



Aetna Retiree Connection™

For Aetna Retirees and Employees on Long-Term Disability

VOLUME 1 Spring 2007

Inside:

- New Annuity and Direct Deposit Options, Among Improvements in Aetna 401(k) Plan
- Aetna Retiree Connection Wins Design Award
- Retirement Reimbursement Account Funds: Have You Taken Advantage of These Dollars?
- Aetna Medicare Open Plan Transition Completed
- New Tax Bill Makes HSA Plan More Flexible, Increases Annual Contribution Levels
- Medicare Glossary of Terms
- Fit & Well – Colorectal Cancer: Separating Fact from Fiction
- Getting Involved
- Aetna on the Move

Important: Survey Enclosed

New Annuity and Direct Deposit Options, Among Improvements in Aetna 401(k) Plan

Retirees and employees who have Aetna 401(k) accounts recently received a newsletter – 401(k) Plan News, April 2007 Edition – announcing improvements to the Aetna 401(k) Plan. These included a new series of Target Retirement Funds, as well as enhanced distribution options that will be of particular interest to retirees.

New distribution option

Aetna retirees and former employees, as well as active participants age 59½ and older, can choose a new way to receive their Aetna 401(k) Plan distributions: a rollover to purchase an immediate annuity through CitiStreet's Income Solutions. You can now use a portion of your Aetna 401(k) Plan account balance to purchase a regular stream of income throughout retirement.

Keep in mind that this rollover option is not without risk. The decision to roll over a portion of your account to purchase an annuity is an irrevocable decision, so make sure you consider all of the advantages and disadvantages before making any decisions. For many participants, the comfort of securing a monthly income stream throughout retirement may outweigh the decision of giving up the flexibility of maintaining a portion of your account balance.

Receive multiple annuity quotes, and then choose the best one. Under this program, you can request quotes

based on the dollar amount you wish to purchase (such as \$100,000), or on the amount of monthly income you want to receive (such as \$1,500 per month). Within 48 hours, you will receive quotes from up to nine insurance companies. You then can select the company that provides the best quote. There is no cost to request these quotes.

To learn more, view the Frequently Asked Questions and the fact sheet that includes instructions for requesting a quote and a rollover to purchase an annuity through the Aetna 401(k) Plan website. The link to Income Solutions can be accessed at <https://aetna.csplans.com>. Select the Annuity Resource Center from the drop-down menu.

Once you make your decision to purchase an annuity, you will need to call **1-800-AETNA-HR (1-800-238-6247)** and select the menu option for the Aetna 401(k) Plan. Press 0 or stay on the line to speak to a Participant Services Representative. Once connected, you can request a rollover distribution to purchase an annuity.

Direct bank deposit option

You now can elect to have Aetna 401(k) Plan distributions (excluding rollovers to another eligible retirement plan) deposited directly into the bank account of your choice. This option offers convenience and saves time. You will need to arrange for the direct deposit option at least seven days in advance of requesting your withdrawal or final distribution.

Continue on page 2

We want you to know®



Aetna Retiree Connection Wins Design Award

When we redesigned your retiree newsletter, you expressed your enthusiasm for its sharp appearance, vivid color and modern appeal. We're pleased to tell you that a highly respected design magazine – *Graphic Design USA* – agrees with your assessment!

Graphic Design USA – the news magazine for creative professionals – recently selected Aetna Retiree Connection for a Certificate of Excellence in its 2007 American Inhouse Design Awards. The competition, now in its 40th year, encompasses in-house designers and teams within corporations, media companies, non-profits, educational and government institutions.

Retirement Reimbursement Account Funds: Have You Taken Advantage of These Dollars?

You may remember that, in 2006, Aetna funded a Retirement Reimbursement Account (RRA) for anyone who was eligible for a company subsidy, retired prior to Jan. 1, 2005, and was participating in an Aetna medical and/or dental plan. To date, over 65 percent of the RRA funds set aside for retirees remains unused.

The RRA was funded by Aetna on Feb. 1, 2006, and eligible retirees were notified of the amount of the funding. RRA money may be used to pay for medical, dental, vision care, Medicare/Medigap and long-term care out-of-pocket expenses, such as deductibles, co-payments, coinsurance amounts, certain premiums and health care services. As long as you use the account for qualified expenses, amounts paid from the RRA are not taxable to you.

