



[Group Name]

[Mail Date]

[First Name][Last Name]

[Address 1]

[Address 2]

[City] [State] [Zip]

Re: Notice of Proposed Premium Rate Change
Aetna Health Insurance Company of New York
[Plan Name]
Health Insurance Oversight System (HIOS) Plan ID number [2022 HIOS ID]

Dear [First Name] [Last Name]:

Aetna Health Insurance Company of New York is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2022. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

DFS is required by law to review our requested rate change. DFS may approve, modify or disapprove the requested rate change.

Proposed Premium Rate Changes

If approved, the percentage change to your group’s premium is shown in the chart below:

Renewal Date	Increase	Renewal Date	Increase
1st Quarter, 2021:	[1q]	3rd Quarter, 2021:	[3q]
2nd Quarter, 2021:	[2q]	4th Quarter, 2021:	[4q]

Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Every year, we spend considerable time evaluating both medical cost history and rates to ensure we account for current cost trends in the plan premium. The requested rate change is due to our view as to the overall cost of health care services in New York, to account for new mandated benefits and an adjustment to reflect changes in the type and quantity of medical services used by our members which impact expenses. DFS’s view of these matters may differ.

30-day Comment Period

You can contact us or DFS to ask for more information or submit comments to DFS about the proposed rate changes. The comments must be made within 30 days from the date of this notice.

You can contact Aetna Health Insurance Company of New York for additional information at:

Aetna
9000 Southside Blvd, Building 100
Mail Code, F434
Jacksonville, FL 32256
Phone: Please call the number on the back of your member identification card
Website Address: Aetna.com

Comments or requests for more information on the proposed rate change may be submitted to DFS by visiting the DFS Website or via standard mail as follows:

DFS Website:

https://www.dfs.ny.gov/consumers/health_insurance/health_insurance_premiums

United States Postal Service:

NYS Department of Financial Services
Health Bureau – Premium Rate Adjustments
One Commerce Plaza
Albany, NY 12257

If you choose to submit comments to DFS, please include the following information:

1. The name of your insurer
2. The name of your plan
3. Whether you have individual or group coverage
4. Your HIOS Plan ID number, which is [2022 HIOS ID]

Written comments submitted to DFS will be posted on the DFS website without your personal information.

Plain English Summary of Rate Change

We have prepared a plain-English summary that provides a more detailed explanation of the reasons why a premium rate change is being requested. You can find this information at the following websites:

Aetna website: Aetna.com

DFS website: <https://myportal.dfs.ny.gov/web/prior-approval/aetna-health-insurance-company-of-NY-insurance-company>

Notice of Approved Premium Rate

After DFS approves the final premium rate, which may differ from the requested rates noted above, you will receive final rate information at least 60 days before your 2022 renewal date.

Sincerely,

Aetna

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Health Insurance Company of New York and its affiliates (Aetna).

Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).



[Group Name]

[Mail Date]

[First Name][Last Name]

[Address 1]

[Address 2]

[City] [State] [Zip]

Re: Notice of Proposed Premium Rate Change
Aetna Life Insurance Company
[Plan Name]
Health Insurance Oversight System (HIOS) Plan ID number [2022 HIOS ID]

Dear [First Name] [Last Name]:

Aetna Life Insurance Company is filing a request with the New York State Department of Financial Services (DFS) to approve a change to your group premium rates for 2022. New York Insurance Law requires that we provide a notice to you when we submit requests for premium rate changes to DFS.

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Please note that while we try to provide you with the most accurate information possible, the final approved rate may differ based on the benefit plan design and other features that your group policyholder selects on renewal. Also, the final approved rate may differ because DFS may modify the proposed rate.

Why We Are Requesting a Rate Change

Every year, we spend considerable time evaluating both medical cost history and rates to ensure we account for current cost trends in the plan premium. The requested increase is due to our view as to the overall rising cost of health care services in New York, and an adjustment to reflect changes in the type and quantity of medical services used by our members which results in increased claim expenses. DFS’s view of these matters may differ.

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DFS website: <https://myportal.dfs.ny.gov/web/prior-approval/aetna-life-insurance-company>

Notice of Approved Premium Rate

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Sincerely,
Aetna

TEMPLATE

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Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢအတၢ်ဖဲးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အကီၢ်,ကိးဘၣ်လိတဲဝဲနီၣ်ဂံၢ်လၢအိၣ်လၢနခိၣ်ဂီၤ (ID) အလိၣ်န့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێرێت گەشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບທາດປີໃຫຍ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōṇean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'éhjí bee níká a'doowoł doo bąáh ílínígóó naaltsoos bee atah nílįigo nanitinígíí bee néého'dólzínígíí béésh bee hane'í biká'ígíí áajj' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kor keek tënɔŋ yin. Ke yin cɔl ran ye koc kuony në namba de abac të në ID kard duñn de tiit de nyin de panakim köu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.

