

# Aetna

## 2007 Benefits and Rates at-a-Glance for Regular Employees (working 20 hours or more per week)

### COMPANY-PAID BENEFITS

Life	Business Travel Accident	Short-Term Disability (STD)	Long-Term Disability (LTD)	Paid Time Off (PTO) & Holidays	Pension	Personal & Family
Choice of: 1x eligible pay or \$50,000 (if eligible pay is more than \$50,000)	An amount equal to the greater of \$50,000 or 3x eligible pay to a maximum of \$1,000,000	100% then 60% of base pay for up to 25 weeks (based on length of service)	50% of eligible pay (taxable benefit)	PTO: 18 to 33 days based on length of service (prorated if less than full-time)  Holidays: 8 company-paid	Pension benefit* based on age, length of service and eligible pay. Your Benefits Resources (YBR) website available	Healthy Lifestyles Incentive Program Employee Tuition Assistance Program Employee Work/Life Assistance Employee Wellness Programs Breastfeeding Support Program Simple Steps to a Healthier Life®

### OPTIONAL BENEFITS (shared cost or employee paid)

Medical Plan**	Dental/Vision	Flexible Spending Accounts	Life Insurance	Accidental Death & Personal Loss (AD&PL)	Optional Long-Term Disability	Wealth Accumulation	Long-Term Care
<b>Aetna HealthFund® HRA 95</b> <ul style="list-style-type: none"> <li>\$1,250/\$2,500 deductible</li> <li>\$500/\$1,000 employer-established fund</li> <li>95% coinsurance (Preferred)</li> </ul> <b>Aetna Health Fund® HRA 90</b> <ul style="list-style-type: none"> <li>\$1,500/\$3,000 deductible</li> <li>\$500/\$1,000 employer-established fund</li> <li>90% coinsurance (Preferred)</li> </ul> <b>Aetna HealthFund® Select HRA 90</b> <ul style="list-style-type: none"> <li>\$700/\$1,400 deductible</li> <li>\$500/\$1,000 employer-established fund</li> <li>90% coinsurance (Preferred)</li> </ul> <b>Aetna HealthFund® HRA 80 w/Dental</b> <ul style="list-style-type: none"> <li>\$1,750/\$3,500 deductible</li> <li>\$600/\$1,100 employer-established fund</li> <li>80% coinsurance (Preferred)</li> <li>Includes dental coverage</li> </ul> <b>Aetna HealthFund® HRA 80 Out-of-Network***</b> <p>Preferred &amp; non-preferred</p> <ul style="list-style-type: none"> <li>\$900/\$1,800 deductible</li> <li>\$500/\$1,000 employer-established fund</li> <li>80% coinsurance</li> </ul> <b>Aetna HealthFund® HSA 95</b> <ul style="list-style-type: none"> <li>\$1,250/\$2,250 deductible</li> <li>\$240 employer deposit</li> <li>95% coinsurance (Preferred)</li> </ul> <b>Aetna HealthFund® HSA 90</b> <ul style="list-style-type: none"> <li>\$1,800/\$2,800 deductible</li> <li>\$240 employer deposit</li> <li>90% coinsurance (Preferred)</li> </ul> <b>Indemnity HSA 90 Out of Network***</b> <ul style="list-style-type: none"> <li>\$1,800/\$2,800 deductible</li> <li>\$240 employer deposit</li> <li>90% coinsurance</li> </ul> <b>100% Preventive Care In-Network for all plans.</b> <p><b>Aexcel network available in 28 locations</b></p>	<b>Dental Maintenance Organization (DMO®)**</b> <ul style="list-style-type: none"> <li>Network of dentists</li> <li>Must elect a primary care dentist</li> <li>No deductible</li> <li>Coinsurance: 100%/90%/60%</li> <li>No annual limit</li> <li>Orthodontia: 75% w/no lifetime max</li> </ul> <b>Dental PPO</b> <p><u>Deductible:</u></p> <ul style="list-style-type: none"> <li>\$50/\$150 Preferred</li> <li>\$75/\$225 (Non-preferred)</li> </ul> <p><u>Coinsurance:</u></p> <ul style="list-style-type: none"> <li>100%/80%/60% - (Preferred)</li> <li>100%/70%/50% - (Non-preferred)</li> </ul> <p><u>Calendar Year Max:</u> \$2,000 in/\$1,500 out Orthodontia</p> <ul style="list-style-type: none"> <li>50% to lifetime maximum of \$2,000</li> </ul> <p><b>Vision</b> \$200 reimbursement every 24 months for prescription eyewear</p>	<b>Health Care</b> <p>Annual: Minimum: \$120; Maximum: \$5,000</p> <p><b>Limited Health Care FSA with HSA only</b></p> <p><b>Dependent Care</b> <p>Annual: Minimum: \$120; Maximum: \$5,000</p> <p><b>Qualified Transportation Benefit</b></p> <p><u>Transit</u> Monthly: Minimum: \$10 Maximum: \$105</p> <p><u>Parking</u> Monthly: Minimum: \$10 Maximum: \$200</p> </p>	<b>Employee Group Universal Life (GUL)⌘</b> <ul style="list-style-type: none"> <li>1x to 5x eligible pay</li> <li>Accumulation Fund/Account Value</li> </ul> <p><b>Spouse/Domestic Partner GUL⌘</b></p> <ul style="list-style-type: none"> <li>\$10,000 to \$100,000 in \$10,000 increments</li> <li>Accumulation Fund/Account Value</li> </ul> <p><b>Child(ren) Term Life</b></p> <ul style="list-style-type: none"> <li>\$5,000 or \$10,000</li> </ul>	<b>Employee</b> <ul style="list-style-type: none"> <li>1x to 5x eligible pay to a maximum of \$2,000,000</li> </ul> <p><b>Dependent</b></p> <ul style="list-style-type: none"> <li>Spouse/ Domestic Partner - 50% of employee's optional AD&amp;PL</li> <li>Spouse/ Domestic Partner and Child(ren) - 40% of optional AD&amp;PL for spouse and 5% for each child</li> <li>Child(ren) only- 25% of optional AD&amp;PL for each child</li> </ul>	<ul style="list-style-type: none"> <li>Additional 10% of eligible pay (taxable benefit) ⌘</li> </ul>	<b>Aetna 401(k) Plan</b> <ul style="list-style-type: none"> <li>Immediate eligibility for employee contributions</li> <li>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</li> <li>Rollover option available</li> </ul> <p><b>Employee Stock Purchase Plan</b> Discount off fair market value</p> <p><b>Financial Engines™</b> Online investment adviser that provides advice to eligible 401(k) participants</p> <p><b>My Pay &amp; Benefits</b> Web-based illustration of pay and benefits value</p>	<p>Coverage with flexible options for daily benefit amount, return of contributions and inflation protection for employee, spouse or domestic partner, parents and parents-in-law</p> <p>Premiums are paid by employee and may be reimbursed from available funds in HRA or HSA at end of the plan year</p>