If you did not tap into your RRA funds in 2006, your unused RRA balance has automatically rolled forward to be used for eligible expenses now or in the future.

As communicated when Aetna made the RRA available, if you do not use these funds within two years (by Dec. 31, 2007), a monthly account maintenance fee will be charged against the fund balance.

Filing a claim

After you have received health, dental or other services from a provider, you should submit an RRA claim form in order to apply for reimbursement. You can also use this form to submit for reimbursement of qualified expenses. Copies of the form are available from Aetna's Flexible Spending Accounts Department at **1-888-238-6288** or through Aetna Navigator™ at www.aetnavigators.com > **Forms Library**.

Along with this claim form you should provide one of these three items:

- The Explanation of Benefits (EOB) you received from Aetna showing how much, if any, of your claim was paid;
- Itemized bills from providers for expenses not covered by the plan. These bills should include the patient's name, diagnosis, service provided, charges and date of service; or
- Copy of check stub or bill, if you are submitting for reimbursement of qualified monthly contributions.

Send your claim form and the EOB or itemized bills to:

Aetna Retiree Reimbursement
Account Team
P.O. Box 4000
Richmond, KY 40476-4000

When you submit a claim for reimbursement from your account, you will automatically receive a statement of your account balance. Or you can check your account online on Aetna Navigator at www.aetnavigators.com.

Reimbursement

Aetna processes RRA claims as they are received and issues RRA claim payments daily. Claims must total at least \$10 before reimbursement will be made.

Aetna 401(k)

Continued from page 1

To learn more or elect either of these new features, or to find out more about the new Target Retirement Funds, please call **1-800-AETNA-HR (1-800-238-6247)** and select the option for the Aetna 401(k) Plan, or visit the Aetna 401(k) website at <https://aetna.csplans.com>.



Transition to New Plan Complete

On April 1, most Medicare-eligible Aetna retirees and Medicare-eligible employees on long-term disability who were in a Traditional Choice® Indemnity Plan transitioned to the new Aetna Medicare OpenSM Plan, which is similar but provides greater benefits and lower costs.

Many had questions about the change, which prompted Aetna to produce and distribute a Special Edition of this newsletter focused on details of the new plan. This Question-and-Answer approach went a long way toward filling information gaps; we thank those who took the time to contact us and pose questions. Their efforts helped to identify areas of confusion so we could focus our communications efforts.

One point of concern for some was whether their health care providers would accept the new plan. We are pleased to confirm that the vast majority of providers who service Aetna members are indeed accepting the Aetna Medicare Open Plan. We continue our efforts to educate providers about the benefits of the plan.

As of May, 91 percent of retirees and employees on long-term disability who were eligible for the Aetna Medicare Open Plan made the transition to the plan. Of the remaining 9 percent, 2 percent opted out of coverage, and 6 percent went back to the Traditional Choice Indemnity Plan; the remainder elected Rx only coverage.

We continue to receive questions, and so decided to include a few additional questions and answers in this edition of Aetna Retiree Connection. Please visit the Aetna Retiree Connection website at www.aetnaretireconnection.com for a comprehensive list of questions.

Questions and Answers – Aetna Medicare Open Plan

Q: My spouse is covered under a pre-Medicare plan. Does my transition into the Aetna Medicare Open Plan affect my spouse's coverage?

A: No. The change to the new Aetna Medicare Open Plan does not affect a pre-Medicare dependent's current coverage, unless you opted out of both medical and Rx coverage (and did not go back to the Traditional Choice Indemnity Plan due to your provider not being in the plan). If you opted out of all medical/Rx plans, your dependent is not eligible for medical coverage in 2007. Note: For 2007 only, retirees who were in the Traditional Choice Indemnity Plan and opted out of the Aetna Medicare Open Plan before April 1, 2007, will be eligible to re-enroll in a medical plan for 2008, whether they maintained prescription drug coverage in 2007 or not. In this situation, the dependent will become eligible for medical coverage in 2008 as well.

Q: How does coordination of benefits work under the Aetna Medicare Open Plan as compared to the Traditional Choice Indemnity Plan?

A: Aetna, as the secondary payor to Medicare under the Traditional Choice Indemnity Plan, coordinated with Medicare on your behalf. Any coordination with a supplemental plan after Aetna was finished with the claim was left to you.

