

SERFF Tracking #:

AETN-128972252

State Tracking #:

Company Tracking #:

DCAHISGSHOP0114

State: District of Columbia

Filing Company: Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO

Product Name: DC AHI SG SHOP 1Q14

Project Name/Number: DC AHI Small Group SHOP Rate Manual 1/1/2014/

Rate Information

Rate data applies to filing.

Filing Method: Prior 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 Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

State: District of Columbia Filing Company: Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
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Rate Review Detail

COMPANY:

Company Name: Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
 HHS Issuer Id: 73987
 Product Names: Aetna Health Maintenance Organization
 Trend Factors:

FORMS:

New Policy Forms:
 Affected Forms:
 Other Affected Forms: SGHIXGrpAgr 01, SGHIXGrpAgrNameChg 01, SGHIXCert 01, SGHIXCertAOA 01, SGHIXDental 01, SGHIXNameChg 01, G1SGHIXSched 01, G2SGHIXSched 01, G3SGHIXSched 01, G4SGHIXSchedAOA 01, G5SGHIXSchedAOA 01, S1SGHIXSched 01, S2SGHIXSchedAOA 01, B1SGHIXSched 01, HMO/DC2 GA-1 01/02, SG2014COC V001, SG2014COCAOA V001, SG2014NameChg V001, G1SG2014Schedule V001, G2SG2014Schedule V001, G3SG2014Schedule V001, G4SG2014ScheduleAOA V001, G5SG2014ScheduleAOA V001, S1SG2014Schedule V001, S2SG2014ScheduleAOA V001, B1SG2014Schedule V001

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
 Member Months: 0
 Benefit Change: None
 Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
 Total Incurred Claims: 0.00
 Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 0.00
 Projected Incurred Claims: 0.00
 Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

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DC AHI Small Group SHOP Rate Manual 1/1/2014/

Rate/Rule Schedule

State: District of Columbia **Filing Company:** Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
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Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DC SG Rate Manual - 1Q14 SHOP AHI.pdf	SGHIXGrpAgr 01, SGHIXGrpAgrNameChg 01, SGHIXCert 01, SGHIXCertAOA 01, SGHIXDental 01, SGHIXNameChg 01, G1SGHIXSched 01, G2SGHIXSched 01, G3SGHIXSched 01, G4SGHIXSchedAOA 01, G5SGHIXSchedAOA 01, S1SGHIXSched 01, S2SGHIXSchedAOA 01, B1SGHIXSched 01, HMO/DC2 GA-1 01/02, SG2014COC V001, SG2014COCAOA V001, SG2014NameChg V001, G1SG2014Schedule V001, G2SG2014Schedule V001, G3SG2014Schedule V001, G4SG2014ScheduleAOA V001, G5SG2014ScheduleAOA V001, S1SG2014Schedule V001, S2SG2014ScheduleAOA V001, B1SG2014Schedule V001	New		DC_SG_73987_Rates (AHI).xlsm, DC SG Rate Manual - 1Q14 SHOP AHI.pdf,

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DC AHI Small Group SHOP Rate Manual 1/1/2014/

2		DC SG Rate Manual 1Q14		New		DC_SG_73987_Rates (AHI).zip, DC_SG_73987_Rates (AHI) smaller file size.xlsx,
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Product Name:

DC AHI SG SHOP 1Q14

Project Name/Number:

DC AHI Small Group SHOP Rate Manual 1/1/2014/

Attachment DC_SG_73987_Rates (AHI).xlsm is not a PDF document and cannot be reproduced here.

Attachment DC_SG_73987_Rates (AHI).zip is not a PDF document and cannot be reproduced here.

Attachment DC_SG_73987_Rates (AHI) smaller file size.xlsx is not a PDF document and cannot be reproduced here.

District of Columbia Small Group Premium Rate Manual

The following steps are used to calculate premium rates. Rates are determined using the prescribed member build-up approach, with a cap of 3 dependent children. For each member, including only the 3 oldest dependent children under age 21, calculate the Member Rate as follows:

1. **Market Index Rate** – Starting premium rate.
2. **Member Age Factor** – Rate factor for each member Age.
3. **Plan Relativity Factor** – Rate factor for each unique plan design.

The product identifier will identify the plan. For each product identifier, there will be a plan relativity factor.

4. **Area Factor** - Rate factor to reflect differences in cost by geographic area.
DC has only one area, therefore the area factor is 1.000.
5. **Effective Date Factor** – Premium rate level adjustment factor to reflect differences in cost by effective date.
6. **Final Member Premium** (1 x 2 x 3 x 4 x 5 steps above)
Format will be the same as base rate table.

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

Market Index Rate, Area, Tobacco and Effective Date Factor Tables

Rating Tables Effective 1/1/2014

Market Index Rate	279.84
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Area Factor Table

Name	Area Factors
Washington	1.0000

Effective Date Factor Table

Effective Date	Factor
1/1/2014 - 3/31/2014	1.000
4/1/2014 - 6/30/2014	1.017
7/1/2014 - 9/30/2014	1.035
10/1/2014 - 12/31/2014	1.053

Age Factor Table

Age	Factor
<21	0.7270
21	0.7270
22	0.7270
23	0.7270
24	0.7270
25	0.7270
26	0.7270
27	0.7270
28	0.7270
29	0.7270
30	0.7270
31	0.7270
32	0.7270
33	0.7460
34	0.7750
35	0.8050
36	0.8360
37	0.8690
38	0.9030
39	0.9380
40	0.9750
41	1.0130
42	1.0530
43	1.0940
44	1.1370
45	1.1810
46	1.2270
47	1.2750
48	1.3250
49	1.3770
50	1.4310
51	1.4870
52	1.5450
53	1.6050
54	1.6680
55	1.7330
56	1.8010
57	1.8710
58	1.9440
59	2.0200
60	2.0990
61	2.1810
62	2.1810
63	2.1810
64	2.1810
65+	2.1810

Plan Relativity Factor Table

Benefit Descriptions for HMO																								
Actively Marketed Plans 01/01/14																								
HIOS Plan ID	Medal Tier	PLAN NAME	IN NETWORK									OUT OF NETWORK						PHARMACY				Lifetime Maximum	Plan Relativity Factor	
			Copayments					Copayments				Copayments			Copayments									
			PCP	Spec	IP Hospital	OP Surg	ER	UC	Ded	Coins	OOP	PCP	Spec	IP Hospital	OP Surg	Ded	Coins	OOP	Generic	Form	Non-Form			Rx Ded
73987DC0040001 / 73987DC0040002	Bronze	DC Bronze HMO 6350	\$20	100%	100%	100%	100%	100%	\$6,350	100%	\$6,350	50%	50%	50%	50%	\$12,700	50%	\$12,700	0%	0%	0%	N/A	Unlimited	0.87050
73987DC0040005 / 73987DC0040006	Gold	DC Gold HMO 2000 70%	\$10	\$30	70%	70%	\$250	\$60	\$2,000	70%	\$4,500	50%	50%	50%	50%	\$4,000	50%	\$9,000	\$4 deductible waived	\$50	50%	\$500	Unlimited	1.26513
73987DC0040009 / 73987DC0040010	Gold	DC Gold HMO 70%	\$30	\$50	70%	70%	\$300	\$75	\$0	70%	\$5,000	50%	50%	50%	50%	\$2,000	50%	\$10,000	\$15	\$50	\$100	N/A	Unlimited	1.48068
73987DC0040013 / 73987DC0040014	Gold	DC Gold HMO 90%	\$30	\$50	90%	90%	\$300	\$75	\$0	90%	\$5,000	50%	50%	50%	50%	\$2,000	50%	\$10,000	\$15	\$50	\$100	N/A	Unlimited	1.57449
73987DC0040017 / 73987DC0040018	Gold	DC Gold HNOOnly 70%	\$30	\$50	70%	70%	\$300	\$75	\$0	70%	\$5,000	50%	50%	50%	50%	\$2,000	50%	\$10,000	\$15	\$50	\$100	N/A	Unlimited	1.53684
73987DC0040021 / 73987DC0040022	Gold	DC Gold HNOOnly 90%	\$30	\$50	90%	90%	\$300	\$75	\$0	90%	\$5,000	50%	50%	50%	50%	\$2,000	50%	\$10,000	\$15	\$50	\$100	N/A	Unlimited	1.64194
73987DC0040025 / 73987DC0040026	Silver	DC Silver HMO 5000 70%	\$30	\$60	70%	70%	\$400	\$60	\$5,000	70%	\$6,350	50%	50%	50%	50%	\$10,000	50%	\$12,700	\$10 deductible waived	\$60	50%	\$500	Unlimited	1.04604
73987DC0040029 / 73987DC0040030	Silver	DC Silver HNOOnly 2000 90% HSA	90%	90%	90%	90%	90%	90%	\$2,000	90%	\$6,250	50%	50%	50%	50%	\$4,000	50%	\$12,500	\$15	\$50	\$100	N/A	Unlimited	1.23913
73987DC0040003 / 73987DC0040004	Bronze	DC Bronze HMO 6350 RE	\$20	100%	100%	100%	100%	100%	\$6,350	100%	\$6,350	50%	50%	50%	50%	\$12,700	50%	\$12,700	0%	0%	0%	N/A	Unlimited	0.86923
73987DC0040007 / 73987DC0040008	Gold	DC Gold HMO 2000 70% RE	\$10	\$30	70%	70%	\$250	\$60	\$2,000	70%	\$4,500	50%	50%	50%	50%	\$4,000	50%	\$9,000	\$4 deductible waived	\$50	50%	\$500	Unlimited	1.25363
73987DC0040011 / 73987DC0040012	Gold	DC Gold HMO 70% RE	\$30	\$50	70%	70%	\$300	\$75	\$0	70%	\$5,000	50%	50%	50%	50%	\$2,000	50%	\$10,000	\$15	\$50	\$100	N/A	Unlimited	1.46419
73987DC0040015 / 73987DC0040016	Gold	DC Gold HMO 90% RE	\$30	\$50	90%	90%	\$300	\$75	\$0	90%	\$5,000	50%	50%	50%	50%	\$2,000	50%	\$10,000	\$15	\$50	\$100	N/A	Unlimited	1.56526
73987DC0040019 / 73987DC0040020	Gold	DC Gold HNOOnly 70% RE	\$30	\$50	70%	70%	\$300	\$75	\$0	70%	\$5,000	50%	50%	50%	50%	\$2,000	50%	\$10,000	\$15	\$50	\$100	N/A	Unlimited	1.51969
73987DC0040023 / 73987DC0040024	Gold	DC Gold HNOOnly 90% RE	\$30	\$50	90%	90%	\$300	\$75	\$0	90%	\$5,000	50%	50%	50%	50%	\$2,000	50%	\$10,000	\$15	\$50	\$100	N/A	Unlimited	1.62479
73987DC0040027 / 73987DC0040028	Silver	DC Silver HMO 5000 70% RE	\$30	\$60	70%	70%	\$400	\$60	\$5,000	70%	\$6,350	50%	50%	50%	50%	\$10,000	50%	\$12,700	\$10 deductible waived	\$60	50%	\$500	Unlimited	1.03056
73987DC0040031 / 73987DC0040032	Silver	DCSilver HNOOnly 2000 90% HSA RE	90%	90%	90%	90%	90%	90%	\$2,000	90%	\$6,250	50%	50%	50%	50%	\$4,000	50%	\$12,500	\$15	\$50	\$100	N/A	Unlimited	1.22393

