

Aetna NY City Community plans 3rd qtr 2012

Benefits Proposal

*clifford grekin
Clifford Grekin Inc.
225 Wireless Blvd.
Hauppauge, NY 11788
Phone: (631)963-6020
Fax: (631)656-2512
Email: cgrekin91@aol.com
Prepared On: 5/22/2012
Report Id: 20149598*

	Aetna Health Inc. NYC Community Plan 1-11 ID: 6405803(HMO)		Aetna Health Inc. NYC Community Plan 6-11 :ID 6405804(HMO)	
	In-Network		In-Network	
Drug Card				
Prescription Card	15/45/70/Yes	UCR=N/A	15/50%	UCR=N/A
Major Medical				
Deductible Ind/Fam	N/A		N/A	
Co-Insurance	N/A		N/A	
Out-of-Pocket	N/A		N/A	
Office Co-pay	\$20 copay		\$30 copay	
DXL/Lab Fees	\$40/\$0 copay		\$50/\$0 copay	
Specialist Co-pay	\$40 copay		\$50 copay	
Lifetime Maximum	Unlimited		Unlimited	
Hospital Benefits				
Hospital In-Patient	\$750/admission		\$300/d up to 3d/admin	
Hospital Out-Patient	\$150 copay		\$150 copay	
Emergency Room	\$150 copay		\$150 copay	
Private Nursing	N/A		N/A	
Surgical Benefits				
Surgical In-Patient	\$750/admission		\$300/d up to 3d/admin	
Surgical Out-Patient	\$150 copay		\$150 copay	
Mental Health				
Mental Nervous In-Patient	\$750/admission Bio- Unlimited d/mem/cal yr Non-Bio-limited 30d/mem/cal yr		\$300/d up to 3d/admin Bio- Unlimited d/mem/cal yr Non-Bio-limited 30d/mem/cal yr	
Substance Abuse In-Patient	\$750/admission Detox-limited 7d/cal yr Rehab-limited 30d/mem/cal yr		\$300/d up to 3d/admin Detox-limited 7d/cal yr Rehab-limited 30d/mem/cal yr	
Mental Nervous Out-Patient	\$40 copay Bio-Unlimited v/mem/cal yr Non-Bio-limited 20v/mem/cal yr		\$50 copay Bio-Unlimited v/mem/cal yr Non-Bio-limited 20v/mem/cal yr	
Substance Abuse Out-Patient	\$20 copay Detox-limited 60v/mem/cal yr Rehab-limited 60v/mem/cal yr		\$20 copay Detox-limited 60v/mem/cal yr Rehab-limited 60v/mem/cal yr	
Other				
Well Care(Up to 19)	\$0 copay		\$0 copay	
Routine Adult Care	\$0 copay		\$0 copay	
Chiropractic Care	\$40 copay		\$50 copay	
Home Health Care	\$20, 40v/mem/cal yr		\$30, 40v/mem/cal yr	
Non-Authorization	N/A		N/A	
Single	1 x	\$370.00	1 x	\$352.00
EE with Spouse	1 x	\$788.00	1 x	\$749.00
EE with Child(ren)	1 x	\$693.00	1 x	\$658.00
Family	1 x	\$1,128.00	1 x	\$1,072.00
Medicare	0	\$0.00	0	\$0.00
Monthly Cost	4	\$2,979.00	4	\$2,831.00
Annual Cost		\$35,748.00		\$33,972.00

Footnote Report

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Aetna Health Inc.