Under the Aetna Medicare Open Plan, Aetna essentially becomes the original Medicare payor and supplemental payor combined. Note: If a member has a second coverage (which would have been a third coverage, in the past), the member will still need to send the paid claim information to the second insurer.

Q: Does the Maintenance of Benefits (MOB) feature apply under the new Aetna Medicare Open Plan?

A: No. The MOB feature was used to coordinate payment between two plans, such as Medicare and the Traditional Choice Indemnity Plan. Under the Aetna Medicare Open Plan, Aetna pays the Medicare benefit, so the MOB feature is no longer necessary.

Q: Should I purchase Medicare supplemental coverage with the Aetna Medicare Open Plan?

A: The Aetna Medicare Open Plan is a Medicare Advantage Plan and is considered your primary coverage. Under Medicare Advantage plans, there is no need to purchase a Medigap policy. You should check with Medigap carriers for further details, or go to www.Medicare.gov for more information.

True Medicare Supplemental Policies (i.e. Medigap Policy Types A-L) are structured plans that the Center for Medicare Services regulates and will not pay benefits on any claims that are processed by a Medicare Advantage Organization. The Aetna Medicare Open Plan pays claims on behalf of Medicare so there are no "Medicare balance or coverage gaps" for the plan to cover.

Q: What should I do if I already have a Medicare Supplemental Policy Type A-L?

A: Since a Medicare Supplemental Policy (Medigap Policy Type A-L) will not pay any additional benefits after the Aetna Medicare Open Plan, you have two options. The first option is to remain in the Aetna Medicare Open Plan and drop the Medicare Supplemental Policy. The second option is to drop the Aetna Medicare Open Plan, remain in

traditional Medicare and keep your Medicare Supplemental Policy.

Remember that you must remain in either the retiree Aetna medical or prescription plan to retain your Aetna eligibility, your dependent's eligibility and company subsidy in the future. Note: For 2007 only, if you opted out of the Aetna Medicare Open Plan prior to April 1, 2007, we will allow you to re-enroll in a medical plan for 2008, whether you maintained prescription drug coverage or not.

Q: What if I have another, non-Medicare supplemental plan?

A: If you have additional insurance coverage or have purchased a supplemental policy, you should speak to the carrier that maintains your policy to learn how it will assist you in paying benefits after the Aetna Medicare Open Plan pays benefits. You should refer to the Aetna Medicare Open Plan as your Medicare coverage and ask how the supplemental policy will coordinate with this Medicare Advantage coverage.

Q: The way I understand it, my hospital benefit is handled differently under the Aetna Medicare Open Plan. Can you explain how this works?

A: If you were to be admitted to the hospital, Medicare Part A would cover a "semiprivate room, meals, general nursing and other hospital services and supplies." Meanwhile, Medicare Part B would cover "Doctors' services, inpatient and outpatient medical and surgical services and supplies, physical, occupational and speech therapy, diagnostic tests, and durable medical equipment (DME)."

A large hospital claim is likely to generate a combination of Part A and Part B claims. Under Medicare, the member is responsible for a \$992 deductible per occurrence (up to 6 occurrences per year) on hospitalizations. Medicare pays 100 percent until the benefits phase out between 61-150 days. After 150 days, the member is responsible for all costs. In addition, the member is responsible for the

one-time, \$131 Part B deductible as well as 20 percent coinsurance on all Part B claims.

With the Aetna Medicare Open Plan, Part A and Part B deductibles are combined into a single \$300 deductible for 2007, with 20 percent member coinsurance. This plan does not phase out with higher claims; in fact, coverage improves by picking up all costs when the \$3,000 out-of-pocket limit is met. Once the out-of-pocket limit is met, costs related to a specific hospitalization, and all remaining covered medical costs for the rest of the year are covered 100 percent.

If a single, large Part A-only hospital claim was the only claim a member submitted in the year – and there were no hospital claims classified as Part B and no follow-up lab tests or physician visits – the Medicare plan could pay a greater benefit.

However, average Part A and Part B claims for a Medicare-eligible retiree are in excess of \$11,000 per year with over 75 percent from Part B, so the single hospitalization example is uncommon and not a good basis for comparing the plans.

Q: Since transitioning to the new plan, I have been getting an error message on my computer when I try to order medications on the Aetna Rx Home Delivery website. What should I do?