\*Employees working for companies acquired after January 1, 2003 are not eligible for the pension plan

\*\*As available in various areas

\*\*\*Available only if located outside a network area

⌘ Some restrictions apply

**2007 Employee Contributions for Regular Employees (working 20 hours or more per week)**

**Medical Plans**

**Semi-monthly Employee Contributions**

	<b>Annual Salary of less than \$30,000</b>				<b>Annual Salary equal to or more than \$30,000 and less than \$45,000</b>			
	<b>Coverage Options</b>				<b>Coverage Options</b>			
<b>Medical Plan</b>	<b>Self</b>	<b>Self &amp; Spouse/ Domestic Partner</b>	<b>Self &amp; Child(ren)</b>	<b>Self, Spouse/ Domestic Partner &amp; Child(ren)</b>	<b>Self</b>	<b>Self &amp; Spouse/ Domestic Partner</b>	<b>Self &amp; Child(ren)</b>	<b>Self, Spouse/ Domestic Partner &amp; Child(ren)</b>
<b>Aetna HealthFund Select HRA 90 (Aexcel Plus)</b>	\$50.40	\$127.30	\$88.85	\$165.75	\$54.65	\$135.80	\$95.20	\$176.35
<b>Aetna HealthFund HSA 90 (Aexcel Plus)</b>	\$0.00	\$19.20	\$9.60	\$28.80	\$0.00	\$19.20	\$9.60	\$28.80
<b>Aetna HealthFund HSA 95 (Aexcel Plus)</b>	\$10.80	\$43.35	\$27.05	\$59.60	\$15.05	\$51.85	\$33.45	\$70.25
<b>Aetna HealthFund HRA 95 (Aexcel Plus)</b>	\$32.55	\$89.45	\$61.00	\$117.90	\$36.80	\$97.95	\$67.40	\$128.55
<b>Aetna HealthFund HRA 90 (Aexcel Plus)</b>	\$22.85	\$68.90	\$45.90	\$91.95	\$27.10	\$77.40	\$52.25	\$102.55
<b>Aetna HealthFund HRA 80 with Dental (Aexcel Plus)</b>	\$24.90	\$75.25	\$50.10	\$100.45	\$29.20	\$83.85	\$56.55	\$111.10
<b>Aetna HealthFund HRA 80 Out-of-Network</b>	\$21.65	\$67.85	\$44.75	\$91.00	\$26.25	\$77.05	\$51.65	\$102.45
<b>Indemnity HSA 90 Out-of-Network</b>	\$0.00	\$24.60	\$12.30	\$36.90	\$0.00	\$24.60	\$12.30	\$36.90
<b>BCBS of ND-Classic 250</b>	\$26.65	\$75.55	\$51.10	\$100.00	\$31.25	\$84.75	\$58.00	\$111.45

