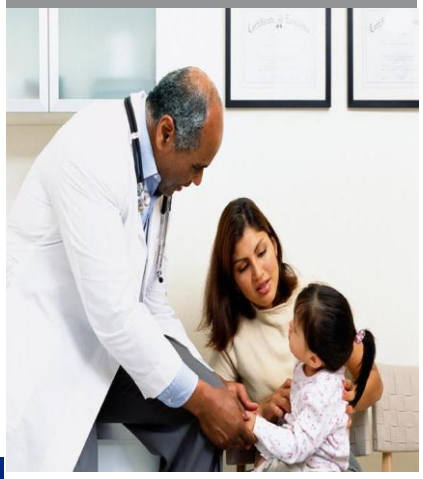
Trustees of UFCW Unions & Participating Employers Health & Welfare Fund



Annual Renewal Rating : January 1, 2014 through December 31, 2014

Plan Sponsor Number - 883965

aetna℠

Cynthia Polisuk
Account Executive
28588 Northwestern Highway, Suite 250
Southfield, MI 48034
Phone: 248-208-8650
PolisukC@aetna.com

November 8, 2013

Trustees of UFCW Unions & Participating Employers Health & Welfare Fund
William Jensen
4301 Garden City Drive
Landover, MD 20785

Dear Mr. Jensen:

Thank you for allowing us to serve your health insurance and health benefit needs over the past year. We are hopeful that this package will provide you with the information you need in order to develop your company's future benefits program. As we approach the January anniversary of your program with our company, we are pleased to present you with our renewal for the 2014 policy period.

At Aetna*, we believe it is fundamental that you understand the full financial picture of your benefit plan. Therefore, the enclosed package provides the following important information about the cost of your current program, potential changes you may want to consider and the value that Aetna brings to you and your company.

- Future Program Costs - This section illustrates the cost projections to operate your current benefit program for the period 01/01/2014 through 12/31/2014. This section contains the following: experience exhibits and illustrative administrative service fees.
  - For the 01/01/2014 through 12/31/2014 contract period, the fee will increase 3% for self-insured PPO dental and 3% for fully-insured DMO dental. .
- Program Services and Financial Assumptions

  Program Services Included - This section includes additional services that have been included in our pricing or require an additional fee.

  Financial Assumptions - Our renewal offer is contingent upon the parameters outlined here. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments on our Life, Medical and Dental quotations for conventional premiums, Service Fees, and Stop Loss rate(s) and factor(s). Please review this section thoroughly.
- The Aetna Difference - This section outlines the latest Aetna facts that we would like you to know about our company. We hope that by reading this information you will better understand the many ways we are striving to provide quality healthcare programs and services to companies like yours.

In the absence of any changes impacting the conditions of this renewal as outlined in the Financial Assumption section, the rates, fees, and factors presented here will remain in effect through December 31, 2014.

If you would like to make any plan changes, please contact me by December 1, 2013. If you have any questions, please contact me at 248-208-8650.

We are committed to working with you to provide quality products and services that reinforce your decision to do business with Aetna and help manage your current and future health care costs.

Sincerely,

Cynthia Polisuk
Account Executive

Jermaine Kane
Underwriting Consultant

Experience Analysis for Funding Projection

Trustees of UFCW Union & Participating Employers Health & Welfare Fund **Plan Sponsor Number - 883965**
Renewal Period: 1/1/14 through 12/31/14

Historical Experience - Dental

Month	Subscribers	Recorded Paid
Aug-12	1,089	$ 29,661
Sep-12	1,098	33,410
Oct-12	1,085	37,799
Nov-12	1,072	23,601
Dec-12	1,055	21,669
Jan-13	1,053	24,209
Feb-13	1,061	33,596
Mar-13	1,086	27,983
Apr-13	1,093	41,123
May-13	1,099	27,793
Jun-13	1,097	27,304
Jul-13	1,086	30,216
Aug-13	1,096	26,934
Sep-13	1,013	24,295
Oct-13	996	31,693
TOTALS	12,981	$ 340,416

Net Recorded Paid Claims	$	340,416
Net Recorded Paid Claims PSPM	$	26.22

Illustrative Rate Change Development

ASC

Trustees of UFCW Union & Participating Employers **Plan Sponsor Number - 883965**

Renewal Period: 1/1/14 through 12/31/14

- The current Net Adjusted Recorded Paid Claims Per Subscriber Per Month (PSPM) are Renewal Rate Period.

