

Aetna 2010 Benefits and Rates-at-a-Glance for Regular Employees (working 20 hours or more per week)

COMPANY-PAID BENEFITS

Benefit	Description
Life	Choice of 1x eligible pay or \$50,000 (if eligible pay is more than \$50,000); plan minimum is \$10,000
Business Accident Travel	An amount equal to the greater of \$50,000 or 3x eligible pay to a maximum of \$1,000,000
Short Term Disability (STD)	100% then 60% of base pay for up to 25 weeks (based on length of service)
Long Term Disability (LTD)	50% of eligible pay (taxable benefit), up to a monthly maximum benefit of \$15,000
Paid Time Off (PTO) & Holidays	PTO: 18 to 33 days based on length of service (prorated if less than full-time) Holidays: 8 company-paid holidays
Pension¹	Pension benefit based on age, length of service and eligible pay
Personal & Family	Healthy Lifestyles Incentive Program; Employee Tuition Assistance; Employee Work/Life Assistance; Employee Wellness Programs; Mothers at Work Program; Simple Steps to a Healthier Life [®]

¹ In general, U.S. employees employed by an Aetna participating company and not designated temporary employees are eligible employees who may participate in the Aetna pension plan after completing one year of service. Employees who are employed by a non-participating company, employees from an outside agency (e.g. leased employees) and individuals designated by the company as independent contractors, career agents and brokers and non-resident aliens are not eligible employees and do not participate in the pension plan. Generally, business acquired after January 1, 2003 are not participating companies. As of January 1, 2007 Aetna Health administrators, LLC began participation in the pension plan. As of January 1, 2008 Aetna Student Health Agency, Inc and Chickering Claims Administrators, Inc began participating in the pension plan. The following acquired businesses are not eligible to participate in the pension plan: Active Health Management, Inc; Aetna Behavioral Health of Delaware, LLC; Aetna Rx Home Delivery, LLC; Aetna Specialty Pharmacy, LLC; Health Costs Consultants, Inc; PPOM, LLC; Sloans Lake Management Corp.; Cofinity, Inc.; Strategic Resource Company, LLC; and Schaller Anderson, Inc and its subsidiaries.

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OPTIONAL BENEFITS (shared cost or employee paid)

Medical Plan ²	Description		
Aetna HealthFund [®] HRA90	<ul style="list-style-type: none"> • \$1,600/\$3,200 deductible • \$500/\$1,000 employer-established fund • 90% coinsurance (In-network) 		
Aetna HealthFund [®] HRA80	<ul style="list-style-type: none"> • \$1,800/\$3,600 deductible • \$500/\$1,000 employer-established fund • 80% coinsurance (In-network) 		
Aetna HealthFund [®] HSA90	<ul style="list-style-type: none"> • \$1,600/\$3,200 deductible • \$300/\$600 employer deposit • 90% coinsurance (In-network) 		
Aetna HealthFund [®] HSA80	<ul style="list-style-type: none"> • \$1,800/\$3,600 deductible • \$300/\$600 employer deposit • 80% coinsurance (In-network) 		
Aetna HealthFund [®] HRA80 Out-of-Network ³	In-network & Out-of-network <ul style="list-style-type: none"> • \$900/\$1,800 deductible • \$500/\$1,000 employer-established fund • 80% coinsurance 		
Aetna HealthFund [®] HSA90 Out of Network ³	<ul style="list-style-type: none"> • \$1,800/\$2,800 deductible • \$300/\$600 employer deposit • 80% coinsurance 		
100% coverage for Preventive Care in-network for all Aetna medical plans. Aexcel network available in 39 locations			
Dental Plan/Vision	Description		
Dental Maintenance Organization (DMO) ^{®2}	<ul style="list-style-type: none"> • Network of Dentists • Must elect primary care dentist • No annual limit • No deductible • Coinsurance: 100%/90%/60% • Orthodontia: 75% with no lifetime max 		
Dental PPO	<ul style="list-style-type: none"> • Deductible: \$50/\$150 (In-network); \$100/\$300 (Out-of-network) • Calendar Year Maximum: \$2,000 (In-network); \$1,500 (Out-of-network) • Coinsurance: 100%/80%/60% (In-network); 100%/60%/50% (Out-of-network) • Orthodontia: 60% to lifetime maximum of \$2,500 (In-network); \$2,000 (Out-of-network) 		
Vision (through medical plan)	<ul style="list-style-type: none"> • \$200 reimbursement every 24 months for prescription eyewear • 100% coverage for preventive eye exam every calendar year 		
Flexible Spending Accounts	Description		
Health Care	<ul style="list-style-type: none"> • Annual Minimum: \$120 • Annual Maximum: \$5,000 		
Dependent Care	<ul style="list-style-type: none"> • Annual Minimum: \$120 • Annual Maximum: \$5,000 		
Qualified Transportation Benefit	<table border="0"> <tr> <td> <u>Transit:</u> <ul style="list-style-type: none"> • Monthly Minimum: \$10 • Monthly Maximum: \$230 </td> <td> <u>Parking:</u> <ul style="list-style-type: none"> • Monthly Minimum: \$10 • Monthly Maximum: \$230 </td> </tr> </table>	<u>Transit:</u> <ul style="list-style-type: none"> • Monthly Minimum: \$10 • Monthly Maximum: \$230 	<u>Parking:</u> <ul style="list-style-type: none"> • Monthly Minimum: \$10 • Monthly Maximum: \$230
<u>Transit:</u> <ul style="list-style-type: none"> • Monthly Minimum: \$10 • Monthly Maximum: \$230 	<u>Parking:</u> <ul style="list-style-type: none"> • Monthly Minimum: \$10 • Monthly Maximum: \$230 		

