

SERFF Tracking Number: AETN-127898059 State: Delaware
First Filing Company: Aetna Health Inc. PA AZ DC DE IN KY MA MD State Tracking Number: 46225
NV NC OK TN VA, ...
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Sub-TOI: H15G.003 Small Group Only
Expense
Product Name: 2Q12 AHI DE SG Filing
Project Name/Number: /

Filing at a Glance

Companies: Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA, Aetna Health Insurance Company
Product Name: 2Q12 AHI DE SG Filing SERFF Tr Num: AETN-127898059 State: Delaware
TOI: H15G Group Health - SERFF Status: Pending Industry State Tr Num: 46225
Hospital/Surgical/Medical Expense Response
Sub-TOI: H15G.003 Small Group Only Co Tr Num: State Status: Pending Industry
Response
Filing Type: Rate Reviewer(s): Jennifer Dawson
(LRF), Laura Mauchly
Author: Andrew Adams Disposition Date:
Date Submitted: 12/14/2011 Disposition Status:
Implementation Date Requested: 04/01/2012 Implementation Date:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 12/15/2011
State Status Changed: 12/15/2011 Deemer Date:
Created By: Andrew Adams Submitted By: Andrew Adams
Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms
PPACA Notes: null
Filing Description:
Rate filing for AHI and AHIC SG, effective April 1, 2012.

Company and Contact

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Filing Contact Information

Andrew Adams, Assistant Actuary AdamsA@aetna.com
 980 Jolly Road 215-775-0283 [Phone]
 Blue Bell, PA 19422

Filing Company Information

Aetna Health Inc. PA AZ DC DE IN KY MA MD CoCode: 95109 State of Domicile: Pennsylvania
 NV NC OK TN VA
 980 Jolly Road Group Code: 1 Company Type:
 Blue Bell, PA 19422 Group Name: State ID Number:
 (999) 999-9999 ext. [Phone] FEIN Number: 23-2169745

 Aetna Health Insurance Company CoCode: 72052 State of Domicile: Pennsylvania
 980 Jolly Road Group Code: 1 Company Type:
 Blue Bell, PA 19422 Group Name: State ID Number:
 (999) 999-9999 ext. [Phone] FEIN Number: 23-2710210

Filing Fees

Fee Required? Yes
 Fee Amount: \$0.00
 Retaliatory? No
 Fee Explanation: Fee already included in filing AETN-127876818
 Per Company: Yes

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA	\$0.00	12/14/2011	
Aetna Health Insurance Company	\$0.00	12/14/2011	

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Rate Information

Rate data applies to filing.

Filing Method: file & use
 Rate Change Type: Increase
 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 required):	Minimum % Change (where required):	
Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA	Increase	5.500%	5.500%	\$1,065,409	295	\$19,468,420	%	%	
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		52		3,254	818				
Policy Holders:		6		232	57				

SERFF Tracking Number: AETN-127898059 State: Delaware
First Filing Company: Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN State Tracking Number: 46225
VA, ...
Company Tracking Number:
TOI: H15G Group Health - Hospital/Surgical/Medical Expense Sub-TOI: H15G.003 Small Group Only
Product Name: 2Q12 AHI DE SG Filing
Project Name/Number: /

Rate Review Details

COMPANY:

Company Name: Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
HHS Issuer Id: 67190
Product Names: Aetna Health Maintenance Organization
Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: HMO/DE COC-3 (04/02), HI DE COCSMGPBAST V001, CHI/DE INSCT-1-A (05/01)

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Quarterly
Member Months: 49,496
Benefit Change: Increase
Percent Change Requested: Min: -6.4 Max: 8.5 Avg: 5.5

PRIOR RATE:

Total Earned Premium: 16,358,994.00
Total Incurred Claims: 15,013,472.00
Annual \$: Min: 180.93 Max: 636.17 Avg: 330.51

REQUESTED RATE:

Projected Earned Premium: 19,468,420.00
Projected Incurred Claims: 17,456,930.00

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 VA, ...
 Company Tracking Number:
 TOI: H15G Group Health - Hospital/Surgical/Medical Expense Sub-TOI: H15G.003 Small Group Only
 Product Name: 2Q12 AHI DE SG Filing
 Project Name/Number: /
 Annual \$: Min: 203.28 Max: 714.75 Avg: 371.34