Total Group

		Dental
Proposed Lives		**996**
1. Net Adjusted Recorded Paid Claims PEPM	$	26.22
2. Annual Trend		7.0%
Dental Experience Period: 11/01/12 through 10/31/13		*Midpoint -> 5/15/13*
Renewal Period: 1/1/14 through 12/31/14		*Midpoint -> 7/1/14*
3. Months to Trend Experience		13.5
4. Trended Experience Recorded Paid Claims PSPM	$	28.29
5. Claim Adjustment		-
6. Experience Credibility		100.00%
7. Baseline Claims PSPM		N/A
8. Baseline Weight (100% - 6)		0.00%
9. Blended Claims PSPM	$	28.29
10. Adjustment for Renewal Benefit Change PSPM		-
11. NET Expected Claim PSPM		28.29
12. Administrative Service Fees	$	4.15
13. Consulting Fees PSPM ($0.00)		-
14. Stop Loss Premium	$	-
15. Renewal Illustrative Conv. Eq. Premium PSPM	$	32.44

Administrative Service Fees

ASC

Trustees of UFCW Union & Participating Employers Health & Welfare Fund **Plan Sponsor Number - 883965**
Renewal Period: 1/1/14 through 12/31/14

- The below Administrative Service Fees will become effective 1/1/14.
- The fees below exclude charges for items such as printing, special reports and late fees. These will be billed separately.
- The below ASC fees assume that Aetna will be Claim Fiduciary.

Service Fee Comparison

Projected Number of Enrolled Subscribers

Dental	996

	Current Period 1/1/13-12/31/13	Projected Period 1/1/14-12/31/14	% Change
Administrative Service Fees as Billed			
Dental (PSPM)	4.03	4.15	3.0%
Administrative Service Fees as Total Contract Period Dollars			
Dental	48,167	49,601	
Total Service Fee	$ 48,167	$ 49,601	3.0%

Conventional Billing Rates

Trustees of UFCW Unions and Participating Employers Health and Welfare Fund
Renewal Evaluation 1/1/2014-12/31/2014
Aetna Life Insurance Company
Customer Number 883965

- No current members in the Aetna DMO plan.

Rate Comparison	Subscribers	Current Rates Effective 1/1/13	Indicated Increase	Renewal Rates Effective 1/1/14
DMO 11-000				
Single Subscriber	0	$ 27.69	3.0%	$ 28.52
Subscriber + Spouse	0	55.40	3.0%	$ 57.06
Subscriber +Child(ren)	0	61.02	3.0%	$ 62.85
Subscriber + Family	0	88.60	3.0%	$ 91.26
Monthly Premium	0	$ 0		$ 0
Annual Premium		$ 0		$ 0

Programs and Services

Trustees of UFCW Unions & Participating Employers Health & Welfare Fund
Renewal Rate Period: 01/01/2014 through 12/31/2014 **Plan Sponsor Number - 883965**

Programs and Services
We have provided a list, by product, of those programs and services that are included or available to Trustees of UFCW Unions & Participating Employers Health & Welfare Fu
Programs and services that are optional are noted with a **$** sign and require an additional fee; for specific pricing
please contact your Account Executive, Cynthia Polisuk.
Programs and services that are not available for particular products are identified as **N/A**.

	PPO Dental
General Administration	
Account Management	Included
Customer Team Services	Included
Banking	Included
- Alternate Stockpiling	$
Communication Materials	Included
Eligibility (Standard)	Included
Customized Forms	$
Printing of Booklets or Certificates	$
Claim Fiduciary & External Review (Details on Financial Assumption Tab)	$
HIPAA Administration	N/A
Claims Subrogation	N/A
Claim & Member Services	
Claim Administration	Included
Member Services	Included
Network Administration	
Network Management	Included
Provider Relations	Included
Dental Medical Integration (DMI)	Included
Network Access Services	
Dental Network Discount (PPO II)	$
Patient Management	
Precertification	Included
Case Management	Included
Value Add Programs	
EPIC Dental Discount Program	Included
Member Internet Services	
Public Sites	
DocFind®	Included
InteliHealth®	Included
Learning Resources	Included
Secure Sites	
Staying Healthy	Included
Estimate the Cost of Care Tool	Included
Claim Research/Forms/Contact us	Included
Spanish version	Included
Plan Sponsor Internet Services	
e.Plan Sponsor Monitor™ Reporting Aetna Integrated Informatics®\	
- Level A Reporting	Included
- Level B Reporting	Included
- Level C Reporting	$
- Level D Reporting	$