Note:
 This table includes unique HIOS Plan IDs for various benefit plan feature combinations, with only the major benefit categories illustrated. Additional benefit plan features apply, e.g. Rx features and mandated offers, are taken into account when determining the Plan Relativity Factor.
 "RE" indicates plans with a Religious Exemption option.

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Product Name: DC AHI SG SHOP 1Q14
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Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Attached, please find the 1Q14 District of Columbia Small Group rate filing cover letter for Aetna Health Inc.
Attachment(s):	DC SG SHOP Cover - AHI 1Q14.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Filing is being made by the insurer.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Attached, please find the 1Q14 District of Columbia Small Group rate filing submission for Aetna Health Inc. The attachments in this section include a Rate Filing Checklist and an Actuarial Memorandum (with Actuarial Certification and supporting documentation).
Attachment(s):	1Q14 DC SG SHOP AHI Actuarial Memorandum plus.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	Actuarial Certification included with Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This filing is not a Property and Casualty filing.
Attachment(s):	
Item Status:	

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TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
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Project Name/Number: DC AHI Small Group SHOP Rate Manual 1/1/2014/

Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This filing is not a Property and Casualty filing.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	The proposed rate action in the filing are below the "subject to review" threshold
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	Attached please find the URRT Part III for Aetna Health Inc. for DC Small Group.
Attachment(s):	URRT Part III SG HMO - DC.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	Attached please find the Unified Rate Review Template for Aetna Health Inc. for DC Small Group. Also included in this section is the DC AHI AV Input Chart.
Attachment(s):	Unified_Rate_Review_Template_DC_SG_HMO_VALUE.xlsm DC AHI AV Input Chart_HMO_v1_Values.pdf
Item Status:	
Status Date:	

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AETN-128972252

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Product Name:

DC AHI SG SHOP 1Q14

Project Name/Number:

DC AHI Small Group SHOP Rate Manual 1/1/2014/

Attachment Unified_Rate_Review_Template_DC_SG_HMO_VALUE.xlsm is not a PDF document and cannot be reproduced here.



980 Jolly Road
Mail Code U12S
Blue Bell, PA 19422
(215)-775-2717
Fax: (215)-775-6441

May 30, 2013

Mr. Efren Tanheco
Supervising Actuary
District of Columbia Department of Insurance & Securities Regulation
810 First Street NE, 6th Floor
Washington, DC 20002

Subject: Aetna Health Inc. - NAIC Number 95109
Small Group Premium Rate Filing – DC On and Off Exchange
DCAHISGSHOP1Q14
Effective dates [January 1, 2014 – December 31, 2014](#)
Forms: Form numbers are attached

Dear Mr. Tanheco:

I am writing to request approval of the attached Initial Rate Filing of the Aetna Health Inc. DC On and Off Exchange rate manual. This is for effective dates [January 1, 2014 – December 31, 2014](#). This filing contains the benefit plans and rating methodology for participation in the DC On and Off Exchange [beginning January 1, 2014](#).

The plans contained within this submission are new benefit plans and therefore do not affect current DC policyholders. The requested rates have been developed incorporating consideration of the market changes and rating requirements taking effect in the Small Group Market and conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010.

The following supporting documentation is also included:

- DC Rate Filing Checklist
- An Actuarial Memorandum including supporting exhibits, documentation and an Actuarial Certification
- NAIC Transmittal Form

The On Exchange forms filing has been submitted under separate cover and the SERFF Filing ID # is AETN-129023714. The Off Exchange forms filing will be submitted shortly under separate cover and the Tracker SERFF # is AENX-G129050983. The marketing names of the products are as follows:

DC Bronze HMO 6350	DC Bronze HMO 6350 RE
DC Gold HMO 2000 70%	DC Gold HMO 2000 70% RE
DC Gold HMO 70%	DC Gold HMO 70% RE
DC Gold HMO 90%	DC Gold HMO 90% RE
DC Gold HNOOnly 70%	DC Gold HNOOnly 70% RE
DC Gold HNOOnly 90%	DC Gold HNOOnly 90% RE
DC Silver HMO 5000 70%	DC Silver HMO 5000 70% RE
DC Silver HNOOnly 2000 90% HSA	DC Silver HNOOnly 2000 90% HSA RE

The purpose of this rate filing is to comply with regulatory rate filing requirements. This filing is not intended to be used for other purposes. If you need additional information, please contact me by telephone at (215) 775-2717, or via e-mail at CasaleFM@aetna.com.

Sincerely,

A handwritten signature in black ink that reads "Frances Casale". The signature is written in a cursive style with a large, stylized initial "F".

Frances Casale
Commercial Business Actuarial
Southeast Region

Aetna Health Inc.
District of Columbia

DC Small Group HMO On-Exchange forms (SERFF Filing ID # AETN-129023714):

Group Agreement: SGHIXGrpAgr 01

Group Agreement Amendment: SGHIXGrpAgrNameChg 01

Booklet-Certificate: SGHIXCert 01

Booklet-Certificate: SGHIXCertAOA 01

Booklet-Certificate Amendment: SGHIXDental 01

Booklet-Certificate Amendment: SGHIXNameChg 01

Schedule of Benefits: G1SGHIXSched 01

Schedule of Benefits: G2SGHIXSched 01

Schedule of Benefits: G3SGHIXSched 01

Schedule of Benefits: G4SGHIXSchedAOA 01

Schedule of Benefits: G5SGHIXSchedAOA 01

Schedule of Benefits: S1SGHIXSched 01

Schedule of Benefits: S2SGHIXSchedAOA 01

Schedule of Benefits: B1SGHIXSched 01

DC Small Group HMO Off-Exchange forms (Tracker SERFF # AENX-G129050983):

Group Agreement: HMO/DC2 GA-1 01/02

Booklet-Certificate: SG2014COC V001

Booklet-Certificate: SG2014COCAOA V001

Booklet-Certificate Amendment: SG2014NameChg V001

Schedule of Benefits: G1SG2014Schedule V001

Schedule of Benefits: G2SG2014Schedule V001

Schedule of Benefits: G3SG2014Schedule V001

Schedule of Benefits: G4SG2014ScheduleAOA V001

Schedule of Benefits: G5SG2014ScheduleAOA V001

Schedule of Benefits: S1SG2014Schedule V001

Schedule of Benefits: S2SG2014ScheduleAOA V001

Schedule of Benefits: B1SG2014Schedule V001

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Aetna Health Inc. 980 Jolly Road Blue Bell, PA 19422	PA	HMO	0001	95109		

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Frances Casale 980 Jolly Road Blue Bell PA 19422	215-775-2717	215-775-6441	CasaleFM@Aetna.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	DCAHISGSHOP1Q14
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	HOrg02G Group Health Organizations - Health Maintenance (HMO)
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10.	Product Coding Matrix Filing Code	HOrg02G.004F Small Group Only - HMO
------------	--	--

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates x New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other DC AHI SG SHOP 1Q14 Rate Manual & Actuarial Certification
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12.	Filing Submission Date	<u>5/30/2013</u>
13	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	This filing is for effective dates <u>January 1, 2014 – December 31, 2014</u> . This rate filing conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010.	

