

**State:** District of Columbia **Filing Company:** Aetna Life Insurance Company  
**TOI/Sub-TOI:** H20G Group Health - Vision/H20G.000 Health - Vision  
**Product Name:** DC Aetna Preferred Vision SG Rate Filing  
**Project Name/Number:** /

## Filing at a Glance

Company: Aetna Life Insurance Company  
Product Name: DC Aetna Preferred Vision SG Rate Filing  
State: District of Columbia  
TOI: H20G Group Health - Vision  
Sub-TOI: H20G.000 Health - Vision  
Filing Type: Rate  
Date Submitted: 06/11/2014  
SERFF Tr Num: AETN-129588075  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: SG-AVP-2014  
Implementation: 07/01/2014  
Date Requested:  
Author(s): Robin Brenner, Mark Bernstein, Chao Lin, Maggie Kendrick  
Reviewer(s): Darniece Shirley (primary), Alula Selassie, John Morgan, Beichen Li  
Disposition Date:  
Disposition Status:  
Implementation Date:  
State Filing Description:

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## General Information

Project Name: Status of Filing in Domicile: Not Filed  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: CT Does Not Require Rates  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small  
 Group Market Type: Employer Overall Rate Impact:  
 Filing Status Changed: 06/16/2014  
 State Status Changed: Deemer Date:  
 Created By: Chao Lin Submitted By: Chao Lin  
 Corresponding Filing Tracking Number:

### Filing Description:

Dear Mr. Tanhehco:

Enclosed please find our rate filing for the Aetna Vision Preferred (AVP) products that will be sold by Aetna Life Insurance Company. This rate filing applies to employers with 49 or fewer eligible employees. We are proposing an effective date of July 1, 2014. However, we will implement the rates upon approval.

These AVP products and rates will be offered to new business on or after the proposed effective date. Currently there are no policyholders of these six AVP products in the District of Columbia.

This filing is for standalone Vision products and is not subject to the requirements of the Patient Protection and Affordable Care Act.

This filing includes the following documents:

- Cover Letter
- Actuarial Memorandum and Certification
- Rate Table

If you have any questions, please contact me at 860-273-2624 or LinC@aetna.com.

## Company and Contact

### Filing Contact Information

Chao Lin, LinC@aetna.com  
 151 Farmington Ave 860-273-2624 [Phone]  
 Hartford, CT 06156

### Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name:	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

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## Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

AETN-129588075

State Tracking #:

Company Tracking #:

SG-AVP-2014

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### Rate Information

Rate data applies to filing.

Filing Method: SERFF

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:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number 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	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

**SERFF Tracking #:**

AETN-129588075

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

SG-AVP-2014

**State:**

District of Columbia

**Filing Company:**

Aetna Life Insurance Company

**TOI/Sub-TOI:**

H20G Group Health - Vision/H20G.000 Health - Vision

**Product Name:**

DC Aetna Preferred Vision SG Rate Filing

**Project Name/Number:**

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Table	GR-9N	New		3_DC ASG Rate Sheet 2Q14.pdf,

**Aetna Small Group Vision Rate Filing  
District of Columbia  
AVP Product Monthly Rates  
Effective July 1, 2014**

<b>Plan Name</b>	<b>Employee</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
Basic 24M	\$6.26	\$11.90	\$12.53	\$18.42
Basic 12M	\$7.69	\$14.60	\$15.37	\$22.59
Plus 24M	\$7.35	\$13.96	\$14.70	\$21.60
Plus 12M	\$8.98	\$17.07	\$17.97	\$26.41
Premier 24M	\$8.42	\$16.00	\$16.85	\$24.77
Premier 12M	\$10.23	\$19.43	\$20.46	\$30.07

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Filing Company:

Aetna Life Insurance Company

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	
<b>Attachment(s):</b>	1_DC ASG Cover Letter 2Q14.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>	Please find the Actuarial Memorandum and the Actuarial Certification in the attachment.
<b>Attachment(s):</b>	2_DC ASG Act Memo 2Q14.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Actuarial Justification
<b>Bypass Reason:</b>	This is a rate filing.
<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)
<b>Bypass Reason:</b>	We are filing for standalone Vision rates.
<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>	We are filing for standalone Vision rates.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

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<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	These Aetna Vision Preferred products and rates will be offered to new business on or after the proposed effective date, 7/1/2014. Currently there are no policyholders of these six AVP products in the District of Columbia.  This filing is for standalone Vision products and is not subject to the requirements of the Patient Protection and Affordable Care Act.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	These Aetna Vision Preferred products and rates will be offered to new business on or after the proposed effective date, 7/1/2014. Currently there are no policyholders of these six AVP products in the District of Columbia.  This filing is for standalone Vision products and is not subject to the requirements of the Patient Protection and Affordable Care Act.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	