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 required):	Minimum % Change (where required):
Aetna Health Insurance Company	Increase	5.500%	5.500%	\$1,047,979	289	\$19,149,912	%	%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:				3,254	818			
Policy Holders:				232	57			

COMPANY:

Company Name: Aetna Health Insurance Company
 HHS Issuer Id: 67190
 Product Names: Aetna Health Maintenance Organization
 Trend Factors:

FORMS:

New Policy Forms:

SERFF Tracking Number: AETN-127898059 State: Delaware
First Filing Company: Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN State Tracking Number: 46225
VA, ...

Company Tracking Number:

TOI: H15G Group Health - Hospital/Surgical/Medical Expense Sub-TOI: H15G.003 Small Group Only

Product Name: 2Q12 AHI DE SG Filing

Project Name/Number: /

Affected Forms:

Other Affected Forms: CHI/DE INSCT-1-A (05/01)

**REQUESTED RATE CHANGE
INFORMATION:**

Change Period: Quarterly

Member Months: 48,868

Benefit Change: Increase

Percent Change Requested: Min: -6.4 Max: 8.5 Avg: 5.5

PRIOR RATE:

Total Earned Premium: 16,091,798.00

Total Incurred Claims: 14,916,101.00

Annual \$: Min: 180.27 Max: 633.82 Avg: 329.29

REQUESTED RATE:

Projected Earned Premium: 19,149,912.00

Projected Incurred Claims: 17,326,841.00

Annual \$: Min: 202.51 Max: 712.02 Avg: 369.92

Overall Rate Information for Multiple Company Filings

Overall % Rate Indicated:

Overall Percentage Rate Impact For This Filing:

Effect of Rate Filing - Written Premium Change For This Program: \$2,113,388

Effect of Rate Filing - Number of Policyholders Affected: 584

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Manual		New		AHI Rate Manual 2Q12.pdf



980 Jolly Road
Mail Stop U12S
Blue Bell, PA 19422
Phone: 215-775-0283
Fax: 215-775-6441
AdamsA@aetna.com

December 8, 2011

Ms. Jennifer Dawson
State of Delaware
Department of Insurance
841 Silver Lake Blvd.
Dover, Delaware 19904

Re: Aetna Health Inc. - Delaware Small Group Rate Manual – 04/01/2012
Aetna Health Insurance Company- Delaware Small Group Rate Manual – 04/01/2012

Dear Ms. Dawson:

We intend to file a Delaware Small Group Rate Manual effective 04/01/2012 and later. Our referred benefits (HMO- and POS-based) apply to Aetna Health Inc. (AHI), whereas our non-referred benefits apply to either Aetna Health Insurance Company (AHIC) for POS-based products or Aetna Life Insurance Company (ALIC) for PPO-based products.

This rate filing conforms to the benefit plan requirements of the Patient Protection and Affordability Act (P.L. 111-148).

Since AHI, AHIC, and ALIC consider this submission to contain proprietary information, we ask that it be kept confidential to the extent possible. Please call me at (215) 775-0283 if you have any questions.

Sincerely,

Andrew Adams, F.S.A., M.A.A.A.
Actuary I
Aetna

Enclosures

Delaware Premium Rate Manual

AHI & AHIC

A. Adjusted Community Rates:

1. Average Base Rate for each tier
2. Case Size Factor
3. New Business Medical Rate-up Factor
4. Adjusted Rates by Tier

A.1 is the sum of base rates of all subscribers in each tier divided by the total number of subscribers in each tier

A.4 = A.1 x A.2 x A.3 -- only A.4.Total is used in future calculations

B. Community PSPM:

1. Enrollment for each tier
2. Composite Community Rates for each tier
3. Fixed Tier Relativities

B.1 is a count of enrollment from part A by tier

B.2. Total is the weighted average of B.2 on B.1

C. Compliance Adjustment:

1. Compliance Band high and low rates
2. Adjustment

C.1 shows the 5:1 compliance band around B.2 Total, calculated above. The low rate is calculated by multiplying the B.2 Total by 1/3, and the high rate is calculated by multiplying the B.2 Total by 5/3.