Financial Assumptions

Trustees of UFCW Unions & Participating Employers Health & Welfare Fund **Plan Sponsor Number - 883965**
Renewal Rate Period: 01/01/2014 through 12/31/2014

Administrative Fees Parameters

- **Services Agreement ("Contract") Period**

  The contract period begins on the effective date of January 01, 2014 and will be applicable for a 12 month period. Our contracts provide for automatic renewal upon the completion of each contract period unless either party invokes the termination provision, which requires 31 days advance written notice of termination to the other party. This provision may be invoked at any time during the continuance of the contract and is not limited to termination occurring on the renewal date.

- **Enrollment and Funding Assumptions**

  Based on this census information and the subsequent access analysis, we have assumed that approximately 0 subscribers will be enrolled for dental coverage. Our renewal quote assumes that coverage will not be extended to additional subscribers without review of supplemental census information and other underwriting information for appropriate financial review. The following illustrates assumed enrollment in each coverage:

Coverage	Assumed Enrollment
PPO Dental	996
Total Dental Enrollment	996

- **Self-Funded Fee Guarantee**

  The mature fees are guaranteed according to the per subscriber per month fees as illustrated on the financial exhibits.

- **Advance Notification of Fee Change**

  We will notify Trustees of UFCW Unions & Participating Employers Health & Welfare Fund of any fee change at least 31 days prior to the effective date of fee change.

- **Guarantee Parameters**

  Aetna reserves the right to recalculate the guaranteed fees to take effect on the date a contingent event described below occurs. In such case, Trustees of UFCW Unions & Participating Employers Health & Welfare Fund will be required to pay any difference between the fee collected and the new fees calculated. Aetna may recalculate:

  1. If, for any product:

     a. There is a 15% change in the number of subscribers from our enrollment assumptions by site or by product, or from any subsequently reset enrollment assumptions.

     b. The change in member-to-subscriber ratio is greater than 15%. We have assumed a member-to-subscriber ratio of 1.55%.

     c. The change in number of processed claim transactions (PCTs) per subscriber is greater than 15%. We have assumed 2.84 PCTs per subscriber per year. We define a PCT for dental benefits as any transaction transaction with respect to a benefit request or predetermination of dental benefits for expenses incurred or expected to be incurred by one claimant in any one calendar year for a major line of coverage, including but not limited to benefit payment, benefit denial, pended request or decision on an appeal of a denied benefit request.

  2. If there is a material change in the plan of benefits initiated by Trustees of UFCW Unions & Participating Employers Health & Welfare Fund or by legislative or regulatory action.

  3. If there is a material change initiated by Trustees of UFCW Unions & Participating Employers Health & Welfare Fund or by legislative or regulatory action in the claim payment requirements or procedures, account structure, or any change materially affecting the manner or cost of paying benefits and/or administering the plan.

- **Run-Off Claims Processing**

  Your administrative service fees are mature; we have included the cost of processing self-funded run-off claims for 12 months following the termination of our administrative service agreement.

- **Late Fee Payment**

  If Trustees of UFCW Unions & Participating Employers Health & Welfare Fund does not cover benefit payments in a timely manner as provided in the Agreement, to pay service fees in a timely basis as provided in such Agreement, Aetna will assess a late payment charge. The current charges are:
  - late funds to cover benefit payments (e.g., late wire transfers after 24-hour request): 12.0% annual rate
  - late payments of service fees after 31 day grace period: 12.0% annual rate

  Aetna will provide written notice to Trustees of UFCW Unions & Participating Employers Health & Welfare Fund of any change in late payment charges. The late payment charges described in this section are without limitation to any other rights or remedies available to Aetna under the Agreement or at law or in equity for failure to pay.

