Separate (\$)           |            |          |                            |      |          |

| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?  Specialty Rx Coinsurance Maximum: \$500

Maximum Number of Days for Charging an IP Copay?  # Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?  # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  # Copays (1-10):

**Output**

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 68.7%

Metal Tier: Silver

This product, DC Aetna Classic 3500, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.7%

## Summary of Benefits Covered

## DC AETNA PREMIER 2000 PD

## District of Columbia

Gold Plan

| Summary of Features   | In-Network  | Out-of-Network                        |
|---|---|---------------------------------------|
| <b>Deductible</b>   |   |                                       |
| Individual  | \$2,000   | \$4,000                               |
| Family  | \$4,000   | \$8,000                               |
| <b>Coinsurance</b><br>(Member Responsibility)   |   | N/A                                   |
|   | \$0 once out-of-pocket max. is satisfied                        |                                       |
| <b>Out-of-Pocket Maximum</b>  |   |                                       |
| Individual  | \$4,500   | \$9,000                               |
| Family  | \$9,000   | \$18,000                              |
|   | All cost sharing accumulates to the Out of Pocket Maximum above |                                       |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$10 per visit<br>\$30 per visit                                | 50% after deductible                  |
| <b>Specialist Visit</b>   | \$30 per visit  | 50% after deductible                  |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 30% after deductible  | 50% after deductible                  |
| <b>Emergency Room Services</b>  | \$250 per visit   | Paid as In-Network                    |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$25/visits 1-40; \$30/visits 41+                               | 25%/visits 1-40; 40%/visits 41+       |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 30% after deductible  | 50% after deductible                  |
| <b>Rehabilitative Speech Therapy</b>  | 30% after deductible  | 50% after deductible                  |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | 30% after deductible  | 50% after deductible                  |
| <b>Preventive Care/Screening/Immunization</b>   | 0%  | 50% after deductible                  |
| <b>Laboratory Outpatient and Professional Services</b>  | 0%  | 50% after deductible                  |
| <b>X-rays and Diagnostic Imaging</b>  | \$10 per visit  | 50% after deductible                  |
| <b>Skilled Nursing Facility</b>   | 30% after deductible  | 50% after deductible                  |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 30% after deductible  | 50% after deductible                  |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 30% after deductible  | 50% after deductible                  |
|   |   |                                       |
| Pharmacy  | In-Network  | Out-of-Network                        |
| <b>Pharmacy Deductible</b>  |   |                                       |
| Individual  | \$500   | \$500                                 |
| Family  | \$1,000   | \$1,000                               |
| <b>Generics</b>   | \$4 deductible waived   | 50% after \$4 copay deductible waived |
| <b>Preferred Brand Drugs</b>  | \$50  | 50% after \$50 copay                  |
| <b>Non-Preferred Brand Drugs</b>  | 50% after deductible  | 50% after deductible                  |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to max \$500 copay                                       | Not covered                           |

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier:

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:                              |
|   | 2nd Tier Utilization:                              |

| Tier 1 Plan Benefit Design             |            |          | Tier 2 Plan Benefit Design |      |          |
|--|------------|----------|----------------------------|------|----------|
| Medical                                | Drug       | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$2,000.00 | \$500.00 |                            |      |          |
| Coinsurance (% , Insurer's Cost Share) | 70.00%     | 50.00%   |                            |      |          |
| OOP Maximum (\$)                       | \$4,500.00 |          |                            |      |          |
| OOP Maximum if Separate (\$)           |            |          |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$250.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>            | <input type="checkbox"/>            | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$50.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?   
 Specialty Rx Coinsurance Maximum: \$500

Maximum Number of Days for Charging an IP Copay?   
 # Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?   
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
 # Copays (1-10):

**Output**

Status/Error Messages: Calculation Successful.

Actuarial Value: 78.1%

Metal Tier: Gold

This product, DC Aetna Premier 2000 PD, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.1%

## SILVER TIER CSR PLANS

---

*The next set of plans have Cost Sharing Reductions (CSR). When ACA provisions go into effect, Individuals who qualify to enroll in CSR plans will receive a cost sharing subsidy from the government that lets them receive a richer benefit plan for the same price that a non-eligible individual pays. To reflect this, different variations of the Silver-tiered product, Aetna Classic PD, were created with varying Actuarial Values. In order to qualify for the CSR plans below, Individuals:*

- 1. Must be legally present in the US and not incarcerated*
- 2. Must not be eligible for “affordable” employer-sponsored coverage*
- 3. Must have income that falls within 100%-250% of the Federal Poverty Level*
- 4. Must enroll in a Silver plan*

## Summary of Benefits Covered

## DC AETNA CLASSIC 5000 PD: CSR 73%

## District of Columbia

Silver 73% Plan

| Summary of Features   | In-Network   | Out-of-Network                         |
|---|--|--|
| <b>Deductible</b>   |  |  |
| Individual  | \$4000   | \$10,000                               |
| Family  | \$8,000  | \$20,000                               |
| <b>Coinsurance</b><br>(Member Responsibility)   | varies; see below  | varies; see below                      |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |  |
| <b>Out-of-Pocket Maximum</b>  |  |  |
| Individual  | \$5,200  | \$12,700                               |
| Family  | \$10,400   | \$25,400                               |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |  |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$30 per visit<br>\$60 per visit                                       | 50% after deductible                   |
| <b>Specialist Visit</b>   | \$60 per visit   | 50% after deductible                   |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 30% after deductible   | 50% after deductible                   |
| <b>Emergency Room Services</b>  | \$400 per visit  | Paid as In-Network                     |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$25/visits 1-40; \$40/visits 41+                                      | 25%/visits 1-40; 40%/visits 41+        |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 30% after deductible   | 50% after deductible                   |
| <b>Rehabilitative Speech Therapy</b>  | \$30 per visit after deductible  | 50% after deductible                   |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | \$30 per visit after deductible  | 50% after deductible                   |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible                   |
| <b>Laboratory Outpatient and Professional Services</b>  | 0%   | 50% after deductible                   |
| <b>X-rays and Diagnostic Imaging</b>  | \$60 per visit   | 50% after deductible                   |
| <b>Skilled Nursing Facility</b>   | 30% after deductible   | 50% after deductible                   |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 30% after deductible   | 50% after deductible                   |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 30% after deductible   | 50% after deductible                   |
|   |  |  |
| Pharmacy  | In-Network   | Out-of-Network                         |
| <b>Pharmacy Deductible</b>  |  |  |
| Individual  | \$500  | \$500                                  |
| Family  | \$1,000  | \$1,000                                |
| <b>Generics</b>   | \$10 deductible waived   | 50% after \$10 copay deductible waived |
| <b>Preferred Brand Drugs</b>  | \$60   | 50% after \$60 copay                   |
| <b>Non-Preferred Brand Drugs</b>  | 50% after deductible   | 50% after deductible                   |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to max \$500 copay  | Not covered                            |