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.		
Print Name <u>Frances Casale</u>		Title <u>Actuarial Team Lead</u>
Signature <u></u>		Date: <u>5/30/13</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		N/A
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			DCAHISGSHOP1Q14	
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)			N/A	
Overall percentage rate impact for this filing			New	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Group Agreement	SGHIXGrpAgr 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02	Group Agreement Amendment	SGHIXGrpAgrNameChg 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03	Booklet-Certificate	SGHIXCert 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04	Booklet-Certificate	SGHIXCertAOA 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05	Booklet - Certificate Amendment	SGHIXDental 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06	Booklet - Certificate Amendment	SGHIXNameChg 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07	Schedule Gold Plan	G1SGHIXSched 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08	Schedule Gold Plan	G2SGHIXSched 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09	Schedule Gold Plan	G3SGHIXSched 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10	Schedule Gold Plan	G4SGHIXSchedAOA 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11	Schedule Gold Plan	G5SGHIXSchedAOA 01	X New <input type="checkbox"/> Revised <input type="checkbox"/> Other	

12	Schedule Silver Plan	S1SGHIXSched 01	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
13	Schedule Silver Plan	S2SGHIXSchedAOA 01	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
14	Schedule Bronze Plan	B1SGHIXSched 01	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
15	Group Agreement	HMO/DC2 GA-1 01/02	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
16	Booklet-Certificate	SG2014COC V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
17	Booklet-Certificate	SG2014COCAOA V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
18	Booklet-Certificate Amendment	SG2014NameChg V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
19	Schedule Gold Plan	G1SG2014Schedule V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
20	Schedule Gold Plan	G2SG2014Schedule V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
21	Schedule Gold Plan	G3SG2014Schedule V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
22	Schedule Gold Plan	G4SG2014ScheduleAOA V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
23	Schedule Gold Plan	G5SG2014ScheduleAOA V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
24	Schedule Silver Plan	S1SG2014Schedule V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
25	Schedule Silver Plan	S2SG2014ScheduleAOA V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	

Effective March 1, 2007

26	Schedule Bronze Plan	B1SG2014Schedule V001	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other	
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Aetna Health Inc.

Rate Filing Check List

Filing # AETN-128972252

HIOS Product ID: 73987DC004

Policy Forms: HIXGrpAgr 01 et al.

Comprehensive Small Group HMO Medical Expense Benefit Plans

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

1. Cover Letter

Please see 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

This filing covers HMO group medical benefit coverage. The range of coverage includes inpatient, outpatient, primary care, specialist services, pharmacy, DME and vision. All benefits are compliant with state mandates and the requirements of the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010, including preventive care benefits, deductible limits, and Actuarial Value requirements. Please refer to the referenced policy forms for detailed benefit language.

The Aetna Health Inc. – DC Small Group Business Rate Manual included in this rate filing, contains worksheets and instructions for calculating the premium rates for the benefit plans available from Aetna Health Inc. (AHI). The metal level and actuarial value for each plan design was determined using the AV calculator developed and made available by HHS.

Rates in this filing were developed assuming that the District of Columbia would expand Medicaid coverage. The age curve used in DC is the age curve from Appendix A of the DC Exchange Carrier Reference Manual. Aetna does not consider the District of Columbia experience alone to be credible. In order to obtain sufficient credibility, the State of Virginia and District of Columbia experience combine was considered in developing the index rate. As further guidance and information is received, we reserve the right to submit revisions to these assumptions.

B. Issue Age Range

Policies will be issued to small groups with members of all ages.

C. Marketing Method

These plans will be made available through the District of Columbia Health Benefit Exchange. AHI uses brokers as well as internal sales staff to market our small group benefit plans.

D. Premium Basis

Rates are determined using the prescribed member build-up approach, with a cap of 3 dependent children under age 21. For each member, including only the 3 oldest dependent children under age 21, the Member Rate is calculated as Market Index Rate * Age Factor * Area Factor * Plan Factor. The Member Rate for each covered member, subject to the dependent child cap, is added together to determine the total premium for the policy.

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

This is the Initial Filing. No changes are proposed.

F. For Each Change, Indication if New or Modified

This is the Initial Filing. No changes are proposed.

G. For Each Change Comparison to Status Quo

This is the Initial Filing. No changes are proposed.

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

This is the Initial Filing. No changes are proposed.

I. Annual Rate Change for DC Policyholders

This is the Initial Filing. No changes are proposed.

J. Base Period Experience

- i. The base experience period used is from 12/1/2011 to 11/30/2012 and paid through 12/31/2012.
- ii. In order to obtain sufficient credibility, the base period experience used is the non-grandfathered small group business in the District of Columbia and State of Virginia

markets of Aetna Health Inc. (AHI) and Aetna Health Insurance Company (AHIC). We have no grandfathered experience for AHI small group. AHIC experience is the out of network component of our dual-entity QPOS product, and therefore should be combined with AHI for claims experience purposes.

- iii. IBNR reserves represent 1.5% of the experience period claims.
- iv. No adjustments were made for large claims.

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 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 Exhibit B and Addendum I – “DC Small Group HMO Index Rate Development” Line 3b and 3c of 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 Addendum III – “DC Market HMO Trend Development” of the Actuarial Memorandum.

- 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.**

Please see Addendum II – “DC Modified Community Rating Development” of the Actuarial Memorandum.

- 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 Addendum II – “DC Modified Community Rating Development” of the Actuarial Memorandum.

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 was made for the impact on the utilization due to projected changes in average cost sharing in force across the merged individual and small group pool.

L. Manual Rate Development

Please see Addendum I – “DC Small Group HMO Index Rate Development” and Exhibit B of the Actuarial Memorandum.

M. Credibility

DC experience was combined with State of Virginia experience, which we used with 100% credibility.

N. Projected Index Rate

- i. The index rate represents the average allowed claim cost per member per month for coverage of essential health benefits for the market, prior to adjustment for payments and charges under the risk adjustment and transitional reinsurance programs, as defined by 45 CFR 156.80(d).
- ii. Paid claims were used as the basis for developing the index rate. We assumed paid claims to allowed assuming that paid comprised 70% of allowed claims.
- iii. We assumed 100% credibility.
- iv. The AHI entity is not going to be offering Individual exchange or off-exchange products in 2014, and consequently for AHI, the risk pool truly is a small-group-only pool.

O. Market-wide Adjustments to the Index Rate

i. Support for the market-wide risk transfer payment/charge assumed.

Aetna is applying for QHP certification on these plans in DC in order to benefit from risk program. We have assumed a neutral position for the risk program with zero payments and receipts.

ii. Support for the market-wide adjustment for assessments and recoveries under the transitional reinsurance program.

Since AHI is only participating in the small group market and not the individual market, it is correct to assume that there will be no benefits to AHI from the transitional reinsurance program.

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

No Exchange user fees have been included in the development of 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 the “Description of Benefit” section in the Actuarial Memorandum and the attached Exhibit A.

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 re-pricing state-specific claims experience for the commercial medical products issued by Aetna Health Inc. 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 re-pricing 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 Health Inc. state-specific Small Group experience. The final claim impact assumption was developed as the weighted average expected savings by category.

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

The EHB Adjustment was developed to reflect the impact of state-specific EHB limits relative to a nationally-defined silver anchor plan with an actuarial value of approximately 70.0%, as determined using the federal actuarial value calculator. The impact was measured using a proprietary pricing model which relies on product-specific benefit/service category weights and rating factors for various levels of plan/member cost-sharing options for deductibles, coinsurance,

out-of-pocket maximums, copays, etc. Product-specific category weights were developed with reliance on national experience associated with Aetna's Small Group block of business. Cost-sharing-specific factors were developed using national experience associated with Aetna's Large Group block of business which excludes the effects of selection.

The EHB adjustment was developed by applying the state-specific medical/Rx claim distribution to the total medical impact and total Rx impact.

Please see Exhibit B, Line 9, and Addendum I – “DC Small Group HMO Index Rate Development” in the Actuarial Memorandum for more details.

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

Not applicable

Q. Non-Benefit Expenses

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

R. Filed Loss Ratio

A target medical loss ratio (claims divided by premium) of 77.0% was used to price the rates in the filing. This is expected to produce a Loss Ratio with Federal adjustments above 80%, excluding any credibility adjustments.

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

S. Actuarial Certification

Please see the “Actuarial Certification” section 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 Addendum IV – “Experience Data and Past Rate Change History” in the Actuarial Memorandum.

v. Loss Development Factors

Please see Addendum I – “DC Small Group HMO Index Rate Development” in the Actuarial Memorandum.

vi. Loss Ratio Demonstration

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

vii. Permissible Loss Ratio

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

viii. Credibility Analysis

Please see Addendum IV – “Experience Data and Past Rate Change History” 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 Addendum IV – “Experience Data and Past Rate Change History” in the Actuarial Memorandum.

4. Rate Table

Please see attached District of Columbia Small Group HMO rate table.

Aetna Health Inc.
Actuarial Memorandum
Filing # AETN-128972252
HIOS Product ID: 73987DC004
Policy Forms: HIXGrpAgr 01 et al.
Comprehensive Small Group HMO 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 Group 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). The SERFF number for the On Exchange form filing is AETN-129023714. The Tracker SERFF number for the Off Exchange form filing is AENX-G129050983.

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.

Description of Benefits

This filing covers HMO group medical benefit coverage. The range of coverage includes inpatient, outpatient, primary care, specialist services, pharmacy, DME and vision. All benefits are compliant with state mandates and the requirements of the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010, including preventive care benefits, deductible limits, and Actuarial Value requirements. Please refer to the referenced policy forms for detailed benefit language.

The Aetna Health Inc. – DC Small Group Business Rate Manual included in this rate filing, contains worksheets and instructions for calculating the premium rates for the benefit plans available from Aetna Health Inc. (AHI). The metal level and actuarial value for each plan design was determined using the AV calculator developed and made available by HHS.

Rates in this filing were developed assuming that the District of Columbia would expand Medicaid coverage. The age curve used in DC is the age curve from Appendix A of the DC Exchange Carrier Reference Manual. Aetna does not consider the District of Columbia experience alone to be credible. In order to obtain sufficient credibility, the State of Virginia and District of Columbia experience combined was considered in developing the index rate. As further guidance and information is received, we reserve the right to submit revisions to these assumptions.