Aetna Standards

- **ALIC Rewrite**

  Aetna rewrote our standard description of benefits. We began using the revised version in 2008. The revisions affect documents that support Aetna's Traditional Medical (including Traditional Choice, Open Choice, Managed Choice and Open Access Managed Choice), Dental, Group Insurance and Pharmacy product lines. New customers receive documents on the new forms as they are implemented into Aetna's e.Publishing system. Renewing customers will receive updated contracts on renewal, as they have revisions, over a two-year contract renewal cycle. Please contact your account manager for further information on the changes.

- **Broker/Consultant Compensation**

  The quoted fees do not include broker/consultant compensation.

Programs and Services:

- **Claim Fiduciary (Opt. 1)**

  Our quoted administrative fees assume Aetna will be the ERISA/non-ERISA claim fiduciary for the dental coverage. As claim fiduciary, Aetna will be responsible for final claims determination and the legal defense of disputed benefits payments for dental.

- **Aetna Dental® PPO II Network**

  Dental PPO II is a vendor based program that offers access to contracted rates for dental claims that may otherwise be paid at billed charges under the out-of-network portion of the Dental PPO plan. The third party vendors participating in the Dental PPO II Program network are considered participating providers and services rendered by such providers will be reimbursed in accordance with the terms of the Customer's plan as in-network service.

- **Data Transfer at Termination**

  Upon contract termination, we agree to cooperate with succeeding administrators in producing and transferring required claim and enrollment data. Data will be transferred within 30 days after determination of Trustees of UFCW Unions & Participating Employers Health & Welfare Fund's specific format and content requirements, subject to a charge that is based on direct labor cost and data processing time.

- **Third-Party Audits**

  While in most cases we do not request reimbursement for internal costs associated with a third-party audit, we reserve the right to recoup these expenses if significant time and materials are required. A complete description of the terms and conditions of our audit policies is outlined in our Services Agreement.

- **Additional Products and Services**

  Costs for special services rendered, which are not included or assumed in the pricing guarantee will be direct billed. For example, Trustees of UFCW Unions & Participating Employers Health & Welfare Fund would be subject to additional charges for customized communication materials, as well as costs associated with custom reporting, booklet and SPD printing, etc. The costs for these types of services would depend upon the actual services performed and would be determined at the time the service is requested. A list of these special services can be found on the Programs and Services Sheet.

The Aetna Difference

Aetna* is one of the nation's leading providers of health care benefits. Our resources include one of the largest networks of physicians, dentists, hospitals, pharmacies, and health professionals; extensive experience in claims payment and administration of innovative health benefits and health insurance; and powerful online resources and self-service tools. Aetna is a leader, cooperating with doctors and hospitals, employers, patients, public officials, and others to build a stronger, more effective health care system.

Aetna Can Make Your Job Easier…

- **Aetna's Broad Choice of Products and Services Helps Provide Comprehensive Coverage**

  You know Aetna as a leader in medical insurance. But we also offer a full range of insurance policies, including **dental, pharmacy, group life, and disability**, each of which provides the high level of quality and service you demand. Whether taken individually, or as a complete package, any of Aetna's programs will enhance the heath coverage you provide for your employees. Aetna harnesses the power of information to help you and your employees make better, more informed decisions. This helps control costs and helps keep your employees healthy and productive. Aetna offers a product portfolio aimed at balancing the needs of both employers and employees. We strive to maintain a competitive and comprehensive health portfolio of HMO and PPO-based products, as well as consumer-directed health plans. Aetna is committed to help facilitate access to high-quality, cost-effective care to produce healthier outcomes.

- **Plan Sponsor Services – Aetna Delivers a Total Service Experience**

  We provide plan sponsors with customer-specific services so the plan functions smoothly. We designate a specific field office and account manager as the primary contact.

  Through ongoing communication with the Plan Sponsor, the account manager provides recommendations as employer needs grow or change. The account manager provides support for plan sponsors regarding their health coverage issues and benefits concerns.