**Actuarial Value Snapshot**

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Silver

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization:     |

| Tier 1 Plan Benefit Design                   | Tier 2 Plan Benefit Design |
|--|----------------------------|
| Medical                                      | Medical                    |
| Deductible (\$) \$4,000.00                   |                            |
| Drug \$500.00                                |                            |
| Combined                                     |                            |
| Coinsurance (%), Insurer's Cost Share 70.00% |                            |
| OOP Maximum (\$) \$5,200.00                  |                            |
| OOP Maximum if Separate (\$)                 |                            |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?   
Specialty Rx Coinsurance Maximum: \$500

Maximum Number of Days for Charging an IP Copay?   
# Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?   
# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
# Copays (1-10):

**Output**

Calculate

Status/Error Messages:

Actuarial Value: 72.3%

Metal Tier:

This product, DC Aetna Classic 5000 PD: CSR 73%, satisfies the HHS guidelines for a 73% CSR plan with an Actuarial Value of 72.3%

## Summary of Benefits Covered

## DC AETNA CLASSIC 3500: CSR 73%

## District of Columbia

Silver 73% Plan

| Summary of Features   | In-Network   | Out-of-Network                         |
|---|--|--|
| <b>Deductible</b>   |  |  |
| Individual  | \$3,500  | \$7,000                                |
| Family  | \$7,000  | \$14,000                               |
| <b>Coinsurance</b><br>(Member Responsibility)   | varies; see below  | varies; see below                      |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |  |
| <b>Out-of-Pocket Maximum</b>  |  |  |
| Individual  | \$5,200  | \$12,700                               |
| Family  | \$10,400   | \$25,400                               |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |  |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$30 per visit<br>\$60 per visit                                       | 50% after deductible                   |
| <b>Specialist Visit</b>   | \$60 per visit   | 50% after deductible                   |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 20% after deductible   | 50% after deductible                   |
| <b>Emergency Room Services</b>  | \$400 per visit  | Paid as In-Network                     |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$25/visits 1-40; \$40/visits 41+                                      | 25%/visits 1-40; 40%/visits 41+        |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 20% after deductible   | 50% after deductible                   |
| <b>Rehabilitative Speech Therapy</b>  | \$30 per visit after deductible  | 50% after deductible                   |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | \$30 per visit after deductible  | 50% after deductible                   |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible                   |
| <b>Laboratory Outpatient and Professional Services</b>  | 0%   | 50% after deductible                   |
| <b>X-rays and Diagnostic Imaging</b>  | \$60 per visit   | 50% after deductible                   |
| <b>Skilled Nursing Facility</b>   | 20% after deductible   | 50% after deductible                   |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 20% after deductible   | 50% after deductible                   |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 20% after deductible   | 50% after deductible                   |
| <b>Pharmacy</b>   |  |  |
|   | In-Network   | Out-of-Network                         |
| <b>Pharmacy Deductible</b>  |  |  |
| Individual  | \$500  | \$500                                  |
| Family  | \$1,000  | \$1,000                                |
| <b>Generics</b>   | \$10 deductible waived   | 50% after \$10 copay deductible waived |
| <b>Preferred Brand Drugs</b>  | \$60   | 50% after \$60 copay                   |
| <b>Non-Preferred Brand Drugs</b>  | 50% after deductible   | 50% after deductible                   |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to max \$500 copay  | Not covered                            |

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Silver

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design             |            |          | Tier 2 Plan Benefit Design |      |          |
|--|------------|----------|----------------------------|------|----------|
| Medical                                | Drug       | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$3,500.00 | \$500.00 |                            |      |          |
| Coinsurance (% , Insurer's Cost Share) | 80.00%     | 50.00%   |                            |      |          |
| OOP Maximum (\$)                       | \$5,200.00 |          |                            |      |          |
| OOP Maximum if Separate (\$)           |            |          |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$400.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 80%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$60.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

Maximum Specialty Rx Coinsurance Payments?   
Specialty Rx Coinsurance Maximum: \$500

Maximum Number of Days for Charging an IP Copay?   
# Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?   
# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?   
# Copays (1-10):

**Output**

Calculate

Status/Error Messages:

Actuarial Value: 73.3%

Metal Tier:

This product, DC Aetna Classic 3500: CSR 73%, satisfies the HHS guidelines for a 73% CSR plan with an Actuarial Value of 73.3%

## Summary of Benefits Covered

## DC AETNA CLASSIC 5000 PD: CSR 87%

## District of Columbia

Silver 87% Plan

| Summary of Features   | In-Network   | Out-of-Network                        |
|---|--|---------------------------------------|
| <b>Deductible</b>   |  |                                       |
| Individual  | \$600  | \$10,000                              |
| Family  | \$1,200  | \$20,000                              |
| <b>Coinsurance</b><br>(Member Responsibility)   | varies; see below  | varies; see below                     |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |                                       |
| <b>Out-of-Pocket Maximum</b>  |  |                                       |
| Individual  | \$2,250  | \$12,700                              |
| Family  | \$4,500  | \$25,400                              |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |                                       |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$10 per visit<br>\$30 per visit                                       | 50% after deductible                  |
| <b>Specialist Visit</b>   | \$30 per visit   | 50% after deductible                  |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 10% after deductible   | 50% after deductible                  |
| <b>Emergency Room Services</b>  | \$300 per visit  | Paid as In-Network                    |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$25/visits 1-40; \$30/visits 41+                                      | 25%/visits 1-40; 40%/visits 41+       |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 10% after deductible   | 50% after deductible                  |
| <b>Rehabilitative Speech Therapy</b>  | \$30 per visit after deductible  | 50% after deductible                  |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | \$30 per visit after deductible  | 50% after deductible                  |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible                  |
| <b>Laboratory Outpatient and Professional Services</b>  | 0%   | 50% after deductible                  |
| <b>X-rays and Diagnostic Imaging</b>  | \$30 per visit   | 50% after deductible                  |
| <b>Skilled Nursing Facility</b>   | 10% after deductible   | 50% after deductible                  |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 10% after deductible   | 50% after deductible                  |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 10% after deductible   | 50% after deductible                  |
|   |  |                                       |
| Pharmacy  | In-Network   | Out-of-Network                        |
| <b>Pharmacy Deductible</b>  |  |                                       |
| Individual  | None   | None                                  |
| Family  | None   | None                                  |
| <b>Generics</b>   | \$4 deductible waived  | 50% after \$4 copay deductible waived |
| <b>Preferred Brand Drugs</b>  | \$15   | 50% after \$15 copay                  |
| <b>Non-Preferred Brand Drugs</b>  | 50%  | 50%                                   |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to max \$100 copay  | Not covered                           |