Chao Lin  
Dental and Vision Actuarial, RT42  
Aetna Life Insurance Company  
151 Farmington Avenue  
Hartford, CT 06156  
Phone: 860-273-2624  
Fax: 860-273-2980

June 11, 2014

Mr. Efren Tanhehco  
Department of Insurance

RE: Aetna Small Group Vision Rate Filing for  
Aetna Life Insurance Company  
N.A.I.C. No.: 001 60054  
Company Filing Number: SG-AVP-2014  
Associated Form Number: GR-9N

Dear Mr. Tanhehco:

Enclosed please find our rate filing for the Aetna Vision Preferred (AVP) products that will be sold by Aetna Life Insurance Company. This rate filing applies to employers with 49 or fewer eligible employees. We are proposing an effective date of July 1, 2014. However, we will implement the rates upon approval.

These AVP products and rates will be offered to new business on or after the proposed effective date. Currently there are no policyholders of these six AVP products in the District of Columbia.

This filing is for standalone Vision products and is not subject to the requirements of the Patient Protection and Affordable Care Act.

This filing includes the following documents:

- Cover Letter
- Actuarial Memorandum and Certification
- Rate Table

If you have any questions, please contact me at 860-273-2624 or [LinC@aetna.com](mailto:LinC@aetna.com).

Sincerely,

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Chao Lin, FSA, MAAA

June 11, 2014

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Date

Cc: Barbara W Weber, FSA, MAAA  
Enclosure

**Actuarial Memorandum  
Aetna Small Group Vision Rate Filing  
District of Columbia**

**Scope and Purpose of Filing**

This rate filing is being submitted to document rates for employers with 49 or fewer eligible employees. The filing includes Aetna Vision Preferred (AVP) products that will be sold by Aetna Life Insurance Company.

This filing is for standalone Vision products and is not subject to the requirements of the Patient Protection and Affordable Care Act.

Six AVP products will be offered. The rates within each product vary by family composition only. Please find the monthly rate table in the supporting documentation.

In the event of new AVP plan design introductions, the new rates will be derived on a consistent basis.

**Description of Benefits**

The AVP products represent a nationwide vision program offered to employer groups. The AVP products provide quality vision benefits for employees through negotiated arrangements with vision offices and retailers, and contain features and incentives which provide cost containment savings to the employer.

The AVP products are sold on a standalone basis. They typically cover exams, frames, lenses and/or contacts. There are separate copays, allowances, and/or discounts for each covered procedure.

**Renewability Provision**

Policies are optionally renewable. Renewal is at the option of the insurance company.

**Applicable Business**

These AVP products and rates will be offered to new business on or after the proposed effective date.

**Marketing Method**

AVP products are marketed and sold through brokers and general agents.

**Actuarial Memorandum  
Aetna Small Group Vision Rate Filing  
District of Columbia**

**Underwriting**

These products are not subject to medical underwriting and are not subject to experience rating. However, a client review will be completed to determine:

- The legitimacy/stability of the group
- If participation and employer contribution requirements are satisfied
- If employee and dependent eligibility requirements are satisfied
- Any other criteria necessary to evaluate the financial viability of the case.

The impact on the client's premium due to this review will not exceed +/- 15% of the filed premium rate.

**Issue Age Limits**

The rates do not vary based on age.

**Premium Basis**

The rates within each product vary by family composition only.

**Anticipated Loss Ratio**

The expected loss ratio for our Small Group AVP Products is 60%.

**Trend**

The annual trend for these AVP products will not exceed 5%.

**Persistency**

This filing is for group vision products. Persistency is not expected to have a material impact on the rates and is not explicitly recognized in the rate development.

**Expenses**

Filed premiums include all administrative expenses, premium taxes, the Health Insurer Fee, commissions and profit.

**Proposed Effective Date**

We are proposing an effective date of July 1, 2014. However, we will implement the rates upon approval.

**Actuarial Memorandum**  
**Aetna Small Group Vision Rate Filing**  
**District of Columbia**

**Actuarial Certification:** I certify that, to the best of my knowledge and judgment, the rates are neither inadequate nor excessive nor unfairly discriminatory, the rates are appropriate for the classes of risks for which they have been computed, and the entire rate filing is in compliance with the applicable laws of District of Columbia and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8.

*Barbara W. Weber*

June 10, 2014

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Barbara W. Weber, FSA, MAAA  
Senior Actuary  
Aetna Life Insurance Company

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Date