C.2 shows the adjustment factor that brings rates within the compliance band.

D. Compliance-Adjusted Rates:

1. Apply Compliance Adjustment to Adjusted Community Rates

D.1.Total = A.4.Total x C.2

D.1 EE Rate = D.1 Total / [(B.1 EE x B.3 EE + B.1 EE w/SP x B.3 EE w/SP + B.1 EE w/CH x B.3 EE w/CH + B.1 Family x B.3 Family) / B.1 Total]

D.1 EE w/SP Rate = D.1 EE Rate x B.3 EE w/SP

D.1 EE w/CH Rate = D.1 EE Rate x B.3 EE w/CH

D.1 Family Rate = D.1 EE Rate x B.3 Family

E. Effective Date-Adjusted Rates:

1. Effective Date Factor
2. Apply Effective Date Factor to Compliance-Adjusted Rates

$$E.2 = D.1 \times E.1$$

F. Plan Specific Rates:

1. Plan Relativity Factor
2. Plan Specific Rate

$$F.2 = E.2 \times F.1$$

Base Rate Table

HMO **Base Rate** **311.11**

Age Bracket	Male Employee				Female Employee			
	Single	Couple	EE & Child	Family	Single	Couple	EE & Child	Family
<25	0.62	1.62	1.76	3.56	0.62	1.62	1.76	3.56
25-29	0.67	1.87	1.74	3.55	0.67	1.87	1.74	3.55
30-34	0.79	2.18	1.65	3.20	0.79	2.18	1.65	3.20
35-39	0.88	2.39	1.60	2.97	0.88	2.39	1.60	2.97
40-44	1.00	2.49	1.75	2.89	1.00	2.49	1.75	2.89
45-49	1.22	2.70	1.77	3.00	1.22	2.70	1.77	3.00
50-54	1.51	3.09	1.98	3.47	1.51	3.09	1.98	3.47
55-59	1.83	3.75	2.10	3.88	1.83	3.75	2.10	3.88
60-64	2.29	4.53	2.62	4.46	2.29	4.53	2.62	4.46
65+ (P)	2.30	4.82	2.48	4.30	2.30	4.82	2.48	4.30
65+ (S)	2.30	4.82	2.48	4.30	2.30	4.82	2.48	4.30

QPOS **Base Rate** **311.11**

Age Bracket	Male Employee				Female Employee			
	Single	Couple	EE & Child	Family	Single	Couple	EE & Child	Family
<25	0.62	1.62	1.76	3.56	0.62	1.62	1.76	3.56
25-29	0.67	1.87	1.74	3.55	0.67	1.87	1.74	3.55
30-34	0.79	2.18	1.65	3.20	0.79	2.18	1.65	3.20
35-39	0.88	2.39	1.60	2.97	0.88	2.39	1.60	2.97
40-44	1.00	2.49	1.75	2.89	1.00	2.49	1.75	2.89
45-49	1.22	2.70	1.77	3.00	1.22	2.70	1.77	3.00
50-54	1.51	3.09	1.98	3.47	1.51	3.09	1.98	3.47
55-59	1.83	3.75	2.10	3.88	1.83	3.75	2.10	3.88
60-64	2.29	4.53	2.62	4.46	2.29	4.53	2.62	4.46
65+ (P)	2.30	4.82	2.48	4.30	2.30	4.82	2.48	4.30
65+ (S)	2.30	4.82	2.48	4.30	2.30	4.82	2.48	4.30