A: This can be an issue once your member profile and prescriptions have been transferred to the new ID. If you try to log in using your new or old ID, the website will respond that you are not eligible. You should then click on the "Contact Us" option. When Aetna Rx Home Delivery receives this, they will delete your old profiles under the old ID for the website and send you an e-mail telling you that you may re-register under the new ID.

The first refill after the ID change must be requested over the phone as the refill information does not carry over under the new member ID on the website.

Once the prescription has been filled under the new ID and you have re-registered on the website, future refills may be requested using the website.

Q: I am unsure of where to mail my claims, now that I'm in the new Aetna Medicare Open Plan. Please confirm where to submit claims.

A: You do not need to submit claims to Aetna. Your provider should submit claims on your behalf to the following addresses.

The new claim address for Aetna Medicare Open Plan is:

Aetna Life Insurance
P.O. Box 981107
El Paso, TX 79998-1107.

The address for pharmacy is:
Aetna Pharmacy Management
P.O. Box 14023
Lexington, KY 40512.

All addresses are on the back of your ID card(s). The provider first sends the bill to Aetna. Then payment goes back to the provider and, if there is member responsibility, the provider then bills you.

Note: The address for the Traditional Choice Indemnity Plan remains:

Aetna Life Insurance
P.O. Box 981114
El Paso, TX 79998-1114.

Sarasota Memorial Hospital now accepts the Aetna Medicare Open Plan.

Many of our members who live in Florida use the services of Sarasota Memorial Hospital, in Sarasota, Florida. We are pleased to announce that Sarasota Memorial Hospital has agreed to accept the Aetna Medicare Open Plan. We are working with providers associated with this hospital to assure they will accept the Aetna Medicare Open Plan, as well.

Reminder: Keep your ID

Don't throw away your Medicare ID card. Keep it in a safe place for future needs.

New Tax Bill Makes HSA Plan More Flexible, Increases Contribution Levels

In December 2006, Congress passed the Tax Relief and Health Care Act of 2006, which increases the annual contribution level retirees can make to their Health Savings Account (HSA) in 2007 and future years. The following are new statutory maximum limits for 2007:

- Individuals can contribute up to \$2,850, on an annual basis
- Families can contribute up to \$5,650, on an annual basis

If you were enrolled in the Aetna HealthFund HSA 80 plan for individual coverage, previously you could only contribute up to the health plan's \$2,700 deductible limit. With this new tax law, you can now contribute up to \$2,850 to your HSA.

Under prior rules, you could only contribute up to the health plan's \$2,700 deductible limit. With the new tax law, you can now contribute up to \$2,850 for individual coverage.

If you wish to increase your contributions to your HSA up to the new statutory limits for 2007 you can submit your contributions using deposit forms found in the Forms Library on Aetna Navigator or request the forms by calling Aetna Member Services at **1-800-558-0860**. Send in a check with the deposit slip directly to the JPMorgan Chase lockbox address printed on the deposit slip.

If you do elect to make an additional contribution for 2007, it will be considered a post-tax contribution. You should consult with your financial advisor to determine how this may impact your 2007 tax filing before making additional HSA contributions for 2007.



Medicare Glossary of Terms

In the Questions and Answers column, we mention several areas of Medicare policy that may not be familiar to all readers. As a reference, here is select glossary of terms.

Durable Medical Equipment (DME) includes items that assist with patient treatment and are designed to withstand repeated use – such as crutches, knee braces, wheelchairs, hospital beds and prostheses.

Explanation of Benefits (EOB) is a letter or form that is mailed to a member after medical services have been rendered, with explanations of charges, the payments made by the insurer and the patient's financial obligations, if any.

Medigap Policy – Also called a Medicare Supplemental Policy, this is a private insurance policy designed to fill the coverage gaps left by Medicare. These policies are labeled in "types" lettered A to L, to conform to standardized federal rules.

Maintenance of Benefits (MOB) describes a process by which patients receive benefits from all health insurance plans that cover them, their coinsurance and copay responsibility are factored in, and the total combined payments from all sources are kept from exceeding the total charge of services.

Medicare Advantage Plans are a range of insurance plans – from Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs), to Private Fee-for-Service Plans and Medicare Special Needs Plans. These provide alternatives to the standard Medicare fee-for-service plan.