² As available in various areas

³ Available only if located outside a network area

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OPTIONAL BENEFITS (shared cost or employee paid)

Life Insurance	Description
Employee Supplemental Term Life Insurance⁴	1x to 5x eligible pay, up to maximum benefit of \$3,000,000
Spouse/Domestic Partner Life Insurance⁴	\$10,000 to \$100,000 in \$10,000 increments
Child(ren) Term Life	\$5,000; \$10,000 or \$15,000
Accidental Death & Personal Loss (AD&PL)	Description
Employee	1x to 5x eligible pay to a maximum of \$2,000,000
Dependent	<ul style="list-style-type: none"> • Spouse/Domestic Partner: 50% of employee's optional AD&PL • Spouse/Domestic Partner and Child(ren): 40% of employee's optional AD&PL for spouse/DP and 5% for each child • Child(ren) only: 25% of employee's optional AD&PL for each child
Optional Long-Term Disability	Description
Optional Long-Term disability	<ul style="list-style-type: none"> • Additional 10% of eligible pay (taxable benefit) • Up to a monthly benefit maximum of \$15,000
Wealth Accumulation	Description
Aetna 401(k) Plan	<ul style="list-style-type: none"> • Regular full-time and part-time employees and individuals employed by Aetna as temporary employees are eligible to participate • Immediate eligibility for employee contributions • After one year of service, 50% employer–match for first 6% of eligible pay deferred. 100% vested in company match after one year of service • Rollover option available • Investment advisory service, powered by Financial Engines[®] offered through ING Advisors. Service is available either online or by phone through a licensed investor advisor. Monthly fee is charged for ongoing professional account management service.
Employee Stock Purchase Plan	Discount off fair market value
Long-Term Care	Description
Long-Term care	<ul style="list-style-type: none"> • Available to eligible employees, their spouses/domestic partner, parent/parent-in-law, grandparent/ grandparents-in-law and adult children age 18 and over • \$100 to \$300 Daily Benefit Maximums in \$50 increments • Choice of a 5-year or unlimited lifetime maximum • Other options: Automatic Compound Inflation Protection, Return of Contribution at Death benefit • Premiums paid by employee may be reimbursed from available funds in HSA at end of plan year • Speak one-on-one with a Prudential representative about long-term care insurance by calling 1-800-732-0416 Monday – Friday, between 8:00 a.m. and 8:00 p.m. Eastern time.