**Semi-monthly Employee Contributions**

	<b>Annual Salary equal to or more than \$45,000 and less than \$60,000</b>				<b>Annual Salary equal to or more than \$60,000 and less than \$90,000</b>			
	<b>Coverage Options</b>				<b>Coverage Options</b>			
<b>Medical Plan</b>	<b>Self</b>	<b>Self &amp; Spouse/ Domestic Partner</b>	<b>Self &amp; Child(ren)</b>	<b>Self, Spouse/ Domestic Partner &amp; Child(ren)</b>	<b>Self</b>	<b>Self &amp; Spouse/ Domestic Partner</b>	<b>Self &amp; Child(ren)</b>	<b>Self, Spouse/ Domestic Partner &amp; Child(ren)</b>
<b>Aetna HealthFund Select HRA 90 (Aexcel Plus)</b>	\$62.30	\$151.10	\$106.70	\$195.50	\$65.75	\$158.00	\$111.85	\$204.10
<b>Aetna HealthFund HSA 90 (Aexcel Plus)</b>	\$11.20	\$41.60	\$26.40	\$56.80	\$14.40	\$48.00	\$31.20	\$64.80
<b>Aetna HealthFund HSA 95 (Aexcel Plus)</b>	\$22.70	\$67.15	\$44.90	\$89.35	\$26.15	\$74.05	\$50.10	\$98.00
<b>Aetna HealthFund HRA 95 (Aexcel Plus)</b>	\$44.45	\$113.25	\$78.85	\$147.65	\$47.90	\$120.15	\$84.05	\$156.30
<b>Aetna HealthFund HRA 90 (Aexcel Plus)</b>	\$34.80	\$92.80	\$63.80	\$121.80	\$38.20	\$99.60	\$68.90	\$130.30
<b>Aetna HealthFund HRA 80 with Dental (Aexcel Plus)</b>	\$36.85	\$99.15	\$68.00	\$130.25	\$40.30	\$106.05	\$73.20	\$138.85
<b>Aetna HealthFund HRA 80 Out-of-Network</b>	\$34.45	\$93.45	\$63.95	\$122.95	\$38.10	\$100.75	\$69.45	\$132.10
<b>Indemnity HSA 90 Out-of-Network</b>	\$14.35	\$53.30	\$33.80	\$72.75	\$18.45	\$61.50	\$39.95	\$83.00
<b>BCBS of ND-Classic 250</b>	\$39.45	\$101.15	\$70.30	\$132.00	\$43.10	\$108.45	\$75.75	\$141.10

**2007 Employee Contributions for Regular Employees (working 20 hours or more per week)**  
**Medical Plans (continued)**