Case Size Factor Table

Number of Employees	Case Size Factor
1-3	1.20
4-9	1.05
10+	1.00

Effective Date Factor Table

Effective Date	HMO	QPOS
Jan-09	1.0000	1.0000
Feb-09	1.0000	1.0000
Mar-09	1.0000	1.0000
Apr-09	1.0300	1.0300
May-09	1.0300	1.0300
Jun-09	1.0300	1.0300
Jul-09	1.0609	1.0609
Aug-09	1.0609	1.0609
Sep-09	1.0609	1.0609
Oct-09	1.0927	1.0927
Nov-09	1.0927	1.0927
Dec-09	1.0927	1.0927
Jan-10	1.1364	1.1364
Feb-10	1.1364	1.1364
Mar-10	1.1364	1.1364
Apr-10	1.1705	1.1705
May-10	1.1705	1.1705
Jun-10	1.1705	1.1705
Jul-10	1.2056	1.2056
Aug-10	1.2056	1.2056
Sep-10	1.2056	1.2056
Oct-10	1.2418	1.2418
Nov-10	1.2418	1.2418
Dec-10	1.2418	1.2418
Jan-11	1.2791	1.2791
Feb-11	1.2791	1.2791
Mar-11	1.2791	1.2791
Apr-11	1.3175	1.3175
May-11	1.3175	1.3175
Jun-11	1.3175	1.3175
Jul-11	1.3307	1.3307
Aug-11	1.3307	1.3307
Sep-11	1.3307	1.3307
Oct-11	1.3706	1.3706
Nov-11	1.3706	1.3706
Dec-11	1.3706	1.3706
Jan-12	1.4117	1.4117
Feb-12	1.4117	1.4117
Mar-12	1.4117	1.4117
Apr-12	1.4470	1.4470
May-12	1.4470	1.4470
Jun-12	1.4470	1.4470
Jul-12	1.4470	1.4470
Aug-12	1.4470	1.4470
Sep-12	1.4470	1.4470
Oct-12	1.4470	1.4470
Nov-12	1.4470	1.4470
Dec-12	1.4470	1.4470
Jan-13	1.4470	1.4470
Feb-13	1.4470	1.4470
Mar-13	1.4470	1.4470

Tier Factor Table

Tier	Factor
Single	1.0000
Couple	2.3013
EE + Ch(ren)	1.8118
Family	2.9817

Community Composite Rate Table

Tier	Factor
Single	383.58
Couple	882.74
EE + Ch(ren)	694.97
Family	1,143.73

Plan Relativity Factor Table

Effective 04/01/2012 - 04/30/2012

POS No-Referral Plans			In-Network					Out-of-Network			Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	Lifetime Max	In-Network
6403559	DE POS NR 1.2	0.812645	N/A	\$2,500/\$5,000	\$20	\$40	\$300/Day	\$5,000/\$15,000	\$10,000/\$30,000	Unlimited	\$10/\$35/\$60
6403567	DE POS NR 1.2 MHP	0.820771	N/A	\$2,500/\$5,000	\$20	\$40	\$300/Day	\$5,000/\$15,000	\$10,000/\$30,000	Unlimited	\$10/\$35/\$60
6403560	DE POS NR 2.2	0.673121	N/A	\$3,000/\$6,000	\$30	\$50	\$500/Day	\$5,000/\$15,000	\$10,000/\$30,000	Unlimited	\$15/\$45/\$75
6403568	DE POS NR 2.2 MHP	0.679852	N/A	\$3,000/\$6,000	\$30	\$50	\$500/Day	\$5,000/\$15,000	\$10,000/\$30,000	Unlimited	\$15/\$45/\$75

POS Cost Sharing No-Referral Plans			In-Network					Out-of-Network			Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	Lifetime Max	In-Network
6403561	DE POS Cost-Sharing NR 1.2	0.736263	\$1,000/\$2,000	\$2,500/\$5,000	\$20	\$40	\$0 after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
6403569	DE POS Cost-Sharing NR 1.2 MHP	0.743626	\$1,000/\$2,000	\$2,500/\$5,000	\$20	\$40	\$0 after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
6403562	DE POS Cost-Sharing NR 2.2	0.652640	\$1,500/\$3,000	\$3,000/\$6,000	\$30	\$50	\$0 after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
6403570	DE POS Cost-Sharing NR 2.2 MHP	0.659166	\$1,500/\$3,000	\$3,000/\$6,000	\$30	\$50	\$0 after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
6403563	DE POS Cost-Sharing NR 3.2	0.611202	\$2,000/\$4,000	\$4,000/\$8,000	\$30	\$50	\$0 after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$45/\$75
6403571	DE POS Cost-Sharing NR 3.2 MHP	0.617314	\$2,000/\$4,000	\$4,000/\$8,000	\$30	\$50	\$0 after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$45/\$75