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 Claim Portion of Market Index Rate

In setting the projected claim level in the market in 2014, the projections are based upon the experience of the current small group block of business in DC and VA (AHI/AHIC combined. AHIC experience is the out of network component of our dual-entity QPOS product, and therefore should be combined with AHI for claims experience purposes.) 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 8.9%.

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 7.96% reduction in medical costs.

Aetna adjusted costs for the impact of community rating. The removal of health status underwriting will result in relatively higher rates for groups with lower health care costs, and relatively lower rates for groups with higher health care costs. The expected result is that overall claim costs in the Small Group pool will increase as the healthy groups realizing large increases to their cost of coverage will be more likely to drop coverage, while the less healthy groups will remain.

Specific population segments will impact 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 most likely 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 delayed entry of healthier lives will increase the morbidity of the ACA rate compliant pool in 2014.

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

An adjustment was made to include costs for state-specific Essential Health Benefits (EHBs) and mandates not included in Aetna’s existing benefit factors. An adjustment for pediatric dental is included. The adjustment was calculated based on a projected allowed flat dollar amount of \$4.23, 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.

To convert the Allowed Index rate into an Allowed Base Rate, an adjustment was made to normalize our population to a factor of one on the DC age curve.

The expected Claim Portion of the Market Index Rate represents the expected average claim PMPM for 2014, reflecting a mix of membership by metallic tier and is calculated as follows:
 Claim Portion of Market Index Rate = Allowed Base Rate (Line 13) x AV of Silver Index Plan (Line 19) x Projected Average Benefit Factor.

$$\text{Claim Portion of Index Rate} = \$307.83 \times 0.70 \times 1.059 = \$228.19$$

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 one month of paid claim runoff to reduce the reliance on reserve estimates in the most recent incurred months. The IBNR reserves represent 1.5% of the experience period claims.

Determination of Retention Portion of Market Index Rate

The retention for small group is 23.0%. This was developed including provisions for the following retention items.

Percentage of Premium	%
G & A Expense	6.12%
Broker Commission	5.92%
800 line, .com	0.16%
Reinsurance Contribution	1.77%
PCORFI Fee	0.05%
Risk Adjustment Fee	0.03%
Health Insurer Fee	2.60%
Profit / Margin	4.00%

Premium Tax	2.35%
Total:	23.00%

These retention items were then applied to the Claims Portion of the Index Rate to calculate a market premium rate.

$$\text{(Claim Rate)} / (1 - \text{Percent of Premium Expenses}) \\ = (\$228.19) / (1 - 23\%) = \$296.38.$$

$$\text{The target loss ratio} = \$228.19 / \$296.38 = 77.0\%$$

The Allowed Base Premium Rate = $\$307.83 / 0.770 = \399.78 . It represents the base allowed premium rate PMPM for a Silver EHB plan with Pediatric Dental. This index rate is reflective of the demographic and area factors used to normalize the claims. It was used as the basis for developing the plan factors for all other metallic-level plan designs discussed in this filing. Addendum I and Exhibit B provide further details on the Market Index Rate build-up.

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 1.77% 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

Since AHI is only participating in the small group market and not the individual market, it is correct to assume that there will be no benefits to AHI from the transitional reinsurance program.

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 the risk corridor program.

We have assumed a neutral position for the risk adjustment program with zero payments and receipts.

Base Premium Rate

To develop the silver index plan base premium rate, we first adjusted the index rate to the 1.000 age factor level of the DC age scale. Then, retention items were applied to calculate the premium of a 100% AV plan. Lastly, we multiply the premium of the 100% AV plan by a factor of 0.7 to arrive at the premium of the Silver index plan base premium rate. The Silver index plan base premium rate is \$279.84 in the small group HMO market. Addendum I and Exhibit B (Line 12 to Line 20) provide further details on the Silver index plan base premium rate build-up. The base rate is indexed quarterly into 2014 using the effective date factors in the rate manual.

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 included in the Rate Manual and as Exhibit C.

Area Definitions and Rating Factors

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

Plan Benefit Factors

The fixed reference plan is an EHB Silver Plan with an Actuarial Value of 70%. 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.

Monthly Premium Rates

The member-level monthly premium rates for the plans shown in the rate manual, based on all rating factors defined, are included in the “DC_SG_73987_Rates (AHI).xslm” file attached in SERFF.

Medical Loss Ratio

The expected 2014 federal MLR for this filing is 83.6%. This does not include the credibility adjustment described in the regulation. The following table provides the details of the calculations.

		Group	Formula
(a)	Member Months	N/A	
(b)	Premium (pmpm) ⁽¹⁾	\$296.38	
(c)	Medical Cost (pmpm)	\$228.19	
(d)	Medical Benefit Ratio (MBR)	77.0%	= (c) / (b)
(e)	Quality Improvement Activities (pmpm)	\$1.78	= (b) x 0.6 % ⁽²⁾
(f)	Taxes and Fees (pmpm)	\$21.34	= (b) x 7.2% ⁽³⁾
(g)	Adjusted Premium (pmpm)	\$275.04	= (b) - (f)
(h)	Adjusted Claims (pmpm)	\$229.97	= (c) + (e)
	Medical Loss Ratio (MLR)	83.6%	= (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 7.2% 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 stand-alone 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 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.

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

- i. the index rate is developed in accordance with federal regulations and is in compliance with 45 CFR 156.80(d)(1);
- ii. 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; and
- iii. the Metal AV were developed using the AV Calculator with modified entries to reflect the plan appropriately in accordance with 45 CFR 156.135(b)(2).



May 30, 2013

David M. Walker, ASA, MAAA
Aetna Health Inc.

Date

Aetna Health Inc.
DC Small Group HMO Index Rate Development
Filing # AETN-128972252
HIOS Product ID: 73987DC004
Policy Forms: HIXGrpAgr 01 et al.

Addendum I

The calculations and adjustments used to develop the market index rate illustrated in Exhibit B are summarized below.

Step 1: Develop base period cost PMPM

- Lines 1 and 2
 - Line 1 - Member months for experience incurred 12/1/2011 through 11/30/2012 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 1.5% of paid claims on Line 2 represent the provision for claims incurred but not paid (IBNR) as of 12/31/2012 in the small group market.
 - 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 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.
 - 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 community rating on Small Group experience in DC. Please see Addendum II for a description of the development of community rating factor.
 - 6b - Uninsured Pent up Demand. This is not applicable to Small Group.

- 6c - Adjustment for the family billing limit of three dependent children. The adjustment factor is 1.000 in the Small Group market.
- 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 \$4.23, 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.
- Line 13
 - Allowed Base Rate – This is the silver index plan at an age factor of 1.0 without cost sharing.

Step 3: Apply Modifiers to the Allowed Base Rate

- Line 14
 - This is not applicable to the small group 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.
- 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
 - Allowed Base Premium Rate for the EHB Silver Plan, calculated as Line 16 divided by Line 17.

- Line 19
 - The AV of the Silver Index Plan is 0.70.
- Line 20
 - Silver Index Plan Base Premium Rate is calculated as the product of Line 18 and Line 19.

Aetna Health Inc.
DC Modified Community Rating Development
Filing # AETN-128972252
HIOS Product ID: 73987DC004
Policy Forms: HIXGrpAgr 01 et al.

Addendum II

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 Health Inc.
DC Market HMO Trend Development
Filing # AETN-128972252
HIOS Product ID: 73987DC004
Policy Forms: HIXGrpAgr 01 et al.

Addendum III

The medical cost trend assumption used in the development of the CY2014 manual rates is 8.9% 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	3.4%	5.3%	8.9%
Outpatient Hospital	3.4%	5.3%	8.9%
Professional	3.4%	5.3%	8.9%
Other Medical	3.4%	5.3%	8.9%
Capitation	0.0%	0.0%	0.0%
Prescription Drug	3.4%	5.3%	8.9%
Total			8.9%

The trends utilized for the projections for DC small group were developed based on small group experience for HMO and QPOS plans for the DC and 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	3.8%	3.4%
Utilization	1.9%	3.1%
Leverage (Med and Rx)	2.2%	2.4%
Leap Year (Med and Rx)	0.3%	-0.3%
Pricing Trend	8.4%	8.9%

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

$$2013 \text{ trend} = 1.084 \times (1.034/1.038) \times (1.031/1.019) \times (1.024/1.022) \times (0.997/1.003) - 1 = 8.9\%$$

2014 trend = 2013 trend.

Aetna Health Inc.
Experience Data and Past Rate Change History
 Filing # AETN-128972252
 HIOS Product ID: 73987DC004
 Policy Forms: HIXGrpAgr 01 et al.

Addendum IV

Experience Data

We are using a rolling 12-month experience period ending 11/30/2012 and paid through 12/31/2012 for the Small Group HMO block 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.