Semi-monthly Employee Contributions								
	Annual Salary equal to or more than \$90,000 and less than \$150,000				Annual Salary equal to or more than \$150,000			
	Coverage Options				Coverage Options			
Medical Plan	Self	Self & Spouse/ Domestic Partner	Self & Child(ren)	Self, Spouse/ Domestic Partner & Child(ren)	Self	Self & Spouse/ Domestic Partner	Self & Child(ren)	Self, Spouse/ Domestic Partner & Child(ren)
<b>Aetna HealthFund Select HRA 90 (Aexcel Plus)</b>	\$75.10	\$176.70	\$125.90	\$227.50	\$93.00	\$212.50	\$152.75	\$272.25
<b>Aetna HealthFund HSA 90 (Aexcel Plus)</b>	\$23.20	\$65.60	\$44.40	\$86.80	\$40.00	\$99.20	\$69.60	\$128.80
<b>Aetna HealthFund HSA 95 (Aexcel Plus)</b>	\$35.50	\$92.75	\$64.10	\$121.35	\$53.40	\$128.55	\$90.95	\$166.10
<b>Aetna HealthFund HRA 95 (Aexcel Plus)</b>	\$57.25	\$138.85	\$98.05	\$179.65	\$75.15	\$174.65	\$124.90	\$224.40
<b>Aetna HealthFund HRA 90 (Aexcel Plus)</b>	\$47.55	\$118.30	\$82.90	\$153.65	\$65.45	\$154.10	\$109.80	\$198.45
<b>Aetna HealthFund HRA 80 with Dental (Aexcel Plus)</b>	\$49.65	\$124.75	\$87.20	\$162.25	\$67.55	\$160.55	\$114.05	\$207.00
<b>Aetna HealthFund HRA 80 Out-of-Network</b>	\$48.20	\$120.95	\$84.60	\$157.35	\$70.85	\$166.25	\$118.55	\$213.95
<b>Indemnity HSA 90 Out- of-Network</b>	\$29.70	\$84.00	\$56.85	\$111.10	\$51.20	\$127.00	\$89.10	\$164.90
<b>BCBS of ND-Classic 250</b>	\$53.20	\$128.65	\$90.90	\$166.35	\$75.85	\$173.90	\$124.90	\$222.95

**2007 Employee Contributions for Regular Employees (working 20 hours or more per week)**  
**Dental Plans**

Semi-monthly Employee Contributions				
Dental Plan	Coverage Options			
	Self	Self & Spouse / DP	Self & Child(ren)	Self & Spouse / DP & Child(ren)
Dental Maintenance Organization (DMO)	\$5.85	\$12.20	\$9.00	\$15.35
Dental PPO	\$14.15	\$29.40	\$21.80	\$37.00
Dental Plan of ND and SC	\$14.15	\$29.40	\$21.80	\$37.00

**Life Insurance, AD&PL and Long-Term Disability**

Benefit	Options	Monthly Employee Rates (per \$1,000 of coverage)										
Employee Group Universal 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+
	Smoker	\$0.07	\$0.07	\$0.09	\$0.10	\$0.16	\$0.28	\$0.47	\$0.74	\$1.17	\$2.10	\$3.56
	Nonsmoker	\$0.05	\$0.06	\$0.08	\$0.09	\$0.10	\$0.18	\$0.30	\$0.50	\$0.78	\$1.38	\$2.36
Benefit	Options	Monthly Employee Rates (per \$1,000 of coverage)										
Spouse/Dom. Partner Group Universal 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+
	Smoker	\$0.08	\$0.08	\$0.10	\$0.13	\$0.19	\$0.33	\$0.55	\$0.88	\$1.38	\$2.49	\$4.45
	Nonsmoker	\$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 Rates
Child(ren) Term Life Insurance	\$ 5,000	\$0.60
	\$10,000	\$1.20

Benefit	Options	Monthly Rate (per \$1,000 of coverage)	
Accidental Death and Personal Loss (AD&PL)	1x to 5x eligible pay (\$2,000,000 maximum)	Self	\$0.03
		Self and Spouse/Domestic Partner	\$0.05
		Self and Child(ren)	\$0.04
		Self, Spouse/Domestic Partner and Child(ren)	\$0.05

Benefit	Additional Options	Monthly Employee Rates *									
Long-Term Disability		Age									
		<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
	10% taxable benefit	\$0.081	\$0.099	\$0.134	\$0.157	\$0.227	\$0.314	\$0.430	\$0.506	\$0.576	\$0.483

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

**FOR QUESTIONS ABOUT BENEFITS**

- ◆ Go to the [AccessHR](#) website.
- ◆ For specific questions about medical, dental or prescription drug plans, call the Member Services telephone number on your ID card if you are already a member, as listed on the Summary of Benefits on [AccessHR](#).
- ◆ Call the HR Contact Center at 1-800-AETNA-HR (1-800-238-6247), weekdays 8 a.m. to 8 p.m., Eastern Time.

The descriptions of Aetna's benefits in these charts summarize only the highlights of the plans. If any statement in these charts 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 these charts does not ensure your continued employment, or the right to any benefits, except as specifically provided in the plans. These charts describe the benefits available to active, regular Aetna employees normally scheduled to work 20 or more hours per week.