

EXHIBIT 13b: NARRATIVE SUMMARY

Company Name:	Aetna Health Ins Company of New York
NAIC Code:	84450
SERFF Tracking #:	AETN-133663547
Market Segment:	Small Group

Aetna is filing revisions to premium rates for Small Group policies that will be sold in New York during 2024. The rates in this filing will apply to small group policies that are renewed or sold at policy anniversary beginning on January 1, 2024. These rate changes will impact approximately 150 subscribers and 200 members.

The requested rate changes for Aetna's Small Group plans are directly related to two main drivers: 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.

Utilization, unit cost and other trend were based on a review of small group data over the period January 2022 – December 2022. The table below reflects our cost trends:

Utilization Trend	Unit Cost Trend	Other Trend	Total Trend
3.6%	4.5%	1.2%	9.4%

Utilization represents the number of services per member per year across all medical expense categories. Unit Cost represents the dollar amount per service. Increases in Unit Cost reflect changes in our contracted rates and prescription drug costs as well as the price escalation due to usage of more intensive services or expensive technologies. Hospital unit cost is projected to increase at 6.4%, physician unit cost is projected to increase at 2.5%, and pharmacy unit cost is projected to increase at 5.1%.

Other Trend represents deductible leveraging. Deductible leveraging occurs when the rate of change in deductibles is less than the rate of change in total medical costs. This results in the rate of change in insurer plan cost exceeding the rate of change in total medical costs. The deductible leveraging adds 1.2% to our total trend.

New York state law requires that at least 82% of premium must be used to pay medical member costs. The remaining 18% is used for administrative expenses, profit, and taxes. Administrative costs include (but are not limited to) customer service, processing and paying claims, medical management programs, maintaining our provider networks, and complying with State and Federal regulations.

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Aetna takes our commitment to our customers seriously. We have taken a number of steps to try to keep our products as affordable as possible, such as:

- Developing innovative new relationships with health care providers that compensate them for the quality of care they provide, and not the quantity.
- Creating medical management programs which address potential health issues for members earlier, improving health outcomes and reducing the need for high-cost health care services.

We are also dedicated to increasing transparency within the health care system, as well as helping our members best utilize the plans that they have. Members can access Aetna Navigator, our secure member website, which allows members to research their specific plan benefits, health care providers in a given area, and in some locations, the cost of certain health care services. Additionally, Aetna's Plan for Your Health website aims to educate all consumers—not just Aetna members—on how to take advantage of their health care benefits.

This narrative (exhibit 13) will be posted on Aetna.com, which is open to the public.

<http://www.aetna.com/individuals-families-health-insurance/member-guidelines/stateprocess.html>