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?  
 Apply Inpatient Copay per Day?  
 Apply Skilled Nursing Facility Copay per Day?  
 Rate OOP Maximum for Medical and Drug Spending?  
 Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier: Gold

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization:     |

| Tier 1 Plan Benefit Design             |            |          | Tier 2 Plan Benefit Design |      |          |
|--|------------|----------|----------------------------|------|----------|
| Medical                                | Drug       | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                        | \$600.00   | \$0.00   |                            |      |          |
| Coinsurance (% , Insurer's Cost Share) | 90.00%     | 50.00%   |                            |      |          |
| OOP Maximum (\$)                       | \$2,250.00 |          |                            |      |          |
| OOP Maximum if Separate (\$)           |            |          |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                           | \$300.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

|   |                                     |
|---|-------------------------------------|
| a Maximum on Specialty Rx Coinsurance Payments?                         | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum:                                       | \$100                               |
| Maximum Number of Days for Charging an IP Copay?                        | <input type="checkbox"/>            |
| # Days (1-10):  |                                     |
| Primary Care Cost-Sharing After a Set Number of Visits?                 | <input type="checkbox"/>            |
| # Visits (1-10):  |                                     |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/>            |
| # Copays (1-10):  |                                     |

**Output**

Calculate

Status/Error Messages:

Actuarial Value: 86.5%

Metal Tier:

This product, DC Aetna Classic 5000 PD: CSR 87%, satisfies the HHS guidelines for an 87% CSR plan with an Actuarial Value of 86.5%

## Summary of Benefits Covered

## DC AETNA CLASSIC 3500: CSR 87%

## District of Columbia

Silver 87% Plan

| Summary of Features   | In-Network   | Out-of-Network                        |
|---|--|---------------------------------------|
| <b>Deductible</b>   |  |                                       |
| Individual  | \$600  | \$7,000                               |
| Family  | \$1,200  | \$14,000                              |
| <b>Coinsurance</b><br>(Member Responsibility)   | varies; see below  | varies; see below                     |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |                                       |
| <b>Out-of-Pocket Maximum</b>  |  |                                       |
| Individual  | \$2,250  | \$12,700                              |
| Family  | \$4,500  | \$25,400                              |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |                                       |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$10 per visit<br>\$30 per visit                                       | 50% after deductible                  |
| <b>Specialist Visit</b>   | \$30 per visit   | 50% after deductible                  |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 10% after deductible   | 50% after deductible                  |
| <b>Emergency Room Services</b>  | \$300 per visit  | Paid as In-Network                    |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$25/visits 1-40; \$30/visits 41+                                      | 25%/visits 1-40; 40%/visits 41+       |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 10% after deductible   | 50% after deductible                  |
| <b>Rehabilitative Speech Therapy</b>  | \$30 per visit after deductible  | 50% after deductible                  |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | \$30 per visit after deductible  | 50% after deductible                  |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible                  |
| <b>Laboratory Outpatient and Professional Services</b>  | 0%   | 50% after deductible                  |
| <b>X-rays and Diagnostic Imaging</b>  | \$30 per visit   | 50% after deductible                  |
| <b>Skilled Nursing Facility</b>   | 10% after deductible   | 50% after deductible                  |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 10% after deductible   | 50% after deductible                  |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 10% after deductible   | 50% after deductible                  |
|   |  |                                       |
| Pharmacy  | In-Network   | Out-of-Network                        |
| <b>Pharmacy Deductible</b>  |  |                                       |
| Individual  | None   | None                                  |
| Family  | None   | None                                  |
| <b>Generics</b>   | \$4 deductible waived  | 50% after \$4 copay deductible waived |
| <b>Preferred Brand Drugs</b>  | \$15   | 50% after \$15 copay                  |
| <b>Non-Preferred Brand Drugs</b>  | 50%  | 50%                                   |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to max \$100 copay  | Not covered                           |

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Rate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR Standard?

Desired Metal Tier:

| HSA/HRA Options                |                          | Narrow Network Options    |                          |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount:    |                          | 1st Tier Utilization:     |                          |
|                                |                          | 2nd Tier Utilization:     |                          |

| Tier 1 Plan Benefit Design            |            |          | Tier 2 Plan Benefit Design |      |          |
|---------------------------------------|------------|----------|----------------------------|------|----------|
| Medical                               | Drug       | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                       | \$600.00   | \$0.00   |                            |      |          |
| Coinurance (% , Insurer's Cost Share) | 90.00%     | 50.00%   |                            |      |          |
| OOP Maximum (\$)                      | \$2,250.00 |          |                            |      |          |
| OOP Maximum if Separate (\$)          |            |          |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                          |                    | Tier 2                                  |   |                          |                    |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------|---|---|--------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    |
| Emergency Room Services  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | \$300.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | \$10.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Rehabilitative Speech Therapy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                     | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                     | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | \$30.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input type="checkbox"/>            | <input type="checkbox"/>            |                          |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 90%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                          |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                          |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                          | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                          | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                          |                    |

**Options for Additional Benefit Design Limits:**

Maximum on Specialty Rx Coinsurance Payments?    
 Specialty Rx Coinsurance Maximum: \$100

Maximum Number of Days for Charging an IP Copay?    
 # Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?    
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?    
 # Copays (1-10):

**Output**

Status/Error Messages:

Actuarial Value: 86.5%

Metal Tier:

This product, DC Aetna Classic 3500: CSR 87%, satisfies the HHS guidelines for an 87% CSR plan with an Actuarial Value of 86.5%

## Summary of Benefits Covered

## DC AETNA CLASSIC 5000 PD: CSR 94%

## District of Columbia

Silver 94% Plan

| Summary of Features   | In-Network   | Out-of-Network                  |
|---|--|---------------------------------|
| <b>Deductible</b>   |  |                                 |
| Individual  | \$150  | \$10,000                        |
| Family  | \$300  | \$20,000                        |
| <b>Coinsurance</b><br>(Member Responsibility)   | varies; see below  | varies; see below               |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |                                 |
| <b>Out-of-Pocket Maximum</b>  |  |                                 |
| Individual  | \$1,175  | \$12,700                        |
| Family  | \$2,350  | \$25,400                        |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |                                 |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$5 per visit<br>\$15 per visit  | 50% after deductible            |
| <b>Specialist Visit</b>   | \$15 per visit   | 50% after deductible            |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 0% after deductible  | 50% after deductible            |
| <b>Emergency Room Services</b>  | \$100 per visit  | Paid as In-Network              |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$15 per visit   | 25%/visits 1-40; 40%/visits 41+ |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 0% after deductible  | 50% after deductible            |
| <b>Rehabilitative Speech Therapy</b>  | \$15 per visit   | 50% after deductible            |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | \$15 per visit   | 50% after deductible            |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible            |
| <b>Laboratory Outpatient and Professional Services</b>  | 0%   | 50% after deductible            |
| <b>X-rays and Diagnostic Imaging</b>  | \$15 per visit   | 50% after deductible            |
| <b>Skilled Nursing Facility</b>   | 0% after deductible  | 50% after deductible            |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 0% after deductible  | 50% after deductible            |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 0% after deductible  | 50% after deductible            |
|   |  |                                 |
| Pharmacy  | In-Network   | Out-of-Network                  |
| <b>Pharmacy Deductible</b>  |  |                                 |
| Individual  | None   | None                            |
| Family  | None   | None                            |
| <b>Generics</b>   | \$4  | 50% after \$4 copay             |
| <b>Preferred Brand Drugs</b>  | \$15   | 50% after \$15 copay            |
| <b>Non-Preferred Brand Drugs</b>  | 50%  | 50%                             |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to max \$100 copay  | Not covered                     |