Medicare Part A helps pay for care in hospitals as an inpatient, in critical access hospitals (small facilities that give limited outpatient and inpatient services to people in rural areas) and in skilled nursing facilities (not custodial or long-term care), as well as hospice care and some home health care.

Medicare Part B helps pay for doctors' services, outpatient care and other medical services (when medically necessary) that Part A doesn't cover. Part B also covers some preventive services.

Fit & Well

Colorectal Cancer: Separating Fact from Fiction

When it comes to taking care of your health, it can often be difficult to separate fact from fiction. But what should be crystal clear is the importance of undergoing colorectal cancer screenings, if you're 50 years of age or older.

March marked the eighth annual National Colorectal Cancer Awareness Month, an initiative established by the Cancer Research and Prevention Foundation and 57 collaborating partners. Aetna, together with the American Cancer Society (ACS), encourages its members, employees and retirees to learn more about colorectal cancer.

"Colorectal cancer is one of the most preventable forms of cancer and is often curable if found and treated early. Early detection is key," said Troy Brennan, M.D., chief medical officer. "Which test you and your doctor choose is not nearly as important as choosing to be screened. It's certainly a fact that anyone of appropriate age should take all necessary steps to protect themselves."

Pre-65 plans and the new Aetna Medicare Open Plan for Medicare-eligible retirees cover cancer screenings and preventive visits at 100 percent.

According to the ACS, colorectal cancer is the third most common cancer found in men and women in the United States. The ACS anticipated 112,340 new cases of colon cancer and 41,420 cases of rectal cancer in 2007, with the possibility for 52,180 deaths.

Aetna is committed to making sure members, employees and retirees are aware of the importance of colorectal screenings and the different screening methods that are effective. Please take a few moments to read our "Test your knowledge of colorectal cancer" article on this page, written by Marah Block, Business Communications.

"Colorectal cancer is one of the most preventable forms of cancer and is often curable if found and treated early. Early detection is key."



Test your knowledge of colorectal cancer

Fact or Fiction?

Most Americans 50 years of age and older undergo some kind of colorectal cancer testing.

Fiction! Fewer than half of Americans 50 years of age and older undergo any kind of colorectal cancer testing. Regular colorectal screening or testing is one of the most powerful weapons in preventing colorectal cancer. Screening can detect polyps, or growths, which can be removed before developing into cancer. That's why, in some cases, regular screening can prevent the occurrence of colorectal cancer.

Fact or Fiction?

Ethnic background and family history have no impact on your risk for developing colorectal cancer.

Fiction! Ethnic background and family history can both affect your chances of developing colorectal cancer. African-Americans have a higher incidence of colorectal cancer than any other racial or ethnic group and a higher risk of dying from it. Your risk for colorectal cancer is also greater if it has affected members of your family, particularly before the age of 60.

Fact or Fiction?

The survival rate for people diagnosed with colorectal cancer is highest when the cancer is treated early.





Getting Involved: Kathleen Robinson Helps People Get their Lives on Track

It isn't often that a small newspaper article – buried among engagement notices and lawn care ads – will change a life. But for Kathleen Robinson, who in 1994 had recently retired from Aetna, a short story about a non-profit in need of volunteers ultimately would lead to a first step “outside the comfort zone” and into a deep commitment to helping others.

The non-profit seeking help was We Care of Los Alamitos, which pools community resources to meet emergency needs of families and individuals, providing help with rental or motel assistance, utility payments, DMV fees, food, personal care items, clothes and much more.

“It was a small, unaffiliated agency that was developed in our community to help people get their lives on track,” Kathleen said. She explained that the organization had its roots in the religious community, coming together as several churches pooled resources, including a small building on one of the churches' grounds. The agency needed people to help run the facility, to greet and serve clients – whatever was needed.

Kathleen said that at the time she didn't know anyone at the agency. But, reading about their mission convinced her that this was a volunteer opportunity she would enjoy. She took the plunge.

That was a decade ago. Today Kathleen is still a volunteer who spends one day a week at the agency, helping people get what they need – from a bag of groceries to help finding a place to sleep. But, she's also on the agency's Board of Directors. And she's the Treasurer, too.

“Once you get involved, one thing leads to another. You get to know the people here, and they are just great. They are so committed and really care about what they do,” Kathleen said. “I like the way the agency operates. I like the fact that, if people come here, we always figure out how to help them. Sometimes we are able to find a different resource that can better provide what they need, but if they come here, they can count on us.”