Small Group HMO Market Past Experience - The District of Columbia and State of Virginia

		Members	Subscribers	Premiums	Claims	Loss Ratio
Year	CY 2010	137,650	74,237	44,555,036	32,183,523	72.2%
	CY 2011	153,113	82,668	49,190,798	36,615,323	74.4%
Experience Period	12/2011-11/2012	161,354	87,225	52,033,063	40,725,921	78.3%
Month	Dec-11	12,804	6,857	4,076,493	3,478,958	85.3%
	Jan-12	12,931	6,929	4,118,579	3,470,719	84.3%
	Feb-12	13,045	6,995	4,160,604	3,345,198	80.4%
	Mar-12	13,019	6,979	4,149,715	3,774,510	91.0%
	Apr-12	12,972	6,982	4,144,716	3,229,016	77.9%
	May-12	13,215	7,128	4,242,699	3,246,714	76.5%
	Jun-12	13,477	7,284	4,336,459	3,255,665	75.1%
	Jul-12	13,576	7,342	4,381,648	3,206,737	73.2%
	Aug-12	13,803	7,488	4,480,873	3,416,787	76.3%
	Sep-12	13,923	7,584	4,586,295	3,530,851	77.0%
	Oct-12	14,183	7,739	4,665,349	3,405,592	73.0%
	Nov-12	14,406	7,918	4,689,633	3,365,174	71.8%

Small Group HMO Market Past Experience - The District of Columbia

		Members	Subscribers	Premiums	Claims	Loss Ratio
Year	CY 2010	11,735	7,134	4,038,633	3,590,672	88.9%
	CY 2011	12,543	7,557	4,236,879	3,041,963	71.8%
Experience Period	12/2011-11/2012	10,749	6,368	3,694,735	2,733,510	74.0%
Month	Dec-11	910	531	311,240	484,336	155.6%
	Jan-12	869	514	297,980	317,391	106.5%
	Feb-12	867	514	297,501	275,940	92.8%
	Mar-12	882	528	302,939	163,744	54.1%
	Apr-12	892	541	307,849	160,122	52.0%
	May-12	856	509	298,760	221,718	74.2%
	Jun-12	879	515	299,581	188,533	62.9%
	Jul-12	891	523	305,596	161,463	52.8%
	Aug-12	913	538	309,276	187,416	60.6%
	Sep-12	931	547	326,370	195,278	59.8%
	Oct-12	936	553	320,696	193,332	60.3%
	Nov-12	923	555	316,947	184,237	58.1%

Small Group HMO Market Past Experience - State of Virginia

		Members	Subscribers	Premiums	Claims	Loss Ratio
Year	CY 2010	125,915	67,103	40,516,403	28,592,851	70.6%
	CY 2011	140,570	75,111	44,953,919	33,573,360	74.7%
Experience Period	12/2011-11/2012	150,605	80,857	48,338,328	37,992,411	78.6%
Month	Dec-11	11,894	6,326	3,765,253	2,994,622	79.5%
	Jan-12	12,062	6,415	3,820,599	3,153,328	82.5%
	Feb-12	12,178	6,481	3,863,103	3,069,258	79.5%
	Mar-12	12,137	6,451	3,846,776	3,610,766	93.9%
	Apr-12	12,080	6,441	3,836,867	3,068,894	80.0%
	May-12	12,359	6,619	3,943,939	3,024,996	76.7%
	Jun-12	12,598	6,769	4,036,878	3,067,132	76.0%
	Jul-12	12,685	6,819	4,076,052	3,045,274	74.7%
	Aug-12	12,890	6,950	4,171,597	3,229,371	77.4%
	Sep-12	12,992	7,037	4,259,925	3,335,573	78.3%
	Oct-12	13,247	7,186	4,344,653	3,212,260	73.9%
	Nov-12	13,483	7,363	4,372,686	3,180,937	72.7%

The above experience in the Small Group market matched the Small Group market pricing claims in Exhibit B, Line 2.

Credibility Analysis

Aetna’s standard for full credibility is 24,000 member months. The District of Columbia experience did not exceed this threshold. In order to obtain sufficient credibility, we combined the State of Virginia and District of Columbia experience. We used this experience at 100% credibility.

History of Past Rate Changes

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

	Quarterly Change	12 Month Change
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	+3.5%	+10.4%
1Q2011	+0.0%	+7.2%
2Q2011	-3.0%	+0.9%
3Q2011	+0.0%	+0.4%
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 Health Inc.
DC SMALL GROUP FILING - HMO
HIOS Product ID: 73987DC004
Policy Forms: HIXGrpAgr 01 et al.
Exhibit A

DC Small Group Portfolio | Summary of Benefits

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DC Gold HMO 90%..... 12

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DC GOLD HNOOnly 90%..... 16

Summary of Benefits Covered

DC BRONZE HMO 6350

DC Small Group

Bronze Plan

Summary of Features

In-Network

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

Pharmacy

In-Network

Pharmacy Deductible	
Individual	N/A
Family	N/A
Generics	0% after deductible
Preferred Brand Drugs	0% after deductible
Non-Preferred Brand Drugs	0% after deductible
Specialty Drugs (i.e. high-cost)	0% after deductible

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

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?

Use Separate 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	\$6,350.00			
Coinsurance (% Insurer's Cost Share)	100.00%	100.00%			
OOP Maximum (\$)	\$6,350.00	\$6,350.00			
OOP Maximum if Separate (\$)	\$6,350.00	\$0.00			

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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
Medical	<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 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"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preventive Well Baby Visits and Care Preventive Care/Screening/Immunization			100%	\$0.00			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 type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin 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): 3

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 60.18781%

Metal Tier: Bronze

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

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC SILVER HMO 5000 70%

DC Small Group

Silver Plan

Summary of Features

In-Network

Deductible	
Individual	\$5,000
Family	\$10,000
Coinsurance (Member Responsibility)	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,350
Family	\$12,700
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$30 per visit
Specialist Visit	\$60 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	30% after deductible
Emergency Room Services	\$400 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$25/visits 1-40; \$40/visits 41+
Imaging (CT/PET Scans, MRIs)	30% after deductible
Rehabilitative Speech Therapy	\$30 per visit after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30 per visit after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$30 per visit
X-rays and Diagnostic Imaging	\$60 per visit
Skilled Nursing Facility	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% after deductible
Outpatient Surgery Physician/Surgical Services	30% after deductible

Pharmacy

In-Network

Pharmacy Deductible	
Individual	\$500
Family	\$1,000
Generics	\$10, deductible waived
Preferred Brand Drugs	\$60
Non-Preferred Brand Drugs	50% after deductible
Specialty Drugs (i.e. high-cost)	50% up to \$500

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

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?

Use Separate 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	\$5,000.00	\$500.00	\$5,000.00
Coinsurance (% Inurer's Cost Share)	68.75%	50.00%			
OOP Maximum (\$)	\$6,350.00		\$6,350.00		
OOP Maximum if Separate (\$)	\$6,350.00	\$0.00			

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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
Medical	<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"/>		\$25.00	<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"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preventive Well Baby Visits and Care Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	65%		<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"/>		
Drugs	<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"/>		\$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:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>	Specialty Rx Coinsurance Maximum:	\$500
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>	# Days (1-10):	
Begin 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: Calculation Successful.

Actuarial Value: 68.63507%

Metal Tier: Silver

This product, DC Silver HMO 5000 70% satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.6%

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC SILVER HNONLY 2000 90% HSA

DC Small Group

Silver Plan

Summary of Features	In-Network
Deductible	
Individual	\$2,000
Family	\$4,000
Coinsurance (Member Responsibility)	10%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$6,250
Family	\$12,500
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	10% after deductible
Specialist Visit	10% after deductible
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	10% after deductible
Emergency Room Services	10% after deductible
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	10% after deductible
Imaging (CT/PET Scans, MRIs)	10% after deductible
Rehabilitative Speech Therapy	10% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	10% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	10% after deductible
X-rays and Diagnostic Imaging	10% after deductible
Skilled Nursing Facility	10% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10% after deductible
Outpatient Surgery Physician/Surgical Services	10% after deductible

Pharmacy	In-Network
Pharmacy Deductible	
Individual	N/A
Family	N/A
Generics	\$15
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	\$100
Specialty Drugs (i.e. high-cost)	\$300

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

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?

Use Separate 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 checked="" 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	\$2,000.00			
Coinsurance (% , Insurer's Cost Share)					90.00%
OOP Maximum (\$)	\$6,250.00				
OOP Maximum if Separate (\$)	\$6,250.00	\$0.00			

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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
Medical	<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"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preventive Well Baby Visits and Care Preventive Care/Screening/Immunization			100%	\$0.00			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"/>		
Drugs	<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"/>		\$15.00	<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"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: _____

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10): _____

Begin 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: 68.60785%

Metal Tier: Silver

This product, DC Silver HNOOnly 2000 90% HSA, satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.6%

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC GOLD HMO 2000 70%

DC Small Group

Gold Plan

Summary of Features	In-Network
Deductible	
Individual	\$2,000
Family	\$4,000
Coinsurance (Member Responsibility)	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$4,500
Family	\$9,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$10 per visit
Specialist Visit	\$30 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	30% after deductible
Emergency Room Services	\$250 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$25/visits 1-40; \$30/visits 41+
Imaging (CT/PET Scans, MRIs)	30% after deductible
Rehabilitative Speech Therapy	30% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	30% after deductible
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	0%
X-rays and Diagnostic Imaging	\$10 per visit
Skilled Nursing Facility	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30% after deductible
Outpatient Surgery Physician/Surgical Services	30% after deductible

Pharmacy	In-Network
Pharmacy Deductible	
Individual	\$500
Family	\$1,000
Generics	\$4, deductible waived
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	50% after deductible
Specialty Drugs (i.e. high-cost)	50% up to \$500

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

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?
- Use Separate 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:
	2nd Tier Utilization:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$500.00
Coinsurance (% Insurer's Cost Share)	71.04%	50.00%
OOP Maximum (\$)	\$4,500.00	\$4,500.00
OOP Maximum if Separate (\$)	\$4,500.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
OOP Maximum (\$)		
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
Medical	<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"/>		\$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"/>		\$25.00	<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"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preventive Well Baby Visits and Care								
Preventive Care/Screening/Immunization			100%	\$0.00			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 checked="" type="checkbox"/>	74%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>		\$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 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:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input checked="" type="checkbox"/>
Specialty Rx Coinsurance Maximum:	\$500
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin 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: Calculation Successful.
 Actuarial Value: 79.42363%
 Metal Tier: Gold

This product, DC Gold HMO 2000 70%, satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 79.4%.