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?  
 Apply Inpatient Copay per Day?  
 Apply Skilled Nursing Facility Copay per Day?  
 Rate OOP Maximum for Medical and Drug Spending?  
 Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier:

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization:     |

| Tier 1 Plan Benefit Design           |            |          | Tier 2 Plan Benefit Design |      |          |
|--------------------------------------|------------|----------|----------------------------|------|----------|
| Medical                              | Drug       | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                      | \$150.00   | \$0.00   |                            |      |          |
| Coinsurance (% Insurer's Cost Share) | 100.00%    | 50.00%   |                            |      |          |
| OOP Maximum (\$)                     | \$1,175.00 |          |                            |      |          |
| OOP Maximum if Separate (\$)         |            |          |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

a Maximum on Specialty Rx Coinsurance Payments?  
 Specialty Rx Coinsurance Maximum: \$100

Maximum Number of Days for Charging an IP Copay?  
 # Days (1-10):

Primary Care Cost-Sharing After a Set Number of Visits?  
 # Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?  
 # Copays (1-10):

**Output**

Status/Error Messages:

Actuarial Value: 93.0%

Metal Tier:

This product, DC Aetna Classic 5000 PD: CSR 94%, satisfies the HHS guidelines for a 94% CSR plan with an Actuarial Value of 93.0%

## Summary of Benefits Covered

## DC AETNA CLASSIC 3500: CSR 94%

## District of Columbia

Silver 94% Plan

| Summary of Features   | In-Network   | Out-of-Network                  |
|---|--|---------------------------------|
| <b>Deductible</b>   |  |                                 |
| Individual  | \$150  | \$7,000                         |
| Family  | \$300  | \$14,000                        |
| <b>Coinsurance</b><br>(Member Responsibility)   | varies; see below  | varies; see below               |
|   | <i>\$0 once out-of-pocket max. is satisfied</i>                        |                                 |
| <b>Out-of-Pocket Maximum</b>  |  |                                 |
| Individual  | \$1,175  | \$12,700                        |
| Family  | \$2,350  | \$25,400                        |
|   | <i>All cost sharing accumulates to the Out of Pocket Maximum above</i> |                                 |
| <b>Primary Care Visit to Treat an Injury or Illness</b><br>(excludes Preventative and X-rays)     | \$5 per visit<br>\$15 per visit  | 50% after deductible            |
| <b>Specialist Visit</b>   | \$15 per visit   | 50% after deductible            |
| <b>All Inpatient Hospital Services</b><br>(includes Mental/Behavioral Health and Substance Abuse) | 0% after deductible  | 50% after deductible            |
| <b>Emergency Room Services</b>  | \$100 per visit  | Paid as In-Network              |
| <b>Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services</b>                  | \$15 per visit   | 25%/visits 1-40; 40%/visits 41+ |
| <b>Imaging (CT/PET Scans, MRIs)</b>   | 0% after deductible  | 50% after deductible            |
| <b>Rehabilitative Speech Therapy</b>  | \$15 per visit   | 50% after deductible            |
| <b>Rehabilitative Occupational and Rehabilitative Physical Therapy</b>                            | \$15 per visit   | 50% after deductible            |
| <b>Preventive Care/Screening/Immunization</b>   | 0%   | 50% after deductible            |
| <b>Laboratory Outpatient and Professional Services</b>  | 0%   | 50% after deductible            |
| <b>X-rays and Diagnostic Imaging</b>  | \$15 per visit   | 50% after deductible            |
| <b>Skilled Nursing Facility</b>   | 0% after deductible  | 50% after deductible            |
| <b>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</b>                                  | 0% after deductible  | 50% after deductible            |
| <b>Outpatient Surgery Physician/Surgical Services</b>   | 0% after deductible  | 50% after deductible            |
|   |  |                                 |
| Pharmacy  | In-Network   | Out-of-Network                  |
| <b>Pharmacy Deductible</b>  |  |                                 |
| Individual  | None   | None                            |
| Family  | None   | None                            |
| <b>Generics</b>   | \$4  | 50% after \$4 copay             |
| <b>Preferred Brand Drugs</b>  | \$15   | 50% after \$15 copay            |
| <b>Non-Preferred Brand Drugs</b>  | 50%  | 50%                             |
| <b>Specialty Drugs (i.e. high-cost)</b>   | 50% up to max \$100 copay  | Not covered                     |

## Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

**User Inputs for Plan Parameters**

Use Integrated Medical and Drug Deductible?  
 Apply Inpatient Copay per Day?  
 Apply Skilled Nursing Facility Copay per Day?  
 Rate OOP Maximum for Medical and Drug Spending?  
 Indicate if Plan Meets CSR Standard?  
 Desired Metal Tier:

| HSA/HRA Options   | Narrow Network Options                             |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount:                             | 1st Tier Utilization:<br>2nd Tier Utilization:     |

| Tier 1 Plan Benefit Design           |            |          | Tier 2 Plan Benefit Design |      |          |
|--------------------------------------|------------|----------|----------------------------|------|----------|
| Medical                              | Drug       | Combined | Medical                    | Drug | Combined |
| Deductible (\$)                      | \$150.00   | \$0.00   |                            |      |          |
| Coinsurance (% Insurer's Cost Share) | 100.00%    | 50.00%   |                            |      |          |
| OOP Maximum (\$)                     | \$1,175.00 |          |                            |      |          |
| OOP Maximum if Separate (\$)         |            |          |                            |      |          |

