

Aetna 2008 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), up to a monthly maximum benefit of \$15,000	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
Aetna HealthFund® HRA 95 <ul style="list-style-type: none"> \$1,250/\$2,500 deductible \$500/\$1,000 employer-established fund 95% coinsurance (Preferred) Aetna Health Fund® HRA 90 <ul style="list-style-type: none"> \$1,500/\$3,000 deductible \$500/\$1,000 employer-established fund 90% coinsurance (Preferred) Aetna HealthFund® HRA 80 w/Dental <ul style="list-style-type: none"> \$1,750/\$3,500 deductible \$600/\$1,100 employer-established fund 80% coinsurance (Preferred) Includes dental coverage Aetna HealthFund® HRA 80 Out-of-Network*** <p>Preferred & non-preferred</p> <ul style="list-style-type: none"> \$900/\$1,800 deductible \$500/\$1,000 employer-established fund 80% coinsurance Aetna HealthFund® HSA 95 <ul style="list-style-type: none"> \$1,250/\$2,250 deductible \$240 employer deposit 95% coinsurance (Preferred) Aetna HealthFund® HSA 90 <ul style="list-style-type: none"> \$1,800/\$2,800 deductible \$240 employer deposit 90% coinsurance (Preferred) Indemnity HSA 90 Out of Network*** <ul style="list-style-type: none"> \$1,800/\$2,800 deductible \$240 employer deposit 90% coinsurance 100% Preventive Care In-Network for all Aetna medical plans. Aexcel network available in 33 locations	Dental Maintenance Organization (DMO®)** <ul style="list-style-type: none"> Network of dentists Must elect a primary care dentist No deductible Coinsurance: 100%/90%/60% No annual limit Orthodontia: 75% w/no lifetime max Dental PPO <u>Deductible:</u> <ul style="list-style-type: none"> \$50/\$150 Preferred \$100/\$300 (Non-preferred) <u>Coinsurance:</u> <ul style="list-style-type: none"> 100%/80%/60% - (Preferred) 100%/60%/50% - (Non-preferred) <u>Calendar Year Max:</u> \$2,000 in/\$1,500 out Orthodontia <ul style="list-style-type: none"> 60% to lifetime maximum of \$2,500 	Health Care Annual: Minimum: \$120; Maximum: \$5,000 Limited Health Care FSA with HSA only Dependent Care Annual: Minimum: \$120; Maximum: \$5,000 Qualified Transportation Benefit <u>Transit</u> Monthly: Minimum: \$10 Maximum: \$110 <u>Parking</u> Monthly: Minimum: \$10 Maximum: \$215	Employee Supplemental Term (ST) Life Insurance[ⓐ] <ul style="list-style-type: none"> 1x to 5x eligible pay , up to maximum benefit of \$3,000,000 Spouse/Domestic Partner (ST) Life Insurance[ⓐ] <ul style="list-style-type: none"> \$10,000 to \$100,000 in \$10,000 increments Child(ren) Term Life <ul style="list-style-type: none"> \$5,000 or \$10,000 	Employee <ul style="list-style-type: none"> 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 optional AD&PL for spouse and 5% for each child Child(ren) only- 25% of optional AD&PL for each child 	<ul style="list-style-type: none"> Additional 10% of eligible pay (taxable benefit) – up to a monthly benefit maximum of \$15,000 	Aetna 401(k) Plan <ul style="list-style-type: none"> 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 Employee Stock Purchase Plan Discount off fair market value CitiStreet Advisor Service Investment advisory service, powered by Financial Engines®. Service is available either online or by phone through a licensed investment advisor. Monthly fee is charged for ongoing professional account management services My Pay & Benefits Web-based illustration of pay and benefits value	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 Premiums are paid by employee and may be reimbursed from available funds in HRA or HSA at end of the plan year

*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 Chickering Benefit Planning Insurance 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.; Strategic Resource Company, LLC and Schaller Anderson, Inc. and it's subsidiaries.

** As available in various areas *** Available only if located outside a network area ⓐ Some restrictions apply.

2008 Employee Contributions for Regular Employees (working 20 hours or more per week)
Medical Plans

Semi-monthly Employee Contributions								
	Annual Salary of less than \$30,000				Annual Salary equal to or more than \$30,000 and less than \$45,000			
	Coverage Options				Coverage Options			
Medical Plan	Employee	Employee + Child(ren)	Employee + Spouse/ Domestic Partner	Employee + Family	Employee	Employee+ Child(ren)	Employee+ Spouse/ Domestic Partner	Employee+ Family
Aetna HealthFund HSA 90 (Aexcel Plus)	\$0.00	\$10.23	\$20.45	\$30.20	\$0.00	\$10.23	\$20.45	\$30.67
Aetna HealthFund HSA 95 (Aexcel Plus)	\$11.83	\$29.62	\$47.47	\$65.26	\$16.48	\$36.63	\$56.78	\$76.93
Aetna HealthFund HRA 95 (Aexcel Plus)	\$34.67	\$64.97	\$95.27	\$125.57	\$39.19	\$71.78	\$104.32	\$136.91
Aetna HealthFund HRA 90 (Aexcel Plus)	\$24.34	\$48.89	\$73.38	\$97.93	\$28.86	\$55.65	\$82.43	\$109.22
Aetna HealthFund HRA 80 with Dental (Aexcel Plus)	\$26.52	\$53.36	\$80.14	\$106.98	\$31.10	\$60.23	\$89.30	\$118.32
Aetna HealthFund HRA 80 Out-of-Network	\$23.06	\$47.66	\$72.26	\$96.92	\$27.96	\$55.01	\$82.06	\$109.11
Indemnity HSA 90 Out-of-Network	\$0.00	\$13.10	\$26.20	\$39.30	\$0.00	\$13.10	\$26.20	\$39.30
BCBS of ND-Classic 250	\$26.65	\$51.10	\$75.55	\$100.00	\$31.25	\$58.00	\$84.75	\$111.45