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC GOLD HMO 70%

DC Small Group

Gold Plan

Summary of Features

In-Network

Deductible	
Individual	\$0
Family	\$0
Coinsurance (Member Responsibility)	30%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$5,000
Family	\$10,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)	\$30 per visit
Specialist Visit	\$50 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)	30%
Emergency Room Services	\$300 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$25/visits 1-40; \$40/visits 41+
Imaging (CT/PET Scans, MRIs)	\$300 per visit
Rehabilitative Speech Therapy	\$50 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50 per visit
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$15 per visit
X-rays and Diagnostic Imaging	\$50 per visit
Skilled Nursing Facility	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%
Outpatient Surgery Physician/Surgical Services	30%

Pharmacy

In-Network

Pharmacy Deductible	
Individual	N/A
Family	N/A
Generics	\$15
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	\$100
Specialty Drugs (i.e. high-cost)	\$300

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

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?
 Use Separate 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:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design			
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$0.00			
Coinsurance (% , Insurer's Cost Share)	72.07%	100.00%				
OOP Maximum (\$)	\$5,000.00		\$5,000.00			
OOP Maximum if Separate (\$)	\$5,000.00	\$0.00				

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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
Medical	<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 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$29.16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preventive Well Baby Visits and Care	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input 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 checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum:

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

Begin 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: 78.88978%
 Metal Tier: Gold

This product, DC Gold HMO 70% satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 78.9%.

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC GOLD HMO 90%

DC Small Group

Gold Plan

Summary of Features		In-Network
Deductible		
Individual		\$0
Family		\$0
Coinsurance (Member Responsibility)		10%
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$5,000
Family		\$10,000
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)		\$30 per visit
Specialist Visit		\$50 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)		10%
Emergency Room Services		\$300 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$25/visits 1-40; \$40/visits 41+
Imaging (CT/PET Scans, MRIs)		\$300 per visit
Rehabilitative Speech Therapy		\$50 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50 per visit
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		\$15 per visit
X-rays and Diagnostic Imaging		\$50 per visit
Skilled Nursing Facility		10%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		10%
Outpatient Surgery Physician/Surgical Services		10%
Pharmacy		In-Network
Pharmacy Deductible		
Individual		N/A
Family		N/A
Generics		\$15
Preferred Brand Drugs		\$50
Non-Preferred Brand Drugs		\$100
Specialty Drugs (i.e. high-cost)		\$300

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

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?

Use Separate 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:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00			
Coinsurance (% Insurer's Cost Share)	89.18%	100.00%			
OOP Maximum (\$)	\$5,000.00				
OOP Maximum if Separate (\$)	\$5,000.00	\$0.00			

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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
Medical	<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 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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$29.16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preventive Well Baby Visits and Care	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input 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 checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin 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: 81.47761%

Metal Tier: Gold

This product, DC Gold HMO 90% satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 81.5%.

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC GOLD HNONLY 70%

DC Small Group

Gold Plan

Summary of Features		In-Network
Deductible		
Individual		\$0
Family		\$0
Coinsurance (Member Responsibility)		30%
		<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum		
Individual		\$5,000
Family		\$10,000
		<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays)		\$30 per visit
Specialist Visit		\$50 per visit
All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse)		30%
Emergency Room Services		\$300 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$25/visits 1-40; \$40/visits 41+
Imaging (CT/PET Scans, MRIs)		\$300 per visit
Rehabilitative Speech Therapy		\$50 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50 per visit
Preventive Care/Screening/Immunization		0%
Laboratory Outpatient and Professional Services		\$15 per visit
X-rays and Diagnostic Imaging		\$50 per visit
Skilled Nursing Facility		30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		30%
Outpatient Surgery Physician/Surgical Services		30%
Pharmacy		In-Network
Pharmacy Deductible		
Individual		N/A
Family		N/A
Generics		\$15
Preferred Brand Drugs		\$50
Non-Preferred Brand Drugs		\$100
Specialty Drugs (i.e. high-cost)		\$300

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

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?

Use Separate 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:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00			
Coinsurance (% , Insurer's Cost Share)	72.07%	100.00%			
OOP Maximum (\$)	\$5,000.00				
OOP Maximum if Separate (\$)	\$5,000.00	\$0.00			

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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
Medical	<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 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$29.16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preventive Well Baby Visits and Care Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input 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 checked="" type="checkbox"/>	75%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	73%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin 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: 78.88978%

Metal Tier: Gold

This product, DC Gold HNOOnly 70% satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.9%.

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC GOLD HNONLY 90%

DC Small Group

Gold Plan

Summary of Features In-Network

Deductible	
Individual	\$0
Family	\$0
Coinsurance <i>(Member Responsibility)</i>	10%
	<i>\$0 once out-of-pocket max. is satisfied</i>
Out-of-Pocket Maximum	
Individual	\$5,000
Family	\$10,000
	<i>All cost sharing accumulates to the Out of Pocket Maximum above</i>
Primary Care Visit to Treat an Injury or Illness <i>(excludes Preventative and X-rays)</i>	\$30 per visit
Specialist Visit	\$50 per visit
All Inpatient Hospital Services <i>(includes Mental/Behavioral Health and Substance Abuse)</i>	10%
Emergency Room Services	\$300 per visit
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$25/visits 1-40; \$40/visits 41+
Imaging (CT/PET Scans, MRIs)	\$300 per visit
Rehabilitative Speech Therapy	\$50 per visit
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50 per visit
Preventive Care/Screening/Immunization	0%
Laboratory Outpatient and Professional Services	\$15 per visit
X-rays and Diagnostic Imaging	\$50 per visit
Skilled Nursing Facility	10%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	10%
Outpatient Surgery Physician/Surgical Services	10%

Pharmacy In-Network

Pharmacy Deductible	
Individual	N/A
Family	N/A
Generics	\$15
Preferred Brand Drugs	\$50
Non-Preferred Brand Drugs	\$100
Specialty Drugs (i.e. high-cost)	\$300

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

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?
 Use Separate 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:	
		2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00			\$0.00
Coinsurance (% Insurer's Cost Share)	89.18%	100.00%			
OOP Maximum (\$)	\$5,000.00				
OOP Maximum if Separate (\$)	\$5,000.00	\$0.00			

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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
Medical	<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. MHSAs)	<input 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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$29.16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy Non-Preventive Well Baby Visits and Care	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	90%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	92%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	85%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<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"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?
 Specialty Rx Coinsurance Maximum: _____
 Set a Maximum Number of Days for Charging an IP Copay?
 # Days (1-10): _____
 Begin 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: 81.47761%
 Metal Tier: Gold

This product, DC Gold HNOOnly 90%, satisfies the HHS guidelines a Gold plan with an Actuarial Value of 81.5%

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Aetna Health Inc.
The District of Columbia Small Group HMO Market Index Rate Development
SERFF #: AETN-128972252
Policy Form #: HIXGrpAgr 01 et al

		Small Group
		HMO
Step 1: Develop base period cost PMPM		
1)	Member Months (Dec 11 - Nov 12)	161,354
2)	Paid Claims PMPM (Dec 11 - Nov 12)	\$252.40
3)	Convert to 100% AV Plan	
a)	Weighted Average Benefit Factor	/ 0.8227
b)	Benefit Index for Silver Plan	x 0.5298
c)	Factor to Convert Silver Plan to 100% AV Plan	/ 0.7000
4)	Allowed Cost PMPM (100% AV Plan)	= \$232.19
Step 2: Develop the Allowed Index Rate		
5)	Trend	
a)	Allowed Claim Trend	8.9%
b)	No. of Months	25
c)	Claim Trend Factor	x 1.1936
d)	Network Recontracting Adjustment	x 0.9204
6)	Future population morbidity changes	
a)	Guaranteed Issue (IVL)/ Community Rating (SG)	x 1.1930
b)	Individual Uninsured Pent up Demand	x 1.0000
c)	Adjustment for 3-child Family member cap	x 1.0000
7)	Duration Adjustment	x 1.0000
8)	Market Level Risk Adjustment (Wakely)	x 1.0287
9)	EHB Adjustment (to State Level)	x 1.0115
10)	Pediatric Dental	x 1.0134
11)	Allowed Index Rate	= \$320.88
12)	Age Normalization to 1.0 on DC age curve	x 0.9593
13)	Allowed Base Rate (Age factor 1.000, w/o Cost sharing)	= \$307.83
Step 3: Apply Modifiers to the Allowed Base Rate		
14)	Market-level Reinsurance	x 1.0000
15)	Market-level Risk Adjustment	x 1.0000
16)	Allowed Base Rate with Modifiers	= \$307.83
17)	1 - Retention	/ 0.770
18)	Allowed Base Premium Rate	= \$399.78
19)	AV of Silver Index Plan	x 0.700
20)	Silver Index Plan Base Premium Rate	= \$279.84

Aetna Health Inc.
Filing # AETN-128972252
HIOS Product ID: 73987DC004
Policy Forms: HIXGrpAgr 01 et al.
Exhibit D

Rating Area Definitions and Factors for District of Columbia Small Group

Rating Area 1: 1.00 District of Columbia
All areas

Aetna Health Inc.
SERFF Filing # AETN-128972252
HIOS Product ID: 73987DC004
Policy form: HIXGrpAgr 01_et al.
Benefit Plans Form # and Plan-Iids, AV and Pricing Factors
Exhibit E