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| Type of Benefit  | Tier 1                              |                                     |                           |                    | Tier 2                                  |   |                           |                    |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
|  | Subject to Deductible?              | Subject to Coinsurance?             | Coinsurance, if different | Copay, if separate | Subject to Deductible?                  | Subject to Coinsurance?                 | Coinsurance, if different | Copay, if separate |
| <b>Medical</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Emergency Room Services  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$100.00           | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| All Inpatient Hospital Services (inc. MHSA)                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$5.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialist Visit   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services      | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Imaging (CT/PET Scans, MRIs)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Speech Therapy  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Rehabilitative Occupational and Rehabilitative Physical Therapy                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preventive Care/Screening/Immunization   | <input type="checkbox"/>            | <input type="checkbox"/>            | 100%                      | \$0.00             | <input type="checkbox"/>                | <input type="checkbox"/>                | 100%                      | \$0.00             |
| Laboratory Outpatient and Professional Services                                | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| X-rays and Diagnostic Imaging  | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Skilled Nursing Facility   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$0.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Outpatient Surgery Physician/Surgical Services                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100%                      |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| <b>Drugs</b>   | <input type="checkbox"/> All        | <input type="checkbox"/> All        |                           |                    | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All |                           |                    |
| Generics   | <input type="checkbox"/>            | <input type="checkbox"/>            |                           | \$4.00             | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                           | \$15.00            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Non-Preferred Brand Drugs  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |
| Specialty Drugs (i.e. high-cost)   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 50%                       |                    | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>     |                           |                    |

**Options for Additional Benefit Design Limits:**

|  |
|--|
| a Maximum on Specialty Rx Coinsurance Payments? <input checked="" type="checkbox"/><br>Specialty Rx Coinsurance Maximum: \$100 |
| Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/><br># Days (1-10):                                    |
| Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/><br># Visits (1-10):                           |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/><br># Copays (1-10):           |

**Output**

Status/Error Messages:

Actuarial Value: 93.0%

Metal Tier:

This product, DC Aetna Classic 3500 CSR: 94%, satisfies the HHS guidelines for a 94% CSR plan with an Actuarial Value of 93.0%

**Aetna Life Insurance Company**  
**The District of Columbia Individual and Small Group Market Rate Development**  
**Exhibit B**  
 SERFF #: AETN-128968538  
 Policy Form #: HIXGR -96786 01 et al.

|                            |
|----------------------------|
| Individual and Small Group |
| PPO                        |

**Step 1: Develop base period cost PMPM**

|    |   |   |                 |
|----|---|---|-----------------|
| 1) | Member Months (Nov 11-Oct 12)                 |   | 332,153         |
| 2) | Paid Claims PMPM (Nov 11-Oct 12)              |   | \$210.28        |
| 3) | <b>Convert to 100% AV Plan</b>                |   |                 |
| a) | Weighted Average Benefit Factor               | / | 0.9041          |
| b) | Benefit Index for Silver Plan                 | x | 0.7181          |
| c) | Factor to Convert Silver Plan to 100% AV Plan | / | 0.7000          |
| 4) | <b>Allowed Cost PMPM (100% AV Plan)</b>       | = | <b>\$238.61</b> |

**Step 2: Develop the Allowed Index Rate**

|     |   |   |                 |
|-----|---|---|-----------------|
| 5)  | Trend   |   |                 |
| a)  | Allowed Claim Trend   |   | 9.3%            |
| b)  | No. of Months   |   | 26              |
| c)  | Claim Trend Factor  | x | <b>1.2129</b>   |
| d)  | Network Recontracting Adjustment                              | x | 0.9231          |
| 6)  | Future population morbidity changes                           |   |                 |
| a)  | Guaranteed Issue (IVL)/ Community Rating (SG)                 | x | 1.3538          |
| b)  | Individual Uninsured Pent up Demand                           | x | 1.0721          |
| c)  | Adjustment for 3-child Family member cap                      | x | 1.0051          |
| 7)  | Duration Adjustment   | x | 0.9941          |
| 8)  | Market Level Risk Adjustment (Wakely)                         | x | 1.0175          |
| 9)  | EHB Adjustment (to State Level)                               | x | 1.0115          |
| 10) | Pediatric Dental  | x | 1.0235          |
| 11) | <b>Allowed Index Rate</b>                                     | = | <b>\$408.16</b> |
| 12) | Age Normalization to 1.0 on DC age curve                      | x | 0.9146          |
| 13) | <b>Allowed Base Rate (Age factor 1.000; w/o Cost sharing)</b> | = | <b>\$373.28</b> |

**Step 3: Apply Modifiers to the Allowed Base Rate**

|     |  |   | Individual      | Small Group     |
|-----|--|---|-----------------|-----------------|
| 14) | Market-level Reinsurance                   | x | 0.9171          | 1.0000          |
| 15) | Market-level Risk Adjustment               | x | 1.0000          | 1.0000          |
| 16) | <b>Allowed Base Rate with Modifiers</b>    | = | <b>\$342.34</b> | <b>\$373.28</b> |
| 17) | 1 - Retention                              | / | 0.742           | 0.742           |
| 18) | <b>Allowed Base Premium Rate</b>           | = | <b>\$461.38</b> | <b>\$503.08</b> |
| 19) | AV of Silver Index Plan                    | x | 0.700           | 0.700           |
| 20) | <b>Silver Index Plan Base Premium Rate</b> | = | <b>\$322.96</b> | <b>\$352.15</b> |

**Aetna Life Insurance Company**  
**SERFF Filing # AETN-128968538**  
**HIOS Product ID: 77422DC006**  
**Form Filing # HIXGR-96786 01 et al.**  
**Exhibit C**

**Age Rating Definitions and Factors for The District of Columbia**

DC Default Standard Age Curve

|               |       |
|---------------|-------|
| 0-20          | 0.727 |
| 21            | 0.727 |
| 22            | 0.727 |
| 23            | 0.727 |
| 24            | 0.727 |
| 25            | 0.727 |
| 26            | 0.727 |
| 27            | 0.727 |
| 28            | 0.727 |
| 29            | 0.727 |
| 30            | 0.727 |
| 31            | 0.727 |
| 32            | 0.727 |
| 33            | 0.746 |
| 34            | 0.775 |
| 35            | 0.805 |
| 36            | 0.836 |
| 37            | 0.869 |
| 38            | 0.903 |
| 39            | 0.938 |
| 40            | 0.975 |
| 41            | 1.013 |
| 42            | 1.053 |
| 43            | 1.094 |
| 44            | 1.137 |
| 45            | 1.181 |
| 46            | 1.227 |
| 47            | 1.275 |
| 48            | 1.325 |
| 49            | 1.377 |
| 50            | 1.431 |
| 51            | 1.487 |
| 52            | 1.545 |
| 53            | 1.605 |
| 54            | 1.668 |
| 55            | 1.733 |
| 56            | 1.801 |
| 57            | 1.871 |
| 58            | 1.944 |
| 59            | 2.020 |
| 60            | 2.099 |
| 61*           | 2.180 |
| 62*           | 2.180 |
| 63*           | 2.180 |
| 64 and Older* | 2.180 |

\* The original DC age factor for age 61 and older is 2.181. In order to pass the validation of the HHS rate template, age factor for age 61 and older has been adjusted by a factor 0.99967 (=2.999/3.000).

