

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 |
| Pension | Please refer to the Summary Plan Description for specific information, including a list of participating companies and eligibility requirements. |
| 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 [®] |

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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 Indemnity Out of Network ³ | <ul style="list-style-type: none"> • \$1,800/\$2,800 deductible • \$300/\$600 employer deposit • 90% 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

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

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 3% of eligible pay contributed on a pretax and/or Roth basis. Employer match is vested 100% • 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

| Semi-Monthly Employee Contributions – Medical Plans** | | | | | | | | | | | | | |
|---|---|-----------------------|----------------------|-------------------|--|----------------------|----------------------|------------------|---|----------------------|----------------------|------------------|----------|
| Medical Plan | 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 | |
| Medical Plan | 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 | | | | | | | | | | | | |