- **Online Tools – Easy-To-Use Technology For Benefits Planning, Eligibility, Enrollment And Billing**

  Aetna offers an array of Internet-based applications that are designed to make it easier for Plan Sponsors to do business with us.

  - **Aetna's e.Plan Sponsor Monitor™** is an easy-to-use online reporting tool that helps customers identify their health care spending patterns by providing access to standard reports as well as the ability to customize and create ad hoc reports. If you are an e.Plan Sponsor Monitor™ customer, you can easily access the program online with a secure username and password. Plan sponsors who cannot access e.Plan Sponsor MonitorTM and who have 100 eligible enrolled subscribers will receive quarterly reports from Aetna's reporting tool that provide comprehensive statistics related to their plan and Aetna's book of business. If you are not yet an e.Plan Sponsor Monitor™ customer, please feel free to contact us to learn more about our capabilities.

  - **Aetna Health Information Advantage (AHIA)**

    Aetna is committed to making health information easier to access, easier to understand, and more effective. We strive to help you make important decisions about benefit plan designs, programs and services. Aetna Health Information Advantage (AHIA) web-based decision support tool helps you get the information you need when you need it.

    Features include a dashboard for an "At a Glance View" into plan and program performance. Access this information through interactive views of your plan data. The dashboard is an easy way to monitor your plan's performance. Prepackaged or customized module topics show critical plan information in an easy-to-read-format.

    Please contact your account manager to find out more about Aetna Health Information Advantage and our report solutions.

  - **Aetna Integrated Informatics and Medical Management Programs – Healthier Outcomes and Cost Reduction**

    One of Aetna's goals is to help members maintain their health as well as to identify the need for care in the early stages of a disease. **Aetna Integrated Informatics**, our data analysis subsidiary, uses predictive modeling and risk stratification to identify members for early outreach. By increasing the reach and impact of our proven medical services programs, Aetna continuously strives to connect care with individual needs. We are making it easier for employers to control costs while providing quality coverage. We offer innovative case and disease management programs as regular components of our plans. The intention is to proactively identify members who have chronic illnesses and intercede to provide them with educational resources to help them better manage their conditions.

  - **Enrollment and Billing Solutions**

    Customers with an HR system can use **SecureTransport™** to quickly and efficiently transmit eligibility information from their system to Aetna. Customers who do not have an HR system, can use **EZenroll** to process new hire enrollments, changes, and terminations or **EZLink™ f**or online enrollment, billing and electronic premium payment.

- **Aetna Navigator™ - We Support Members 24/7**

The Aetna Difference

Aetna Navigator™ is a self-service website that provides members with a single source for online health and benefits information 24 hours a day, 7 days a week. Through Aetna Navigator, members can change their Primary Care Physician (PCP), replace an ID card, research Aetna's products and programs, contact Aetna directly, and access a vast amount of health and wellness information. Aetna Navigator also includes secure, personalized features for registered members including access to claims and benefits status.

Additional Products & Service Offerings

- **Aetna Health Connections Disease Management**

  Our Aetna Health Connections Disease Management program provides innovative and individualized clinical programs, information and support for total, integrated health management to help members achieve their optimal state of health. Aetna Health Connections Disease Management integrates a full suite of 34 chronic conditions and common co-morbidities in an holistic fashion, with an Aetna nurse acting as a generalist to address the total health of those members who will benefit most from disease management services.

  Our program also includes **MedQuery®,** which uses member data such as medical claims, pharmacy claims, laboratory reports, self-reported data, and demographic information to identify potential gaps in care. This information is shared with physicians to help improve clinical quality and patient safety. See below for additional information.

- **MedQuery® - Information Sharing Helps Improve Quality And Safety Of Care**

  Aetna's MedQuery® program is a data-mining initiative that turns Aetna's member health data into information that physicians can use to improve clinical quality and patient safety. Through the MedQuery® program, Aetna's data is analyzed and the resulting information provides physicians with access to a broader view of a patient's clinical profile. The data that fuels this program includes claims history, current medical claims, pharmacy claims, physician encounter reports, patient demographics and evidence-based treatment recommendations.