**Aetna Life Insurance Company**  
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**HIOS Product ID: 77422DC006**  
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**Exhibit D**

**Area Rating Definitions and Factors for The District of Columbia**

| Rating Area | Area Factor |
|-------------|-------------|
| 1           | 1.000       |

**Aetna Life Insurance Company**  
**SERFF Filing # AETN - 128968538**  
**HIOS Product ID: 77422DC006**  
**Policy form # HIXGR - 96786 01 et al.**  
**Benefit Plans Form # and Plan-Ids, AV and Pricing Factors**  
**Exhibit E**

| <u>Form #</u>        | <u>HIOS Plan-Id</u> | <u>Plan</u>                             | <u>Exchange</u><br><u>ON/OFF</u> | <u>Metallic Tier</u> | <u>Cost - sharing</u> | <u>Deductible</u> | <u>Actuarial</u><br><u>Value</u> | <u>Plan</u><br><u>Factors</u> |
|----------------------|---------------------|---|----------------------------------|----------------------|-----------------------|-------------------|----------------------------------|-------------------------------|
| B1aHIXGR-96786-SB 01 | 77422DC0060001      | DC Aetna Advantage 5750                 | ON                               | Bronze               | Base                  | 5750_copay_integ  | 60.0%                            | 0.8582                        |
| B1bHIXGR-96786-SB 01 | 77422DC0060001      | DC Aetna Advantage 5750: NA CSR \$0     | ON                               | Bronze               | Native American       | 5750_copay_integ  | 100.0%                           | 0.8582                        |
| B1cHIXGR-96786-SB 01 | 77422DC0060001      | DC Aetna Advantage 5750: NA CSR LTD     | ON                               | Bronze               | Native American       | 5750_copay_integ  | 60.0%                            | 0.8582                        |
| B2aHIXGR-96786-SB 01 | 77422DC0060002      | DC Aetna Advantage 6350                 | ON                               | Bronze               | Base                  | Bronze_6400       | 60.2%                            | 0.8496                        |
| B2aHIXGR-96786-SB 01 | 77422DC0060003      | DC Aetna Advantage 6350 PD              | ON                               | Bronze               | Base                  | Bronze_6400       | 60.2%                            | 0.8726                        |
| B2bHIXGR-96786-SB 01 | 77422DC0060002      | DC Aetna Advantage 6350: NA CSR \$0     | ON                               | Bronze               | Native American       | Bronze_6400       | 100.0%                           | 0.8496                        |
| B2bHIXGR-96786-SB 01 | 77422DC0060003      | DC Aetna Advantage 6350 PD: NA CSR \$0  | ON                               | Bronze               | Native American       | Bronze_6400       | 100.0%                           | 0.8726                        |
| B2cHIXGR-96786-SB 01 | 77422DC0060002      | DC Aetna Advantage 6350: NA CSR LTD     | ON                               | Bronze               | Native American       | Bronze_6400       | 60.2%                            | 0.8496                        |
| B2cHIXGR-96786-SB 01 | 77422DC0060003      | DC Aetna Advantage 6350 PD: NA CSR LTD  | ON                               | Bronze               | Native American       | Bronze_6400       | 60.2%                            | 0.8726                        |
| B3aHIXGR-96786-SB 01 | 77422DC0060004      | DC Aetna AdvantagePlus 5500             | ON                               | Bronze               | Base                  | HSA_5500_90%      | 58.3%                            | 0.8307                        |
| B3bHIXGR-96786-SB 01 | 77422DC0060004      | DC Aetna AdvantagePlus 5500: NA CSR \$0 | ON                               | Bronze               | Native American       | HSA_5500_90%      | 100.0%                           | 0.8307                        |
| B3cHIXGR-96786-SB 01 | 77422DC0060004      | DC Aetna AdvantagePlus 5500: NA CSR LTD | ON                               | Bronze               | Native American       | HSA_5500_90%      | 58.3%                            | 0.8307                        |
| C1aHIXGR-96786-SB 01 | 77422DC0060005      | DC Aetna Basic                          | ON                               | Catastrophic         | Base                  | Catastrophic      | N/A                              | 0.6373                        |
| G1aHIXGR-96786-SB 01 | 77422DC0060006      | DC Aetna Premier 2000 PD                | ON                               | Gold                 | Base                  | 2000_70%          | 78.1%                            | 1.1637                        |
| G1bHIXGR-96786-SB 01 | 77422DC0060006      | DC Aetna Premier 2000 PD: NA CSR \$0    | ON                               | Gold                 | Native American       | 2000_70%          | 100.0%                           | 1.1637                        |
| G1cHIXGR-96786-SB 01 | 77422DC0060006      | DC Aetna Premier 2000 PD: NA CSR LTD    | ON                               | Gold                 | Native American       | 2000_70%          | 78.1%                            | 1.1637                        |
| S1aHIXGR-96786-SB 01 | 77422DC0060007      | DC Aetna Classic 3500                   | ON                               | Silver               | Base                  | 3500_80%          | 68.7%                            | 1.0128                        |
| S1bHIXGR-96786-SB 01 | 77422DC0060007      | DC Aetna Classic 3500: CSR 73%          | ON                               | Silver               | CSRCoins              | 3500_80_73%       | 73.3%                            | 1.0128                        |
| S1cHIXGR-96786-SB 01 | 77422DC0060007      | DC Aetna Classic 3500: CSR 87%          | ON                               | Silver               | CSRCoins              | CoinsBase_87%     | 86.5%                            | 1.0128                        |
| S1dHIXGR-96786-SB 01 | 77422DC0060007      | DC Aetna Classic 3500: CSR 94%          | ON                               | Silver               | CSRCoins              | CoinsBase_94%     | 93.0%                            | 1.0128                        |
| S1eHIXGR-96786-SB 01 | 77422DC0060007      | DC Aetna Classic 3500: NA CSR \$0       | ON                               | Silver               | Native American       | 3500_80%          | 100.0%                           | 1.0128                        |
| S1fHIXGR-96786-SB 01 | 77422DC0060007      | DC Aetna Classic 3500: NA CSR LTD       | ON                               | Silver               | Native American       | 3500_80%          | 68.7%                            | 1.0128                        |
| S2aHIXGR-96786-SB 01 | 77422DC0060008      | DC Aetna Classic 5000                   | ON                               | Silver               | Base                  | 5000_70%          | 68.2%                            | 0.9703                        |
| S2aHIXGR-96786-SB 01 | 77422DC0060009      | DC Aetna Classic 5000 PD                | ON                               | Silver               | Base                  | 5000_70%          | 68.2%                            | 0.9933                        |
| S2bHIXGR-96786-SB 01 | 77422DC0060008      | DC Aetna Classic 5000: CSR 73%          | ON                               | Silver               | CSRCoins              | 5000_70_73%       | 72.3%                            | 0.9703                        |
| S2bHIXGR-96786-SB 01 | 77422DC0060009      | DC Aetna Classic 5000 PD: CSR 73%       | ON                               | Silver               | CSRCoins              | 5000_70_73%       | 72.3%                            | 0.9933                        |
| S2cHIXGR-96786-SB 01 | 77422DC0060008      | DC Aetna Classic 5000: CSR 87%          | ON                               | Silver               | CSRCoins              | CoinsBase_87%     | 86.5%                            | 0.9703                        |
| S2cHIXGR-96786-SB 01 | 77422DC0060009      | DC Aetna Classic 5000 PD: CSR 87%       | ON                               | Silver               | CSRCoins              | CoinsBase_87%     | 86.5%                            | 0.9933                        |
| S2dHIXGR-96786-SB 01 | 77422DC0060008      | DC Aetna Classic 5000: CSR 94%          | ON                               | Silver               | CSRCoins              | CoinsBase_94%     | 93.0%                            | 0.9703                        |
| S2dHIXGR-96786-SB 01 | 77422DC0060009      | DC Aetna Classic 5000 PD: CSR 94%       | ON                               | Silver               | CSRCoins              | CoinsBase_94%     | 93.0%                            | 0.9933                        |
| S2eHIXGR-96786-SB 01 | 77422DC0060008      | DC Aetna Classic 5000: NA CSR \$0       | ON                               | Silver               | Native American       | 5000_70%          | 100.0%                           | 0.9703                        |
| S2eHIXGR-96786-SB 01 | 77422DC0060009      | DC Aetna Classic 5000 PD: NA CSR \$0    | ON                               | Silver               | Native American       | 5000_70%          | 100.0%                           | 0.9933                        |
| S2fHIXGR-96786-SB 01 | 77422DC0060008      | DC Aetna Classic 5000: NA CSR LTD       | ON                               | Silver               | Native American       | 5000_70%          | 68.2%                            | 0.9703                        |
| S2fHIXGR-96786-SB 01 | 77422DC0060009      | DC Aetna Classic 5000 PD: NA CSR LTD    | ON                               | Silver               | Native American       | 5000_70%          | 68.2%                            | 0.9933                        |