Kathleen said that, over time, she has gotten to know many of the clients personally. Some of the homeless clients rely on the agency for longer periods. But many more people will come for help for a short period, then disappear. Or so it seems.

“Every now and then, a person will come in the door and say they want to make a donation. And they'll say that, years earlier, they were going through a particularly tough time and the agency helped them out. So, they want to give something back,” Kathleen said.

In addition to giving generously of her time, Kathleen takes advantage of Aetna's employee and retiree giving program in order to help fund the agency. Every three months, her donation is matched dollar-for-dollar by Aetna, resulting in a doubling of its positive impact on We Care's financial situation.

“I like the fact that I can make the four payments a year. Spreading it out makes it more affordable,” Kathleen said. “And, knowing that every dollar I give will be matched by Aetna really encourages me to donate.”

Learn more about Aetna employee and retiree grant programs at www.easymatch.com/aetna.

Fact! Colorectal cancer is often curable if found and treated early. Individuals diagnosed at an early stage have a five-year survival rate greater than 90 percent, but low screening rates result in the detection of only 39 percent of colorectal cancers at this stage. The five-year survival rate continues to drop if the cancer spreads to the lymph nodes or other distant organs.

Fact or Fiction?

The death rate from colon cancer has decreased during the last 15 years.

Fact! Because screenings allow for the early detection and removal of polyps and treatments have improved, there have been fewer deaths related to colon cancer.

Fact or Fiction?

A healthy lifestyle can help prevent colon cancer.

Fact! The ACS recommends you exercise at least 30 minutes a day, five times each week to reduce your risk of colon cancer. In addition, the ACS recommends a diet based on foods from plant sources, with at least five daily servings of fruits and vegetables and limits on high fat foods. Other studies suggest that multivitamins containing folate or folic acid can also reduce your risk for colorectal cancer. Engaging in behaviors such as drinking alcohol, smoking and being overweight can increase your risk of developing colorectal cancer.

Sources: American Cancer Society at www.cancer.org; and the Cancer Research and Prevention Foundation at preventcancer.org/colorectal.

The descriptions of Aetna's benefits in this newsletter summarize only the highlights of the plans and programs. If any statement in this newsletter conflicts with applicable plan documents, the documents will govern. The company retains the right to amend or terminate its benefits at any time. Also, participation in the plans described in this newsletter does not ensure your right to any benefits, except as specifically provided in the plans. This newsletter describes the benefits available to Aetna retirees and employees on long-term disability who are eligible for certain benefits.

Aetna on the Move

First-quarter 2007 results show 27 percent increase

On April 26, 2007, Aetna announced first-quarter 2007 operating earnings of \$0.81 per share, an increase of 27 percent compared to the prior-year quarter.

The increase in operating earnings reflects revenue growth from quarter-over-quarter premium and fee rate increases and membership growth, as well as solid underwriting results and continued general and administrative expense efficiencies. Operating earnings exclude net realized capital gains (losses) and other items.¹ First quarter 2007 net income was \$0.81 per share, an increase of 19 percent over the prior-year quarter.

"Our strong financial results in the first quarter demonstrate that our disciplined strategy of profitable growth is working," said Ronald A. Williams, chairman and CEO.

"Our customers and members clearly are responding to Aetna's value proposition of providing high-quality products and services and superior medical management capabilities that help manage costs. Those factors, as well as the steps we have taken to diversify our revenue and earnings, led to a strong performance across all of our health care product lines: medical, dental, pharmacy and behavioral."

For the complete earnings announcement visit: www.aetna.com/news/2007/pr_1stquarter2007_earnings.htm

¹ Operating earnings exclude net realized capital gains and losses and other items, if any, from income from continuing operations as discussed below. Although the excluded items may recur, management believes that operating earnings and operating earnings per share provide a more useful comparison of the Company's underlying business performance from period to period. Management uses operating earnings to assess business performance and to make decisions regarding the Company's operations and allocation of resources among the Company's businesses. Operating earnings is also the measure reported to the Chief Executive Officer for these purposes.

Publisher:

Aetna Inc. publishes *Aetna Retiree Connection* four or more times a year for Aetna retirees and employees who are on long-term disability.