POS Consumer Directed No-Referral Plan			In-Network					Out-of-Network			Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	Lifetime Max	In-Network
6403564	DE POS Consumer Directed 1.2	0.569250	\$1,500/\$3,000	\$3,000/\$6,000	\$30 after ded	\$50 after ded	\$150/Day after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
6403572	DE POS Consumer Directed 1.2 MHP	0.574943	\$1,500/\$3,000	\$3,000/\$6,000	\$30 after ded	\$50 after ded	\$150/Day after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70

Consumer Directed Plans			In-Network					Out-of-Network			Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	Lifetime Max	In-Network
6403565	DE POS HSA Comp. No-Referral 1.2	0.514477	\$1,500/\$3,000	\$3,000/\$6,000	\$30 after ded	\$50 after ded	\$300/Day after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$45/\$75
6403573	DE POS HSA Comp. No-Referral 1.2 MHP	0.519622	\$1,500/\$3,000	\$3,000/\$6,000	\$30 after ded	\$50 after ded	\$300/Day after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$45/\$75
6403566	DE POS HSA Comp. No-Referral 2.2	0.390380	\$2,500/\$5,000	\$5,000/\$10,000	\$30 after ded	\$50 after ded	\$500/Day after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$45/\$75
6403574	DE POS HSA Comp. No-Referral 2.2 MHP	0.394284	\$2,500/\$5,000	\$5,000/\$10,000	\$30 after ded	\$50 after ded	\$500/Day after ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$45/\$75

Mandated HMO Plans *			In-Network					Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	In-Network
6404436	DE Basic HMO Plan	0.806260	N/A	200% of annual premium	\$10	\$20	\$250/day Max 5 days	N/A
6403575	DE Basic HMO Plan MHP	0.814323	N/A	200% of annual premium	\$10	\$20	\$250/day Max 5 days	N/A
6404437	DE Standard HMO Plan	1.132504	N/A	200% of annual premium	\$10	\$10	\$100/day Max 5 days	25% of drug cost
6403576	DE Standard HMO Plan MHP	1.143829	N/A	200% of annual premium	\$10	\$10	\$100/day Max 5 days	25% of drug cost

* 1 life groups are limited to either the Basic or Standard HMO Plan

Plan Relativity Factor Table

Effective 05/01/2012

POS No-Referral Plans			In-Network					Out-of-Network			Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	Lifetime Max	In-Network
14012495	DE Health Network Option 1.3 (10 w/10/25/50)	1.115363	N/A	\$2,500/\$5,000	\$10	\$20	\$0/Adm	\$1,000/\$3,000	\$5,000/\$15,000	Unlimited	\$10/\$25/\$50
14012496	DE Health Network Option 2.3 (20 w/10/35/60)	0.829317	N/A	\$2,500/\$5,000	\$20	\$40	\$300/Day	\$5,000/\$15,000	\$10,000/\$30,000	Unlimited	\$10/\$35/\$60
14012497	DE Health Network Option 3.3 (30 w/15/40/70)	0.701956	N/A	\$3,000/\$6,000	\$30	\$50	\$500/Day	\$5,000/\$15,000	\$10,000/\$30,000	Unlimited	\$15/\$40/\$70
14012514	DE Health Network Option 1.3 (10 w/10/25/50) 51+	1.126517	N/A	\$2,500/\$5,000	\$10	\$20	\$0/Adm	\$1,000/\$3,000	\$5,000/\$15,000	Unlimited	\$10/\$25/\$50
14012515	DE Health Network Option 2.3 (20 w/10/35/60) 51+	0.837610	N/A	\$2,500/\$5,000	\$20	\$40	\$300/Day	\$5,000/\$15,000	\$10,000/\$30,000	Unlimited	\$10/\$35/\$60
14012516	DE Health Network Option 3.3 (30 w/15/40/70) 51+	0.708976	N/A	\$3,000/\$6,000	\$30	\$50	\$500/Day	\$5,000/\$15,000	\$10,000/\$30,000	Unlimited	\$15/\$40/\$70