# Actuarial Memorandum and Certification In Support of Unified Rate Review Template

## General Information

### Company Identifying Information:

- Company Legal Name: Aetna Life Insurance Company
- State: District of Columbia
- HIOS Issuer ID: 77422
- Market: Individual
- Effective Date: 1/1/2014

### Company Contact Information:

- Primary Contact Name: Xiaofang Liu
- Primary Contact Telephone Number: 860-273-2002
- Primary Contact Email Address: LiuX4@aetna.com

## Proposed Rate Increase(s)

No rate increase is proposed in this filing.

## Experience Period Premium and Claims

**Paid Through Date:** The experience is paid through February 2013. The experience period shown is 1/1/2012 – 12/31/2012.

**Premiums (net of MLR Rebate) in Experience Period:** The premiums shown are date-of-service premiums from our actuarial experience dataset. For the Individual Georgia Minimum Loss Ratio pool in 2012, there is no rebate projected. This is based on internal projections showing that the MLR is expected to exceed 80%. Therefore, no expected rebates were adjusted out of the premiums.

### Allowed and Incurred Claims Incurred During the Experience Period:

- The medical cost analysis systems that provide estimates of completed allowed claims as well as utilization and unit cost metrics do not readily distinguish between Grandfathered and Non-Grandfathered blocks of business. Therefore, we used reports that include both portions of the existing experience block to estimate the relationship between incurred paid claims and incurred allowed claims. We also used this data to estimate the unit cost and utilization metrics and to allocate total incurred claims to the medical cost categories shown.
- In order to segregate non-grandfathered experience, we rely on a member-level data set which takes longer to construct than reports at higher levels of aggregation. As such, the experience data used for reporting on premium and incurred claims is paid through February 28, 2013. This data source does not provide detail on utilization levels or claims by service type. We use a different data source to calculate those values; that data is paid through March 31, 2013. The unit cost and utilization detail is considered to be reliable with three months of runoff.

- The Allowed claims are completed using the relationship between paid and completed paid claims, with data quality edits to ensure that allowed amounts are not skewed by the factors. The method tends to be less reliable for recent time periods, similar to paid completion.
- Incurred But Not Paid (IBNP) reserves are estimated using actuarial principles and assumptions that consider historical and projected claim submission patterns, historical and projected claim processing time, medical cost trends, utilization of health care services, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors. For the experience period, we used two months of paid claim runoff to reduce the reliance on reserve estimates in the most recent incurred months. The IBNP reserves represent 6% of the experience period claims.
- The IBNP completion factor is based on the claims set reported on WS1. This is an appropriate basis for developing the IBNP factors because this basis includes most of the experience reported on WS1 and the claims for members living in District of Columbia.

## **Benefit Categories**

The benefit categories used generally align with the instructions (dated March 18, 2013). Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, while Outpatient Hospital includes outpatient surgical as well as emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses. Other includes home health care, mental health care, medical pharmacy expenses, as well as laboratory and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

## **Projection Factors**

**Changes in the Morbidity of the Population Insured:** The projected change in the morbidity of the population is based on modeling described in further detail in the actuarial memorandum included in the rate filing dated May 31, 2013. It includes the impact of:

- Guaranteed Issue (based on a market migration model),
- the Market Level Risk Adjustment (based on a Wakely study of carrier morbidity),
- the Duration Adjustment (reflecting current durational mix),
- and Individual Uninsured Pent-Up Demand (incorporating first-year impact of previously uninsured participants).

**Trend Factors (cost/utilization):** The trends utilized for the projections for District of Columbia were developed based on Small Group experience for PPO plans for the District of Columbia market. Actual historical net claims are reviewed at the market level. The data utilized in the trend analysis was based on the claim data incurred from January 2009 – December 2012 paid through December 2012. To develop the pricing trend for 2012, the aggregate net trend for Calendar Year 2012 is normalized for area, seasonality, demographics and plan design. Additional adjustments are made based on items that were believed to have had an effect on the experience data such as changes in provider reimbursements, benefits and an increase in claims due to seasonal flu and snow. The changes in unit price contracted for professional services and the estimated increase in claims expected as a result of seasonal flu and snow were developed by our Medical Economics Unit. The

pricing trend for 2013 and 2014 is developed by applying the value of the expected changes to the above listed items to the 2012 pricing trend.

**Changes in Benefits / Demographics / Other Adjustments:** The expected mix of business for 2014 was projected and used to determine a projected market average rate. The effect of the change in mix of business due to differences in benefits, demographics, and area is shown in the “Other” adjustment column.

