Filing at a Glance

Company: Aetna Life Insurance Company

Product Name: 2Q12 ALIC DE SG Filing	SERFF Tr Num: AETN-127898401	State: Delaware
TOI: H15G Group Health - Hospital/Surgical/Medical Expense	SERFF Status: Pending Industry Response	State Tr Num: 46226
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:

State Filing Description:

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 ALIC SG, effective April 1, 2012.

Company and Contact

Filing Contact Information

Andrew Adams, Assistant Actuary
980 Jolly Road
Blue Bell, PA 19422

AdamsA@aetna.com
215-775-0283 [Phone]

Filing Company Information

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

Filing Fees

Fee Required?	Yes
Fee Amount:	$0.00
Retaliatory?	No
Fee Explanation:	Filing fee included with SERFF tracking number AETN-127877065
Per Company:	Yes

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aetna Life Insurance Company	$0.00	12/14/2011	

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 Life Insurance Company	Increase	3.700%	3.700%	$13,081	9	$350,707	%	%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		17			68			
Policy Holders:		3			6			

Rate Review Details

COMPANY:

Company Name:	Aetna Life Insurance Company
HHS Issuer Id:	29497
Product Names:	Aetna Preferred Provider Organization
Trend Factors:	

FORMS:

New Policy Forms:	
Affected Forms:	
Other Affected Forms:	GR-9N, AL DE GR96562BAST V001

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Quarterly
Member Months:	1,016
Benefit Change:	Increase
Percent Change Requested:	Min: 2.5 Max: 3.7 Avg: 3.7

PRIOR RATE:

Total Earned Premium:	301,572.00
Total Incurred Claims:	259,039.00
Annual $:	Min: 204.04 Max: 1,140.95 Avg: 296.82

REQUESTED RATE:

Projected Earned Premium:	350,707.00
Projected Incurred Claims:	340,579.00
Annual $:	Min: 228.30 Max: 1,276.59 Avg: 332.11

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	Rate Manual		New		ALIC 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 Life 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
ALIC

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.3EE 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 x E.1

F. Plan Specific Rates:

1. Plan Relativity Factor
2. Plan Specific Rate

F.2 = E.2 x F.1

Base Rate Table

PPO **Base Rate** **311.11**

	Male Employee				Female Employee			
Age Bracket	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	PPO	Indemnity
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

PPO Plans			In-Network					Out-of-Network			Pharmacy
PPID	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	RX
14011101	DE PPO HSA Comp. 1.2	0.460342	$2,500/$5,000	$5,000/$10,000	80% after ded	80% after ded	80% after ded	$5,000/$10,000	$10,000/$20,000	Unlimited	$15/$45/$75
14011103	DE PPO HSA Comp. 1.2 MHP	0.464945	$2,500/$5,000	$5,000/$10,000	80% after ded	80% after ded	80% after ded	$5,000/$10,000	$10,000/$20,000	Unlimited	$15/$45/$75
17005601	DE OOS PPO HSA Comp. 1.2	0.460342	$2,500/$5,000	$5,000/$10,000	80% after ded	80% after ded	80% after ded	$5,000/$10,000	$10,000/$20,000	Unlimited	$15/$45/$75
17005603	DE OOS PPO HSA Comp. 1.2 MHP	0.464945	$2,500/$5,000	$5,000/$10,000	80% after ded	80% after ded	80% after ded	$5,000/$10,000	$10,000/$20,000	Unlimited	$15/$45/$75

Indemnity Plans			Out-of-Network					
PPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Lifetime Max	Pharmacy
14011102	DE Indemnity 1.2	1.514921	$1,000/$3,000	$2,000/$6,000	N/A	N/A	Unlimited	Part of Medical
14011104	DE Indemnity 1.2 MHP	1.530070	$1,000/$3,000	$2,000/$6,000	N/A	N/A	Unlimited	Part of Medical
17005602	DE OOS Indemnity 1.2	1.514921	$1,000/$3,000	$2,000/$6,000	N/A	N/A	Unlimited	Part of Medical
17005604	DE OOS Indemnity 1.2 MHP	1.530070	$1,000/$3,000	$2,000/$6,000	N/A	N/A	Unlimited	Part of Medical

Mandated Indemnity Plans *			Out-of-Network					
PPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Pharmacy
14011405	DE Basic Indemnity Plan	1.505742	$250/$500	$3,000/$6,000	70% after $150 copay	70% after $150 copay	100% after ded	N/A
14011105	DE Basic Indemnity Plan MHP	1.520799	$250/$500	$3,000/$6,000	70% after $150 copay	70% after $150 copay	100% after ded	N/A
14011406	DE Standard Indemnity Plan	2.123848	$150/$300	$2,500/$5,000	80% after $150 copay	80% after $150 copay	100% after ded	25% of drug cost
14011106	DE Standard Indemnity Plan MHP	2.145086	$150/$300	$2,500/$5,000	80% after $150 copay	80% after $150 copay	100% after ded	25% of drug cost

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

Plan Relativity Factor Table

Effective 05/01/2012

PPO Plans			In-Network					Out-of-Network			Pharmacy
PPID	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	RX
14012506	DE PPO Cost-Sharing 1.3 ($1,500 Ded)	0.798161	$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
14012507	DE PPO HSA Compatible 1.3 ($1,500 Ded)	0.608082	$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
14012508	DE PPO HSA Compatible 2.3 ($2,500 Ded)	0.465847	$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
14012525	DE PPO Cost-Sharing 1.3 ($1,500 Ded) 51+	0.806143	$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
14012526	DE PPO HSA Compatible 1.3 ($1,500 Ded) 51+	0.614163	$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
14012527	DE PPO HSA Compatible 2.3 ($2,500 Ded) 51+	0.470505	$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

Indemnity Plans			Out-of-Network					
PPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Lifetime Max	Pharmacy
14012509	DE Indemnity 1.3 ($1,000 Ded)	1.516612	$1,000/$3,000	$2,000/$6,000	N/A	N/A	Unlimited	Part of Medical
14012528	DE Indemnity 1.3 ($1,000 Ded) 51+	1.531778	$1,000/$3,000	$2,000/$6,000	N/A	N/A	Unlimited	Part of Medical

Mandated Indemnity Plans *			Out-of-Network					
PPID	Plan Name	Plan Factor	Deductible (Indiv./Family)	Out-of-Pocket Max (Indiv./Family)	PCP Copay	Specialist Copay	Inpatient Hospital Copay	Pharmacy
14012512	DE Basic Indemnity 1.3 Plan ($250 Ded)	1.505742	$250/$500	$3,000/$6,000	70% after $150 copay	70% after $150 copay	100% after ded	N/A
14012513	DE Standard Indemnity 1.3 Plan ($150 Ded)	2.123848	$150/$300	$2,500/$5,000	80% after $150 copay	80% after $150 copay	100% after ded	25% of drug cost
14012531	DE Basic Indemnity 1.3 Plan ($250 Ded) 51+	1.520799	$250/$500	$3,000/$6,000	70% after $150 copay	70% after $150 copay	100% after ded	N/A
14012532	DE Standard Indemnity 1.3 Plan ($150 Ded) 51+	2.145086	$150/$300	$2,500/$5,000	80% after $150 copay	80% after $150 copay	100% after ded	25% of drug cost

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