Ineligible Industries	The following Ineligible Industry list applies only when Dental is sold standalone or packaged only with Group Insurance. Quotes submitted for standalone Dental coverage with the following SIC codes will be considered invalid: SIC Range: 7361-7363, 7911, 7922-7929, 7933, 7941-7948, 7991, 7992-7997, 7999, 8611, 8621-8651, 8661, 8699, 8811, 8999.
OOS Dental	Out-of-Situs employees (employees located outside of CT, NY, NJ, PA, DE, MD, VA, DC) are not eligible for In-State Dental plans. These employees should be offered an Out-of-State Dental plan which may be obtained through Aetna Underwriting.
HSA Compatible Plans	The prescription drug deductible for all Aetna HSA Compatible plans is integrated with the Medical plan deductible. All covered expenses including the prescription drugs accumulate separately toward the network and out of network deductible and maximum out-of-pocket limit.
Final Rates and Benefits	The rates and benefits in this report are for illustration purposes only. Rates are subject to change up to 60 days prior to the effective date. Final rates will be based on final enrollment and will be determined only after completion of Aetna's underwriting review.
NY Producer Transparency	<p>Licensed and appointed producers may earn compensation in the form of a commission on the sale of this product. The amount of compensation varies depending on a number of factors, including customer segment and the products selected. Aetna offers additional bonus programs to its producers, which may also apply. Please consult your broker for additional information concerning his/her compensation for this sale, including commission and any applicable bonus programs. The producer is prohibited by law from altering the amount of compensation received from Aetna based in whole or in part on the sale.</p> <p>Aetna compensates its employees on the sale of Aetna products based on the services they provide, including providing quotes on, and explanations of, Aetna products. The compensation varies depending on a number of factors, including customer segment and products selected. Combining all factors, and excluding limited-benefit plans, compensation for each product quoted averages less than 0.80% of the total first year annual premium. Aetna offers additional bonus programs, which may also apply. Neither Aetna nor the employee has material ownership interests in the other. The employee may not alter the amount of compensation received from Aetna. You may obtain additional information about the compensation expected to be received by eligible employees, based in whole or in part on the sale of an Aetna product, or alternative options presented, by contacting Aetna at https://www.aetna.com/about-aetna-insurance/contact-us/forms/employer/transparency.html</p>
Rates for Dependents up to age 30	If a group elects to cover dependents up to the age of 30 the group's parent/child and family rates will be approximately 3.2% higher. For a firm quote please contact Aetna Small Group Underwriting.
Presentation of Plan Benefits	Please produce the full Aetna Benefit Summary plan design document(s) when presenting this quote to prospective clients and conducting enrollment meetings. The Aetna Benefit Summary documents are available in the Forms Warehouse of the quoting site and/or via the "Plan Designs" link on the Small Group homepage on Producer World® (www.aetna.com/producer/login.do).
Out of Network Reimbursement	When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. Professional: 110% of Medicare, Facility: 140% of Medicare. The government sets the Medicare rate.
NYC Community Plans	<p>The NYC Community PlanSM is specifically designed and available for residents who live or work and access health care in the five boroughs of New York City (Manhattan, Bronx, Staten Island, Queens and Brooklyn).</p> <p>The NYC Community Plan is an in-network only plan that has two in-network levels of benefits - Referred (R) and Self-Referred (SR) Benefits.</p> <p>Members access care through NYC Community Network Primary Care Physicians (PCP). Members select a NYC Community Plan PCP from the NYC Community Plans Referred (R) participating providers.</p> <p>The NYC Community Plan Referred (R) Benefits:</p> <p>Members PCP coordinates his or her covered health care services.</p> <p>Referrals are required for services not rendered by the members PCP; no benefits are payable without a referral.</p> <p>Benefits include low out-of-pockets costs.</p>

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No copay for routine and preventive care services to encourage early detection and prevention of many ailments.

No claim forms

The NYC Community Plan Self-Referred (SR) Benefits:

Please note the proposal does not include self-referred benefits.

Members may use the plans Self-Referred (SR) participating providers without referrals from their PCPs.

Member out-of-pocket cost are significantly higher when using Self-Referred (SR) participating providers.

Members share the cost of care through deductible and coinsurance.

Make Available Option

You are not required to raise the dependent limiting age to 30 under your plan of benefits. However, if you do accept this option, dependents would have to meet eligibility criteria.

If you elect this option:

The election would take effect upon inception of your plan

Your premium rates will be affected

You will need to report the dependent to us on your eligibility submission

If you wish to elect the 'Make Available Option' which will continue coverage under Aetna plan for a dependent child up to age 30, please request in writing to the address below or fax to 1-866-427-2689 and we will provide the adjusted rates.

Aetna

Small Group Underwriting

3 Independence Way Suite 400

Princeton, NJ 08540

Dependents not enrolled during your open enrollment period will be treated as late enrollees and will have to wait until your plan's next open enrollment period to enroll. There may be tax consequences to both you as the employer and your employee if you elect coverage for a dependent child up to age 30. It is recommended that employers consult a tax attorney regarding how to handle the imputed wages for any contribution they provide for dependents who are emancipated and no longer dependents for tax purposes of the eligible employee/enrollee. Employee contributions for an emancipated dependent made with pretax dollars may also have tax implications for the employee.

Disclosure

NY Commission Disclosure

New York Regulation 194 (11 NYCRR 30)) requires disclosure of the compensation a licensed agent or broker (producer) receives from your purchase or renewal of health coverage. Compensation may be in the form of a commission, fee(s), or possibly other valuable consideration, or a combination of all three. Total commission levels per carrier are as follows: Total commission levels per carrier are as follows: Aetna HMO - 4%, Non-HMO business -Based on a tiered per employee, per month (PEPM) model, ranging from \$24-\$30 PEPM. ; Emblem/HIP 3%-4% depending on selected plan, %6 for HIP EPO/PPO; 4%; HealthPass -same as commission paid by carrier; Oxford -4%. An additional override will be paid to a general agent if they are involved in the sale; this amount may vary based on carrier and plan design. The commissions do not directly affect the premium paid for the plan and no plan can be purchased through another distributor or from the carrier directly with a different commission amount or at a lower cost. Final commission dollar amounts cannot be determined until enrollment is complete and are subject to change based on the number of members covered each month.