### **Credibility Manual Rate Development**

As required by District of Columbia, we combined Small Group and Individual experience to establish the single index rate. In order to obtain sufficient credibility, we combined State of Virginia and the District of Columbia experience.

### **Credibility of Experience**

DC experience alone is not credible, in order to obtain sufficient credibility, we combined State of Virginia and District of Columbia experience. We used this experience at 100% credibility.

### **Paid to Allowed Ratio**

We are projecting the following distribution of membership by metallic tier, resulting in a projected paid to allowed ratio of approximately 63%:

| <u>Tier</u>  | <u>Projected Membership Distribution</u> | <u>Projected Average Premium</u> | <u>Actuarial Value</u> |
|--------------|--|----------------------------------|------------------------|
| Catastrophic | 11.40%                                   | \$150                            | 60%                    |
| Bronze       | 67.20%                                   | \$313                            | 60%                    |
| Silver       | 19.30%                                   | \$410                            | 70%                    |
| Gold         | 2.10%                                    | \$419                            | 80%                    |
| Total        | 100.00%                                  | \$315                            | 63%                    |

### **Risk Adjustment and Reinsurance**

#### **Projected Risk Adjustments PMPM:**

Aetna is projecting a neutral impact of risk adjustment. We expect that we will have membership enrolled at approximately the market morbidity.

#### **Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):**

We are projecting an assessment of \$5.10 per member per month and reinsurance payments of \$21.66 per member per month for a net impact of recovering \$16.56 per member per month. Projected reinsurance recoveries were based on internal tools used to price stop-loss coverage on large group business, which is reasonably similar to the projected block in that it is guaranteed issue and not medically underwritten. These projections reflect the anticipated demographic mix of 2014 enrollment.

## **Non-Benefit Expenses and Profit & Risk**

Non-benefit expense and profit & risk loads are determined on a PMPM and percentage of premium basis. We calculate the expected equivalent percentage of premium to determine the required premium level. Premiums for all plans and products in this market reflect this target percentage for expenses and profit.

**Administrative Expense Load:** We project administrative expenses to be 15.2% of premium, which includes 4.1% for commissions. These projections are derived from corporate experience for individual and small group products, projections of Aetna's individual and small group market enrollment in 2014, and changes in Aetna's cost structure from the 2012 experience.

**Profit (or Contribution to Surplus) & Risk Margin:** 4% profit margin

**Taxes and Fees:** Taxes and fees include 0.02% of premium for the Risk Adjuster Program Fee and 0.05% of premium Patient Center Outcomes Research Fee. They also include 2.6% of premium for the Health Insurer Fee, and 2.25% for state premium taxes.

## **Projected Loss Ratio**

The projected loss ratio using the Federally prescribed MLR methodology is 80.5%, not including the credibility adjustment.

## **Index Rate**

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits (non-EHBs). The non-EHBs in the experience period are coverage for an adult eye exam every 12 months and an optional dental rider. The non-EHBs in the projection period are coverage for an adult eye exam every 12 months.

Historical claims for the dental rider are derived from a separate reporting system. We treat the full amount of these claims as non-EHBs. Non-EHB claims for the adult eye exams are estimated based on Aetna's historical claims costs for this service.

The index rate reflects the projected mix of business by plan. The AV pricing values for each plan are set based on the actuarial value and cost-sharing design of the plan as well as the plan's provider network, delivery system characteristics, and utilization management practices. Rates do not differ for any characteristic other than those allowable under the regulations as described in 45 CFR Part 156, §156.80(d)(2). Administrative cost variation was not considered in development of AV pricing values.

After reviewing the morbidity of enrollees younger than age 30 across our book of business, and after considering the impact of the member's eligible to enroll in the plan due to hardship, we have priced our catastrophic premiums to be approximately 25% below our bronze premium levels.

## **AV Metal Values**

Information regarding AV Metal Value determination including certifications and calculator snapshots are provided in the memorandum included in the rate filing dated May 31, 2013.

## **AV Pricing Values**

The fixed reference plan is 77422DC0060009. Benefit factors were developed taking into account the expected benefit category weights and plan cost sharing. No adjustments were made to benefit factors to differentiate based on morbidity differences or benefit selection.

## **Membership Projections**

Projections are entered at the product level rather than the plan level. Please see the “Paid to Allowed Ratio” section above for the projected distribution of membership by metallic tier. We assume that total enrollment will be similar to our current enrollment.

We develop a distribution of membership by metallic tier based on modeling of market enrollment choices. We have not developed detailed projections of membership by plan or plan variant. In the absence of detailed projections and information on likely enrollment by plan and plan variation, we complete Worksheet 2 assuming that all applicable cost sharing will be paid by enrollees.

The current membership distribution is not a meaningful basis for future projections given the magnitude of market changes taking effect on January 1, 2014.

## **Terminated Products**

The following products will be closed to new sales prior to 1/1/2014 and are included in the Terminated Products reporting column in Worksheet 2:

- 77422DC001 (Aetna Preferred Provider Organization – Individual plans)
- 77422DC004 (Aetna Preferred Provider Organization – Association plans)
- 77422DC005 (Aetna Fee for Service – Conversion plans)

Due to the late guidance, we have listed the terminated products separately but all their experience is still combined into the first terminated product column.

## **Warning Alerts**

Total Premium (TP) differs between Worksheets 1 and 2 by \$595, or 0.0001%. This is due to rounding of premiums and the need to allocate member months and dollars evenly to the plans reported at the product level.

Total Allowed Claims (TAC) does not differ between Worksheets 1 and 2. However, the spreadsheet indicates a Warning because it incorrectly subtracts Risk Adjustment and Reinsurance from Worksheet 1 before comparing to Worksheet 2.

Historical Rate Increases are not populated for New Products based on the guidance in instructions dated March 18, 2013. They are also not populated for Terminated Products based on verbal guidance in American Academy of Actuaries call of April 18, 2013, as well as the impracticability of reporting meaningful historical rate increases for a combination of products.

## Actuarial Certification

The Actuarial certification for the methodology used to calculate the AV Metal Value for each plan offered under the QHP have been provided separately in the required certification templates. The Actuarial certification for the methodology used to calculate the AV Metal Value for all other plans will be provided in the rate filing dated May 31, 2013.

I hereby certify that the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) was determined appropriately based on the claims expected to be paid for non-EHB benefits and the expected cost sharing and administrative expenses thereupon.

I hereby certify that the index rate is developed in accordance with federal regulations and the index rate and allowable modifiers are used in the development of plan specific premium rates.

In preparing the Part I Unified Rate Review Template, I relied upon information provided by Katherine Musler, FSA MAAA. The information provided consisted of guidance regarding methodology and data definitions to ensure compliance with all guidance and instructions received to date.

The Part I Unified Rate Review Template does not demonstrate the process used by Aetna to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



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Bruce T. Campbell, FSA, MAAA

May 31, 2013