- **Personal Health Record (PHR)**

  We seek to empower consumers by helping them make better informed health decisions that will help them achieve their optimal state of health. In keeping with this goal we have developed the **Aetna CareEngine®-Powered Personal Health Record (PHR).**

  PHR can help members organize health information and actively participate in their health care. PHR combines detailed, claims-driven information gathered from across the health care spectrum such as physician offices, labs, diagnostic facilities and pharmacies with user-entered information such as family history or allergies. The result is a comprehensive health profile that the member can access anytime online, and print to share with his or her doctor.

  PHR features targeted messages and alerts to members, informing them of opportunities to improve their health and well-being as well as reminding them to consider alternative therapies, or warning them of potentially dangerous medication errors.

  While PHR is populated by claims data and kept up-to-date without effort on the member's part, the member has the option of filling-in gaps by entering information not provided by claims data. In addition, through our innovative health questionnaires, Aetna will encourage members to maintain the accuracy of their information in PHR.

  To learn more about PHR please visit us at: **http://www.aetna.com/makehistory/**, or please contact your Account Manager if you would like more details.

- **Aetna Health Connections Get Active!SM**

  Aetna Health Connections Get Active!SM is a great way for plan sponsor to help employees of all health and fitness levels get and stay motivated to improve their fitness and well-being. It features an online fitness and nutrition tracker, team-based challenges, social networking, e-mails, newsletters, activity tracking, full reporting capabilities, and the option to purchase a welcome kit that includes a pedometer.

  Get Active! is a year-round program that offers inviting seasonal challenges to keep people moving and motivated through the year. It starts with a team challenge that is 12 weeks in length, and continues with other shorter challenges. All are supported by the program's exceptional social networking component that drives engagement and helps create lasting behavior change.

  There are two levels to this wellness program:
  1) Shape Up & Stay in Shape (an annual fitness and nutrition tracking program)*
  2) Shape Up (a 12-week team-based fitness competition program)

  * This option offers up to 3 competitions over the course of 12 months. Note: If the annual program is implemented off-renewal, 3 competitions may not be feasible.

  Additional, optional challenges (available with the purchase of the annual program):

  Balancing Act: Weekly exercise and nutrition challenges to help employees find a balance between healthy and unhealthy

habits. Teams of employees compete to see which ones can make the healthiest decisions. (6 weeks)

Flex Your Food: Teaches participants the basics of good nutrition while making it easy to track progress and work together to adopt healthier eating habits. (6 weeks)

Fit & Festive: During the holidays, time commitments and stress can rise dramatically, and unhealthy food and drinks are readily available and often become an easy but unwise choice. Encourage employees to have a Fit & Festive season by teaming up with coworkers for motivation and support. (6 weeks)

Fight the Flu: A prevention challenge that encourages participants to get a flu shot and then recruit others to follow their lead. Teams get points for each member who gets a flu shot. (4 weeks)

- **Aetna Performance Network Program**

  Aetna Performance Network (formerly Choose and Save) is our flagship tiered network solution. Aetna Performance Network offering that includes a tiered network of hospitals and specialists, complemented by tools and support that work in concert to help plan sponsors and members control overall medical costs. This approach aims to actively engage employees and their families at critical decision points to:

  - Make smarter choices that help keep them well
  - Encourage them to seek the appropriate level of care that they need
  - Guide them to quality and efficient providers and settings of care

  It is currently available in certain states. Please contact your Aetna Account Manager for more details.

- **Aetna Affordable Health Choices℠ – Provides Benefits To Non-Traditional Employees**

  In August 2004, Aetna announced the acquisition of **Strategic Resource Company (SRC)**, the latest in a series of targeted acquisitions designed to enhance the scope of our product and service offerings and increase our ability to serve new market segments. SRC, An Aetna Company℠ offers an innovative solution for non-benefited employees (i.e. Part-time, waiting period, seasonal, temporary, per diem, etc). Through SRC, we can offer quality, affordable coverage to this important segment of the workforce, which provides significant value to these individuals and plan sponsors as well. SRC offers affordable medical, dental, life, disability, vision and pharmacy insurance administered through payroll deductions. Our experience shows that offering these benefits reduces turnover in this population and therefore, positively impacts acquisition, hiring and training costs. Please contact your Account Manager if you would like more details.