Form #	HIOS Plan-Id	Plan	Exchange		Cost-sharing	Deductible	Actuarial	
			ON/OFF	Metallic Tier			Value	Plan Factors
S2SGHIXSched 01	73987DC0040031	DC Silver HNOOnly 2000 90% HSA RE	ON	Silver	Standard	2000	68.6%	1.2239
S2SGHIXSched 01	73987DC0040029	DC Silver HNOOnly 2000 90% HSA	ON	Silver	Standard	2000	68.6%	1.2391
S1SGHIXSched 01	73987DC0040027	DC Silver HMO 5000 70% RE	ON	Silver	Standard	5000	68.6%	1.0306
S1SGHIXSched 01	73987DC0040025	DC Silver HMO 5000 70%	ON	Silver	Standard	5000	68.6%	1.0460
G5SGHIXSched 01	73987DC0040023	DC Gold HNOOnly 90% RE	ON	Gold	Standard	0	81.5%	1.6248
G5SGHIXSched 01	73987DC0040021	DC Gold HNOOnly 90%	ON	Gold	Standard	0	81.5%	1.6419
G4SGHIXSched 01	73987DC0040019	DC Gold HNOOnly 70% RE	ON	Gold	Standard	0	78.9%	1.5197
G4SGHIXSched 01	73987DC0040017	DC Gold HNOOnly 70%	ON	Gold	Standard	0	78.9%	1.5368
G3SGHIXSched 01	73987DC0040015	DC Gold HMO 90% RE	ON	Gold	Standard	0	81.5%	1.5653
G3SGHIXSched 01	73987DC0040013	DC Gold HMO 90%	ON	Gold	Standard	0	81.5%	1.5745
G2SGHIXSched 01	73987DC0040011	DC Gold HMO 70% RE	ON	Gold	Standard	0	78.9%	1.4642
G2SGHIXSched 01	73987DC0040009	DC Gold HMO 70%	ON	Gold	Standard	0	78.9%	1.4807
G1SGHIXSched 01	73987DC0040007	DC Gold HMO 2000 70% RE	ON	Gold	Standard	2000	79.4%	1.2536
G1SGHIXSched 01	73987DC0040005	DC Gold HMO 2000 70%	ON	Gold	Standard	2000	79.4%	1.2651
B1SGHIXSched 01	73987DC0040003	DC Bronze HMO 6350 RE	ON	Bronze	Standard	6350	60.2%	0.8692
B1SGHIXSched 01	73987DC0040001	DC Bronze HMO 6350	ON	Bronze	Standard	6350	60.2%	0.8705
S2SG2014ScheduleAOA V001	73987DC0040032	DC Silver HNOOnly 2000 90% HSA RE	OFF	Silver	Standard	2000	68.6%	1.2239
S2SG2014ScheduleAOA V001	73987DC0040030	DC Silver HNOOnly 2000 90% HSA	OFF	Silver	Standard	2000	68.6%	1.2391
S1SG2014Schedule V001	73987DC0040028	DC Silver HMO 5000 70% RE	OFF	Silver	Standard	5000	68.6%	1.0306
S1SG2014Schedule V001	73987DC0040026	DC Silver HMO 5000 70%	OFF	Silver	Standard	5000	68.6%	1.0460
G5SG2014ScheduleAOA V001	73987DC0040024	DC Gold HNOOnly 90% RE	OFF	Gold	Standard	0	81.5%	1.6248
G5SG2014ScheduleAOA V001	73987DC0040022	DC Gold HNOOnly 90%	OFF	Gold	Standard	0	81.5%	1.6419
G4SG2014ScheduleAOA V001	73987DC0040020	DC Gold HNOOnly 70% RE	OFF	Gold	Standard	0	78.9%	1.5197
G4SG2014ScheduleAOA V001	73987DC0040018	DC Gold HNOOnly 70%	OFF	Gold	Standard	0	78.9%	1.5368
G3SG2014Schedule V001	73987DC0040016	DC Gold HMO 90% RE	OFF	Gold	Standard	0	81.5%	1.5653
G3SG2014Schedule V001	73987DC0040014	DC Gold HMO 90%	OFF	Gold	Standard	0	81.5%	1.5745
G2SG2014Schedule V001	73987DC0040012	DC Gold HMO 70% RE	OFF	Gold	Standard	0	78.9%	1.4642
G2SG2014Schedule V001	73987DC0040010	DC Gold HMO 70%	OFF	Gold	Standard	0	78.9%	1.4807
G1SG2014Schedule V001	73987DC0040008	DC Gold HMO 2000 70% RE	OFF	Gold	Standard	2000	79.4%	1.2536
G1SG2014Schedule V001	73987DC0040006	DC Gold HMO 2000 70%	OFF	Gold	Standard	2000	79.4%	1.2651
B1SG2014Schedule V001	73987DC0040004	DC Bronze HMO 6350 RE	OFF	Bronze	Standard	6350	60.2%	0.8692
B1SG2014Schedule V001	73987DC0040002	DC Bronze HMO 6350	OFF	Bronze	Standard	6350	60.2%	0.8705

Actuarial Memorandum and Certification In Support of Unified Rate Review Template

General Information

Company Identifying Information:

- Company Legal Name: Aetna Health Inc. (a PA corp.)
- State: District of Columbia
- HIOS Issuer ID: 73987
- Market: Small Group
- Effective Date: 1/1/2014

Company Contact Information:

- Primary Contact Name: Frances M Casale
- Primary Contact Telephone Number: 215-775-2717
- Primary Contact Email Address: CasaleFM@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 Small Group District of Columbia Minimum Loss Ratio pool in 2012, there is no rebate projected. This is based on the 4/1/2013 reports as well as 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 1.5% 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 expected to be dated May 30, 2013. It includes the impact of:

- Modified Community Rating,
- the Market Level Risk Adjustment (based on a Wakely study of carrier morbidity),

Trend Factors (cost/utilization): The trends utilized for the projections for District of Columbia were developed based on Small Group experience for HMO and QPOS plans for the District of Columbia and Virginia markets. 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

We did not rely upon our experience data and have therefore provided manual rating assumptions.

Credibility of Experience

Aetna does not consider the District of Columbia experience alone to be credible. In order to obtain sufficient credibility, the State of Virginia and District of Columbia experience combined was considered, which we used with 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 73.0%:

<u>Tier</u>	<u>Projected Membership Distribution</u>	<u>Actuarial Value</u>
Bronze	20%	60.0%
Silver	30%	70.0%
Gold	50%	80.0%
Total	100%	73.0%

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 \$5.25 per member per month and no reinsurance payments.

Non-Benefit Expenses and Profit & Risk

Non-benefit expense and profit & risk loads are determined on a 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: Projected 6.3% for general administrative expenses, plus 5.92% for commissions. These projections are derived from corporate experience for individual products and projections of Aetna’s 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% AFIT profit margin

Taxes and Fees: Projected 0.06% Patient Center Outcomes Research Fee, plus 2.6% Health Insurer Fee (pre-tax), and 2.35% State Premium Tax.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is 83.6%, not including the credibility adjustment.

Index Rate

The index rate for the experience and projected periods are set equal to the actual and projected allowed claims, respectively, less non-EHB benefits. The non-EHB benefit is 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.

This index rate reflects the projected mix of business by plans. The AV pricing values for each plan were 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 as described in 45 CFR Part 156, §156.80(d)(2). Administrative cost variation was not considered in development of AV pricing values.

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 30, 2013.

AV Pricing Values

The fixed reference plan is an EHB Silver Plan. 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

The current membership distribution is not meaningful given the magnitude of market changes taking effect on January 1, 2014. Projections were entered at the product level rather than the plan level. Please see the section above on Paid to Allowed Ratio for projections by metallic tier. We assume that total enrollment will be similar to our current membership. We also have developed a distribution of membership by metal level based on modeling of market enrollment choices but have not developed detailed projections of membership by plan or variant to project membership

subject to the cost-sharing subsidy. As such, the membership is allocated within each metal level on an equal basis to each plan and then to each cost sharing variation within each Silver plan.

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:

Product IDs: 73987DC001 and 73987DC003

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 \$2,964, or 0.16%. 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.

The Index Rate for Projection Period in Worksheet 1 is currently populated based on the most recent effective date to ensure the template is clear from validation errors. It appears that the template is setup to not allow for the Index Rate for Projection Period to be more than the Projected Allowed Experience Claims PMPM

Actuarial Certification

The Actuarial certification for the methodology used to calculate the AV Metal Value for each plan offered under the QHP has 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 30, 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.