⁴ Some restrictions apply

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2010 MEDICAL PLANS

Medical Plan	Semi-Monthly Employee Contributions – Medical Plans**											
	Annual Salary of less than \$30,000				Annual Salary equal to or more than \$30,000 and < \$45,000				Annual Salary equal to or more than \$45,000 and < \$60,000			
	Coverage Options				Coverage Options				Coverage Options			
	Employee	Employee + Child(ren)	Employee + Spouse/DP	Employee + Family	Employee	Employee+ Child(ren)	Employee + Spouse/DP	Employee+ Family	Employee	Employee+ Child(ren)	Employee + Spouse/DP	Employee+ Family
Aetna HealthFund HSA 90 (Aexcel +)	\$ 0.00	\$11.75	\$23.52	\$34.73	\$ 0.00	\$11.75	\$23.52	\$35.27	\$13.72	\$32.34	\$50.95	\$69.56
Aetna HealthFund HSA 80 (Aexcel +)	\$ 0.00	\$10.57	\$21.16	\$31.25	\$ 0.00	\$10.57	\$21.16	\$31.74	\$10.29	\$24.25	\$38.21	\$52.17
Aetna HealthFund HRA 90 (Aexcel +)	\$27.99	\$56.22	\$84.38	\$112.62	\$33.19	\$64.00	\$94.79	\$125.60	\$42.62	\$78.14	\$113.65	\$149.18
Aetna HealthFund HRA 80 (Aexcel +)	\$19.80	\$41.85	\$63.85	\$85.90	\$24.45	\$48.85	\$73.15	\$97.55	\$34.30	\$63.60	\$92.85	\$122.15
Aetna HealthFund HRA 80 Out-of-Network	\$21.45	\$45.60	\$69.70	\$93.85	\$26.60	\$53.35	\$80.00	\$106.75	\$37.50	\$69.70	\$101.80	\$134.00
Indemnity HSA 90 Out-of-Network	\$ 0.00	\$14.80	\$29.55	\$44.30	\$ 0.00	\$14.80	\$29.55	\$44.30	\$17.58	\$41.40	\$65.28	\$89.10
	Annual Salary equal to or more than \$60,000 and < \$90,000				Annual Salary equal to or more than \$90,000 and < \$150,000				Annual Salary equal to or more than \$150,000			
Aetna HealthFund HSA 90 (Aexcel +)	\$17.64	\$38.21	\$58.79	\$79.36	\$29.08	\$55.66	\$82.23	\$108.80	\$50.14	\$87.25	\$124.35	\$161.45
Aetna HealthFund HSA 80 (Aexcel +)	\$13.23	\$28.65	\$44.09	\$59.52	\$21.81	\$41.74	\$61.67	\$81.60	\$37.60	\$65.44	\$93.26	\$121.08
Aetna HealthFund HRA 90 (Aexcel +)	\$46.79	\$84.38	\$121.99	\$159.58	\$59.60	\$103.91	\$148.29	\$192.60	\$82.04	\$137.63	\$193.16	\$248.75
Aetna HealthFund HRA 80 (Aexcel +)	\$38.35	\$69.70	\$100.95	\$132.30	\$51.15	\$88.90	\$126.55	\$164.30	\$72.60	\$121.05	\$169.45	\$217.90
Aetna HealthFund HRA 80 Out-of-Network	\$42.00	\$76.45	\$110.80	\$145.25	\$56.15	\$97.65	\$139.10	\$180.65	\$79.90	\$133.30	\$186.60	\$240.00
Indemnity HSA 90 Out-of-Network	\$22.60	\$48.93	\$75.32	\$101.66	\$37.23	\$71.26	\$105.29	\$139.26	\$64.18	\$111.69	\$159.19	\$206.70

**These are the non-tobacco user medical contribution rates. Add \$12.50 to the semi-monthly contribution rate if you have used tobacco in the past 12 months.

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2010 DENTAL PLANS

Semi-Monthly Employee Contributions – Dental Plans				
Dental Plan	Coverage Options			
	Employee	Employee & Child(ren)	Employee & Spouse/Domestic Partner	Employee & Family
Dental Maintenance Organization (DMO)	\$6.05	\$9.35	\$12.65	\$15.95
Dental PPO	\$14.25	\$21.90	\$29.55	\$37.20
Dental Plan of ND and SC	\$14.25	\$21.90	\$29.55	\$37.20

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2010 LIFE INSURANCE, AD&PL and LONG-TERM DISABILITY

Benefit	Options	Monthly Employee Rates (per \$1,000 of coverage)*										
Employee Supplemental Term Life	1x to 5x eligible pay	Age										
		<24	24-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
	Tobacco	\$0.060	\$0.060	\$0.080	\$0.090	\$0.126	\$0.227	\$0.381	\$0.599	\$0.948	\$1.701	\$2.884
	Non-tobacco	\$0.041	\$0.048	\$0.064	\$0.072	\$0.080	\$0.135	\$0.207	\$0.387	\$0.594	\$1.118	\$1.854

* Monthly cost = Eligible Pay Rounded to the next \$1,000 X Multiple of Eligible Pay (1,2,3,4 or 5) = _____ / \$1,000 = _____ X Monthly Employee Rate above

Benefit	Options	Monthly Employee Rates (per \$1,000 of coverage)										
Spouse/Domestic Partner Supplemental Term Life	\$10,000 to \$100,000*	Age										
		<24	24-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
	Tobacco	\$0.08	\$0.08	\$0.10	\$0.13	\$0.19	\$0.33	\$0.55	\$0.88	\$1.38	\$2.49	\$4.45
	Non-tobacco	\$0.05	\$0.06	\$0.08	\$0.09	\$0.14	\$0.24	\$0.38	\$0.61	\$0.95	\$1.71	\$3.09

*increments of \$10,000 only

Benefit	Options	Monthly Employee Rate
Child(ren) Term Life Insurance	\$5,000	\$0.60
	\$10,000	\$1.20
	\$15,000	\$1.80

Benefit	Options	Monthly Employee Rate (per \$1,000 of coverage)	
Accidental Death and Personal Loss (AD&PL)	1x to 5x eligible pay (\$2,000,000 maximum)	Employee	\$0.018
		Employee and Spouse/Domestic Partner	\$0.036
		Employee and Child(ren)	\$0.027
		Employee, Spouse/Domestic Partner and Child(ren)	\$0.036

Benefit	Additional Options	Monthly Employee Rates **										
Long-Term Disability		Age										
	10% taxable benefit	<24	24-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	
		\$0.061	\$0.074	\$0.101	\$0.118	\$0.170	\$0.236	\$0.323	\$0.380	\$0.432	\$0.362	

** Monthly cost = Eligible pay ÷ 12 = _____ ÷ 100 = _____ x Monthly Employee Rate above