- **Aetna HealthFund® – Innovative Consumer-Directed Plan Designs Help To Lower Medical Costs**

  Our accumulated information allows us to create innovative solutions like the **Aetna HealthFund®** integrated suite of health, dental, and pharmacy. Did you ever think your employees could help you control health care costs? They can with Aetna HealthFund®. These consumer-directed plans give employees responsibility for managing their own spending, and we'll give them the information they need to spend wisely. It's the first integrated benefits suite of its kind, and it's only from Aetna, the pioneer in consumer-directed plans.

- **Referenced-Based Pricing**

  Reference-Based Pricing is an emerging trend that helps address price differences in health care costs for certain services. Aetna's data and other studies show that there are wide variations in cost for the same care and that costs can vary dramatically among providers in the same area for the same procedure. Cost disparities are driven by many factors, but most often, they are the result of the negotiating power of the provider, tied to what the marketplace is willing to accept.

  Reference-based pricing establishes a standard price (maximum allowable amount) for a service, generally based on prices in a region, and typically requires that members pay allowed charges above this amount. Reference-based pricing provides an opportunity for both plan sponsors and members to reduce their overall health care costs.

  A well-designed reference-based pricing program combines both transparency and plan design. The program can encourage greater member engagement, provided the tools and resources are in place to allow members to shop for and identify providers that fall within the maximum allowable amount set for each procedure. Transparency is a key to the success of reference-based pricing programs.

- **Aetna Integrated Programs – Benefits Work Better … Together**

  - **Aetna Integrated Health & Disability (IHD)**

The Aetna Difference

aetna℠

When Aetna's Medical and Disability benefits are taken together, they can be coordinated to provide a more efficient health care program. **Aetna Integrated Health & Disability (IHD)** is a concrete and compelling example of Aetna's strengths: innovation, information and integration. IHD links medical and disability case management together by utilizing Aetna's rich data management tools. This allows the right connections to be made at the right time to create a better outcome for our members, plan sponsors and providers. Aetna gathers aggregated data and integrates it across our areas of service – medical management, disability, Aetna Behavioral Health and Aetna Integrated Informatics® -- to help improve the overall health of our members, while potentially reducing medical costs for you and your employees. IHD may uncover concerns earlier, which can help employees recover faster and return to work sooner. We combine predictive modeling, patient information, early outreach, condition management and care coordination with our rehabilitation and return-to-work experience. The end result is a holistic approach to the individual's health and ability to remain productive.

- **Aetna Integrated Health Solution℠ (IHS)**

  IHS is another innovative program that connects clinical services, claims data, and wellness resources across multiple products to positively impact members' health, improve workforce productivity, and manage healthcare as well as disability costs.

  Why is IHS needed? "Presenteeism", or on-the-job productivity loss that is illness related, is costing plan sponsors money. Research on employee health and wellness shows that presenteeism costs businesses $150 billion a year. Lost productivity is 7.5 times higher due to presenteeism than for absenteeism.

  IHS is uniquely aimed at addressing this need. The IHS continuum of fully-integrated services provides our medical, behavioral health, pharmacy, wellness and disability clinicians with a single, comprehensive view of each member's health and health needs. Customers receive integrated reports that pinpoint the health issues of greatest need and track the engagement and progress of employees toward better health. And because IHS helps members and health care professionals identify conditions at the earliest stages - when they are most treatable - recovery times improve, presenteeism and work-related absenteeism are addressed, and medical and disability costs are managed more effectively.

  Aetna has achieved remarkable results from its integrated programs initiated to date -- medical and psychiatric case management, health and disability management, and medical and pharmacy management.

  Ultimately, showing the value of integrated care results in expected reduction in medical claim costs of 4% in year 1, 5% in year 2, and 6% in year 3.

- **Aetna Dental/Medical Integration (DMI) Program**

  Plan sponsors with both Aetna medical and dental coverage receive the DMI program at no additional charge.

  Aetna was the first dental benefits and insurance company with a published study on the impact dental health has on medical claims. Results of the Columbia University College of Dental Medicine study indicate that proactive periodontal care might help lower medical expenses for members with certain chronic conditions. This research has become quite clear through the results of our DMI program.