David Walker, ASA, MAAA

May 30, 2013

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G5SGHIXSchedAOA 01, G5SG2014ScheduleAOA V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	
	Deductible (\$) (Drug)	C10	\$0.00	
	Deductible (\$) (Combined)	D10	\$0.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	89%	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100%	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$5,000.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$5,000.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$300.00	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	90%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50.00	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50.00	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$29.16	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15.00	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50.00	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	90%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	92%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	85%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: B1SGHIXSched 01, B1SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$6,350.00		
	Deductible (\$) (Drug)	C10	\$6,350.00		
	Deductible (\$) (Combined)	D10	\$6,350.00		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100%		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	100%		
	OOP Maximum (\$)	B12	\$6,350.00		
	OOP Maximum if Separate (\$) (Medical)	B13	\$6,350.00		
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00		
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$0.00		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$0.00		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00		
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$0.00		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$0.00		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$0.00		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$0.00		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$0.00		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$0.00		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$0.00		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$0.00		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	100%		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52	3	

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: S1SGHIXSched 01, S1SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$5,000.00		
	Deductible (\$) (Drug)	C10	\$500.00		
	Deductible (\$) (Combined)	D10	\$5,000.00		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	69%		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	50%		
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$6,350.00		
	OOP Maximum if Separate (\$) (Medical)	B13	\$6,350.00		
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00		
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$400.00		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	70%		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00		
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$60.00		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	70%		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30.00		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30.00		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$30.00		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$60.00		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	70%		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	65%		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	70%		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$60.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	50%	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46	\$500.00	
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G1SGHIXSched 01, G1SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	
	Deductible (\$) (Drug)	C10	\$500.00	
	Deductible (\$) (Combined)	D10	\$2,000.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	71%	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	50%	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$4,500.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$4,500.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$250.00	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	70%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$10.00	
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$30.00	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	70%	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	70%	
	Rehabilitative Speech Therapy, Copay, if separate	E27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	70%	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$0.00	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$10.00	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	70%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	74%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	71%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different	H34			
Skilled Nursing Facility, Copay, if separate	I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36			

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$4.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	50%	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46	\$500.00	
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: S2SGHIXSchedAOA 01, S2SG2014ScheduleAOA V001

Input Name		Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found	
HSA/HRA Options					
Annual Contribution Amount		E4		N/A	
Narrow Network Options					
1st Tier Utilization		H4		N/A	
2nd Tier Utilization		H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00		
	Deductible (\$) (Drug)	C10	\$2,000.00		
	Deductible (\$) (Combined)	D10	\$2,000.00		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	90%		
	OOP Maximum (\$)	B12	\$6,250.00		
	OOP Maximum if Separate (\$) (Medical)	B13	\$6,250.00		
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00		
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18	90%		
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	90%		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	90%		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21	90%		
	Specialist Visit, Copay, if separate	E21			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	90%		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	90%		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	90%		
	Rehabilitative Speech Therapy, Copay, if separate	E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	90%		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	90%		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	90%		
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	90%		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	90%		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	90%		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G2SGHIXSched 01, G2SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$0.00		
	Deductible (\$) (Drug)	C10	\$0.00		
	Deductible (\$) (Combined)	D10	\$0.00		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	72%		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100%		
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$5,000.00		
	OOP Maximum if Separate (\$) (Medical)	B13	\$5,000.00		
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00		
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$300.00		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	70%		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00		
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$50.00		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50.00		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$29.16		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15.00		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50.00		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	70%		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	75%		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	73%		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19			
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20			
Specialist Visit, Coinsurance, if different		H21			
Specialist Visit, Copay, if separate		I21			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G4SGHIXSchedAOA 01, G4SG2014ScheduleAOA V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	
	Deductible (\$) (Drug)	C10	\$0.00	
	Deductible (\$) (Combined)	D10	\$0.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	72%	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100%	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$5,000.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$5,000.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$300.00	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	70%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50.00	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50.00	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$29.16	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15.00	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50.00	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	70%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	75%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	73%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G3SGHIXSched 01, G3SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	
	Deductible (\$) (Drug)	C10	\$0.00	
	Deductible (\$) (Combined)	D10	\$0.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	89%	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100%	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$5,000.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$5,000.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$300.00	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	90%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50.00	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50.00	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$29.16	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15.00	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50.00	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	90%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	92%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	85%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G5SGHIXSchedAOA 01, G5SG2014ScheduleAOA V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	
	Deductible (\$) (Drug)	C10	\$0.00	
	Deductible (\$) (Combined)	D10	\$0.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	89%	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100%	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$5,000.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$5,000.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$300.00	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	90%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50.00	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50.00	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$29.16	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15.00	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50.00	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	90%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	92%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	85%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: B1SGHIXSched 01, B1SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$6,350.00		
	Deductible (\$) (Drug)	C10	\$6,350.00		
	Deductible (\$) (Combined)	D10	\$6,350.00		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	100%		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	100%		
	OOP Maximum (\$)	B12	\$6,350.00		
	OOP Maximum if Separate (\$) (Medical)	B13	\$6,350.00		
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00		
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$0.00		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$0.00		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20.00		
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$0.00		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$0.00		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$0.00		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$0.00		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$0.00		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$0.00		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$0.00		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$0.00		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	100%		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39		
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52	3	

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: S1SGHIXSched 01, S1SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$5,000.00	
	Deductible (\$) (Drug)	C10	\$500.00	
	Deductible (\$) (Combined)	D10	\$5,000.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	69%	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	50%	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$6,350.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$6,350.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$400.00	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	70%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$60.00	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	70%	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30.00	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30.00	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$30.00	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$60.00	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	70%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	65%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	70%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$10.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$60.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	50%	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46	\$500.00	
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G1SGHIXSched 01, G1SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found	
HSA/HRA Options					
	Annual Contribution Amount	E4		N/A	
Narrow Network Options					
	1st Tier Utilization	H4		N/A	
	2nd Tier Utilization	H5		N/A	
Plan Benefit Design					
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00		
	Deductible (\$) (Drug)	C10	\$500.00		
	Deductible (\$) (Combined)	D10	\$2,000.00		
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	71%		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	50%		
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	\$4,500.00		
	OOP Maximum if Separate (\$) (Medical)	B13	\$4,500.00		
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00		
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	\$250.00		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	70%		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$10.00		
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	\$30.00		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	70%		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	70%		
	Rehabilitative Speech Therapy, Copay, if separate	E27			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	70%		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28			
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$0.00		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$10.00		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	70%		
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	74%		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	71%		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19			
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20			
Specialist Visit, Coinsurance, if different		H21			
Specialist Visit, Copay, if separate		I21			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22			
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different	H34				
Skilled Nursing Facility, Copay, if separate	I34				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35				
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36				

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$4.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	50%	
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46	\$500.00	
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: S2SGHIXSchedAOA 01, S2SG2014ScheduleAOA V001

Input Name		Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
Annual Contribution Amount		E4		N/A
Narrow Network Options				
1st Tier Utilization		H4		N/A
2nd Tier Utilization		H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$2,000.00	
	Deductible (\$) (Drug)	C10	\$2,000.00	
	Deductible (\$) (Combined)	D10	\$2,000.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11		
	Coinsurance (% Insurer's Cost Share) (Drug)	C11		
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	90%	
	OOP Maximum (\$)	B12	\$6,250.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$6,250.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18	90%	
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	90%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	90%	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different	D21	90%	
	Specialist Visit, Copay, if separate	E21		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	90%	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	90%	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	90%	
	Rehabilitative Speech Therapy, Copay, if separate	E27		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	90%	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	90%	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	90%	
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	90%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	90%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	90%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different	H34			
Skilled Nursing Facility, Copay, if separate	I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36			

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G2SGHIXSched 01, G2SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	
	Deductible (\$) (Drug)	C10	\$0.00	
	Deductible (\$) (Combined)	D10	\$0.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	72%	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100%	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$5,000.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$5,000.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$300.00	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	70%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50.00	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50.00	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$29.16	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15.00	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50.00	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	70%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	75%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	73%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G4SGHIXSchedAOA 01, G4SG2014ScheduleAOA V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	
	Deductible (\$) (Drug)	C10	\$0.00	
	Deductible (\$) (Combined)	D10	\$0.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	72%	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100%	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$5,000.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$5,000.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$300.00	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	70%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50.00	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50.00	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$29.16	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15.00	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50.00	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	70%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	75%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	73%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: AETN-128972252

Company Name: Aetna Health Inc. (a PA corp.)

Form Number(s) of Plan: G3SGHIXSched 01, G3SG2014Schedule V001

	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4		N/A
Narrow Network Options				
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$0.00	
	Deductible (\$) (Drug)	C10	\$0.00	
	Deductible (\$) (Combined)	D10	\$0.00	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	89%	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	100%	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$)	B12	\$5,000.00	
	OOP Maximum if Separate (\$) (Medical)	B13	\$5,000.00	
	OOP Maximum if Separate (\$) (Drug)	C13	\$0.00	
Tier 2	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
	Coinsurance (% Insurer's Cost Share) (Medical)	F11		
	Coinsurance (% Insurer's Cost Share) (Drug)	G11		
	Coinsurance (% Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18	\$300.00	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	90%	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30.00	
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21	\$50.00	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$25.00	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300.00	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50.00	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$29.16	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$15.00	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50.00	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	90%	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	92%	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	85%	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Tier 2	Emergency Room Services, Coinsurance, if different	H18	
Emergency Room Services, Copay, if separate		I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different		H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate		I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different		H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate		I20		
Specialist Visit, Coinsurance, if different		H21		
Specialist Visit, Copay, if separate		I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different		H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24		
Rehabilitative Speech Therapy, Coinsurance, if different		H27		
Rehabilitative Speech Therapy, Copay, if separate		I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32		
Laboratory Outpatient and Professional Services, Copay, if separate		I32		
X-rays and Diagnostic Imaging, Coinsurance, if different		H33		
X-rays and Diagnostic Imaging, Copay, if separate		I33		
Skilled Nursing Facility, Coinsurance, if different		H34		
Skilled Nursing Facility, Copay, if separate		I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36		

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38	\$15.00	
	Preferred Brand Drugs, Coinsurance, if different	D39		
	Preferred Brand Drugs, Copay, if separate	E39	\$50.00	
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100.00	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$300.00	
Tier 2	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	I38		
	Preferred Brand Drugs, Coinsurance, if different	H39		
	Preferred Brand Drugs, Copay, if separate	I39		
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	I40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		