Semi-monthly Employee Contributions

	Annual Salary equal to or more than \$45,000 and less than \$60,000				Annual Salary equal to or more than \$60,000 and less than \$90,000			
	Coverage Options				Coverage Options			
Medical Plan	Employee	Employee+ Child(ren)	Employee+ Spouse/ Domestic Partner	Employee+ Family	Employee	Employee+ Child(ren)	Employee+ Spouse/ Domestic Partner	Employee+ Family
Aetna HealthFund HSA 90 (Aexcel Plus)	\$11.93	\$28.12	\$44.31	\$60.49	\$15.34	\$33.23	\$51.12	\$69.01
Aetna HealthFund HSA 95 (Aexcel Plus)	\$24.86	\$49.17	\$73.53	\$97.84	\$28.64	\$54.86	\$81.09	\$107.31
Aetna HealthFund HRA 95 (Aexcel Plus)	\$47.34	\$83.98	\$120.61	\$157.25	\$51.02	\$89.52	\$127.96	\$166.46
Aetna HealthFund HRA 90 (Aexcel Plus)	\$37.06	\$67.95	\$98.83	\$129.72	\$40.69	\$73.38	\$106.08	\$138.77
Aetna HealthFund HRA 80 with Dental (Aexcel Plus)	\$39.25	\$72.42	\$105.60	\$138.72	\$42.92	\$77.96	\$112.95	\$147.88
Aetna HealthFund HRA 80 Out-of-Network	\$36.69	\$68.11	\$99.53	\$130.94	\$40.58	\$73.97	\$107.30	\$140.69
Indemnity HSA 90 Out-of-Network	\$15.29	\$36.00	\$56.77	\$77.48	\$19.65	\$42.55	\$65.50	\$88.40
BCBS of ND-Classic 250	\$39.45	\$70.30	\$101.15	\$132.00	\$43.10	\$75.75	\$108.45	\$141.10

2008 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	Employee	Employee+ Child(ren)	Employee+ Spouse Domestic Partner	Employee+ Family	Employee	Employee+ Child(ren)	Employee+ Spouse/ Domestic Partner	Employee+ Family
Aetna HealthFund HSA 90 (Aexcel Plus)	\$25.29	\$48.40	\$71.51	\$94.61	\$43.60	\$75.87	\$108.13	\$140.39
Aetna HealthFund HSA 95 (Aexcel Plus)	\$39.76	\$71.79	\$103.88	\$135.91	\$59.81	\$101.87	\$143.98	\$186.03
Aetna HealthFund HRA 95 (Aexcel Plus)	\$62.41	\$106.88	\$151.35	\$195.82	\$81.92	\$136.14	\$190.37	\$244.60
Aetna HealthFund HRA 90 (Aexcel Plus)	\$51.83	\$90.36	\$128.95	\$167.48	\$71.34	\$119.68	\$167.97	\$216.31
Aetna HealthFund HRA 80 with Dental (Aexcel Plus)	\$54.12	\$95.05	\$135.98	\$176.86	\$73.63	\$124.32	\$175.00	\$225.63
Aetna HealthFund HRA 80 Out-of-Network	\$52.54	\$92.22	\$131.84	\$171.51	\$77.23	\$129.22	\$181.22	\$233.21
Indemnity HSA 90 Out-of-Network	\$32.38	\$61.97	\$91.56	\$121.10	\$55.81	\$97.12	\$138.43	\$179.74
BCBS of ND-Classic 250	\$53.20	\$90.90	\$128.65	\$166.35	\$75.85	\$124.90	\$173.90	\$222.95

2008 Employee Contributions for Regular Employees (working 20 hours or more per week)

Dental Plans

Semi-monthly Employee Contributions				
Dental Plan	Coverage Options			
	EE	Employee & Children	Employee & Spouse/Domestic Partner	Employee & Family
Dental Maintenance Organization (DMO)	\$5.75	\$8.85	\$12.00	\$15.10
Dental PPO	\$14.25	\$21.95	\$29.60	\$37.25
Dental Plan of ND and SC	\$14.25	\$21.95	\$29.60	\$37.25

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+	
	Smoker	\$0.063	\$0.063	\$0.080	\$0.090	\$0.140	\$0.252	\$0.423	\$0.666	\$1.053	\$1.890	\$3.204	
	Nonsmoker	\$0.045	\$0.053	\$0.071	\$0.080	\$0.089	\$0.150	\$0.230	\$0.430	\$0.660	\$1.242	\$2.060	

Benefit	Options	Monthly Employee Rates (per \$1,000 of coverage)										
Spouse/Dom. 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+
	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												

*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	\$0.02
		Self and Spouse/Domestic Partner	\$0.04
		Self and Child(ren)	\$0.03
		Self, Spouse/Domestic Partner and Child(ren)	\$0.04

Benefit	Additional Options	Monthly Employee Rates *									
Long-Term Disability		Age									
		<24	24-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
	10% taxable benefit	\$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											

* 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.