POS Cost Sharing No-Referral Plans			In-Network					Out-of-Network			Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	Lifetime Max	In-Network
14012498	DE Health Network Option CS 1.3 (\$1,000 Ded)	0.779507	\$1,000/\$2,000	\$2,500/\$5,000	\$20	\$40	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$10/\$35/\$60
14012499	DE Health Network Option CS 2.3 (\$1,500 Ded)	0.668051	\$1,500/\$3,000	\$3,000/\$6,000	\$30	\$50	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012500	DE Health Network Option CS 3.3 (\$2,000 Ded)	0.633916	\$2,000/\$4,000	\$4,000/\$8,000	\$30	\$50	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012501	DE Health Network Option CS 4.3 (\$2,500 Ded)	0.581755	\$2,500/\$5,000	\$5,000/\$10,000	\$40	\$60	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012517	DE Health Network Option CS 1.3 (\$1,000 Ded) 51+	0.787302	\$1,000/\$2,000	\$2,500/\$5,000	\$20	\$40	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$10/\$35/\$60
14012518	DE Health Network Option CS 2.3 (\$1,500 Ded) 51+	0.674732	\$1,500/\$3,000	\$3,000/\$6,000	\$30	\$50	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012519	DE Health Network Option CS 3.3 (\$2,000 Ded) 51+	0.640255	\$2,000/\$4,000	\$4,000/\$8,000	\$30	\$50	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012520	DE Health Network Option CS 4.3 (\$2,500 Ded) 51+	0.587573	\$2,500/\$5,000	\$5,000/\$10,000	\$40	\$60	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70

POS Consumer Directed No-Referral Plan			In-Network					Out-of-Network			Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	Lifetime Max	In-Network
14012502	DE Health Network Option CD 1.3 (\$1,500 Ded/100)	0.645833	\$1,500/\$3,000	\$1,500/\$3,000	\$0 aft ded	\$0 aft ded	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012503	DE Health Network Option CD 2.3 (\$2,500 Ded/100)	0.527553	\$2,500/\$5,000	\$2,500/\$5,000	\$0 aft ded	\$0 aft ded	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012521	DE Health Network Option CD 1.3 (\$1,500 Ded/100) 51+	0.652291	\$1,500/\$3,000	\$1,500/\$3,000	\$0 aft ded	\$0 aft ded	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012522	DE Health Network Option CD 2.3 (\$2,500 Ded/100) 51+	0.532829	\$2,500/\$5,000	\$2,500/\$5,000	\$0 aft ded	\$0 aft ded	\$0 aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70

POS HSA Plans			In-Network					Out-of-Network			Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	Lifetime Max	In-Network
14012504	DE Health Network Option HSA 1.3 (\$1,500 Ded)	0.519546	\$1,500/\$3,000	\$3,000/\$6,000	10% aft ded	10% aft ded	10% aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012505	DE Health Network Option HSA 2.3 (\$2,500 Ded)	0.394521	\$2,500/\$5,000	\$5,000/\$10,000	20% aft ded	20% aft ded	20% aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012523	DE Health Network Option HSA 1.3 (\$1,500 Ded) 51+	0.524741	\$1,500/\$3,000	\$3,000/\$6,000	10% aft ded	10% aft ded	10% aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70
14012524	DE Health Network Option HSA 2.3 (\$2,500 Ded) 51+	0.398466	\$2,500/\$5,000	\$5,000/\$10,000	20% aft ded	20% aft ded	20% aft ded	\$5,000/\$10,000	\$10,000/\$20,000	Unlimited	\$15/\$40/\$70

Mandated HMO Plans *			In-Network					Pharmacy
TPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	In-Network
14012510	DE Basic HMO 1.3 Plan	0.806260	N/A	200% of annual premium	\$10	\$20	\$250/day Max 5 days	N/A
14012511	DE Standard HMO 1.3 Plan	1.132504	N/A	200% of annual premium	\$10	\$10	\$100/day Max 5 days	25% of drug cost
14012529	DE Basic HMO 1.3 Plan 51+	0.814323	N/A	200% of annual premium	\$10	\$20	\$250/day Max 5 days	N/A
14012530	DE Standard HMO 1.3 Plan 51+	1.143829	N/A	200% of annual premium	\$10	\$10	\$100/day Max 5 days	25% of drug cost

* 1 life groups are limited to either the Basic or Standard HMO Plan