Contact Information:

Specific questions about benefit programs or services: **1-800-AETNA-HR (1-800-238-6247)**

For general questions or comments e-mail: retireeconnection@aetna.com or write to:

Aetna Retiree Connection – RSAA

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

CCG 07-0310 (6/07)

www.aetnaretireeconnection.com
Your 24-hour-a-day retirement resource!

Connect.
Access.
Learn.
Grow.

151 Farmington Avenue, RSAA
Hartford, CT 06156



Communication Survey

As you may know, we deliver important information through two primary communications, the Aetna Retiree Connection™ newsletter and a dedicated website, www.aetnaretireeconnection.com. We developed the survey below to determine how you prefer to receive important information and updates. Please take a few minutes to let us know what you think. We'd appreciate your response by June 30.

Information about you:

What is your age?

- Under 55
- 55-59
- 60-64
- 65 or over

When did you leave Aetna?

- Prior to Jan. 1, 1988
- Jan. 1, 1988 through Feb. 28, 1994
- March 1, 1994 through Dec. 31, 1998
- Jan. 1, 1999 through Dec. 31, 2006
- On or after Jan. 1, 2007

Which Aetna benefits do you receive?

If you are under 65

- Medical/Prescription drug
- Dental
- Pension

If you are over 65

- Medical
- Dental
- Prescription drug
- Pension

Overall, how well does Aetna meet your information needs?

- Totally
- Very well
- Well
- Not very well
- Not at all

What could we do differently?

Where do you get your information?

Please indicate the sources you use to get information about your benefits: (check all that apply)

- Aetna Retiree Connection website
- Aetna Retiree Connection newsletter
- 1-800-AETNA-HR (1-800-238-6247)
- Letters from the company
- I call someone I know at the company
- Other Aetna retirees
- Aetna Retiree Association website
- Other, please describe _____

Please rank the three sources you rely on the most? (1 = most used)?

- Aetna Retiree Connection website
- Aetna Retiree Connection newsletter
- 1-800-AETNA-HR (1-800-238-6247)
- Letters from the company
- I call someone I know at the company
- Other retirees
- Aetna Retiree Association website
- Other, please describe _____

Of these two primary options, which do you prefer?

- Aetna Retiree Connection website
- Aetna Retiree Connection newsletter
- Both are useful to me
- Neither one is useful me

Aetna Retiree Connection newsletter

How often do you receive this newsletter?

- Monthly
- Quarterly
- Twice a year
- Don't know

When benefit plan updates are included in the newsletter, do they: (check all that apply)

- Explain changes in a way you can understand them.
- Provide enough information so you know what to do next.
- Help you make decisions about your own health.
- Sufficiently explain the rationale for changes.
- Help you understand the value of the benefits being provided.
- Other _____

What suggestions do you have for making the newsletter a more effective way to communicate with you? (check all that apply)

- Fewer articles that are more in depth
- More articles that are shorter
- Single topic issues
- Publish more often
- Publish less often
- Smaller photos, more content
- I love the look, don't change it!
- Other _____

Aetna Retiree Connection website

How often do you visit the website?

- Daily
- Weekly
- Couple of times a month
- Monthly
- Quarterly
- Once a year
- Never
- Didn't know it existed

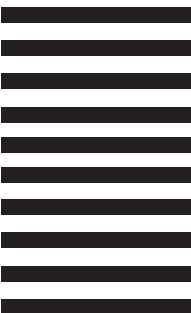
When benefit plan updates are included on the website, do they: (check all that apply)

- Explain changes in a way you can understand them.
- Provide enough information so you know what to do next.
- Help you make decisions about your own health.
- Sufficiently explain the rationale for changes.
- Help you understand the value of the benefits being provided.
- Include useful links to other information.
- Other _____

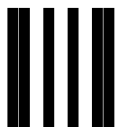
What suggestions do you have for making the website a more effective way to communicate with you? (check all that apply)

- More information about important updates and announcements
- More resources to access information
- Fewer links - there is too much information
- I love it, don't change it!
- Other _____

Please fold in half, tape to close and send it back. Thank you.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 165 HARTFORD, CT

POSTAGE WILL BE PAID BY ADDRESSEE

AETNA RETIREE CONNECTION/6003

PO BOX 2883

HARTFORD CT 06101-8785

Please take a few minutes to complete the attached survey.

Detach at the perf, complete, fold, tape and send it back.

Thank you in advance.