  The program uses Aetna's unique data integration tools to identify at-risk members whose conditions have high cost - high risk characteristics that could result in poor health. The program focuses on members who have not had a recent dental visit. It then creates a complete health history for these members.

  Aetna combines outreach programs, education materials and enhanced dental benefits to encourage these members to obtain dental care for improved overall health. At-risk members could include those with diabetes, coronary artery disease, cerebrovascular disease or pregnancy.

  Group-specific results can also be provided under this valuable program.

- **Aetna Dental® PPO II**

  Aetna Dental is pleased to offer 20,000* available dental PPO practice locations, doubling the size of the program. This vendor based network is called Aetna Dental PPO II. In combination with our standard dental PPO network, there are over 205,500* available dental practice locations. With the inclusion of Aetna Dental PPO II, you and your employees may save on dental costs through access to more dentists providing services at contracted rates.

  Program highlights are:

  - No cost to you - there is no impact to your self funded per-employee-per-month (PEPM) administration fee.
  - Claim Savings - You retain 60% of the negotiated Aetna Dental PPO II Savings (Aetna will retain 40% of the negotiated Aetna Dental PPO II savings)
  - More participating dental locations for your employees
  - Lower out-of-pocket costs to your employees

  * Provider counts asof July 01, 2013.

- **Life and Disability Programs & Services**

The Aetna Difference

Life and disability insurance are important components in a comprehensive employee benefits package, providing peace of mind for employees and family members. Aetna's core offering of high-quality disability products and services -- Short Term Disability (STD), Long Term Disability (LTD), and Absence Management including Family and Medical Leave Act (FMLA) -- can be offered alone or in any combination. Within this core model are a variety of plan design options, service features and system capabilities that enable you to customize the plan to meet your needs.

Included with Aetna's Basic, Voluntary, Supplemental or Dependents' Group Term Life Insurance plans is a new package of programs and services designed to enhance the value of our products for both employees and their family members by leveraging programs from Aetna's innovative health business. With Aetna Life Essentials, active employees and their families have access -- at no additional cost -- to programs that help promote healthy, fulfilling lifestyles. In addition, Aetna Life Essentials provides critical support resources for often-overlooked needs at the end of life. These programs provide value for beneficiaries and their loved ones beyond the financial support from a death benefit.

Here are highlights of Aetna's Life and Disability programs:

- **Discounts** - If your employees enroll in an Aetna Disability and/or Life Insurance Plan our discount programs can be their ticket to the small luxuries that help keep them healthy and happy.
- **Aetna's differentiation in disability claim management** - We view disabilities as health events, not just absences from work. As such, we have developed a market-leading approach that will return your employees to health -- and to work -- sooner.
- **Workability®** - Workability is our state-of-the-art integrated disability system. It is task, clinical outcome based system with smart logic. Workability is a single platform generating communications across your FML, STD and LTD claimants
- **An Employee Assistance Program (EAP) for Long Term Disability members** - We are pleased to offer, as a value-added service in conjunction with our insured Group Long Term Disability policies, an EAP serviced and managed by Aetna Behavioral Health. It includes access for employees and immediate household members to unlimited phone consultations with EAP counselors
- **Aetna Life Essentials℠** - Included with Aetna's Basic, Voluntary, Supplemental or Dependent's Group Term Life insurance plans is a package of programs and services designed to enhance the value of our products for both employer- and employee-paid coverage. This program includes such valuable services as expert financial advice, access to legal services, and healthy lifestyle programs.
- **Travel Assistance Program** - To help minimize the stress of emergency situations you may encounter while traveling overseas on business or pleasure, we offer you and your dependents access to medical, travel, legal and financial assistance services through this program
- **Coordination of Premium Waiver** - If Aetna covers both Life and long-term disability, we send premium waiver notification to the Premium Waiver Unit once an LTD claimant has met the predetermined qualifying period.

■ **Medicare Advantage Plans**

Aetna has a wide range of health plan choices for plan sponsors to offer their Medicare retirees. Below are some of the plan options you may want to consider:

- **Medicare Advantage HMO**
  Offers a large national provider network, worldwide emergency care, preventive health and wellness programs, optional dental benefits, online resources, value added services such as eyewear discounts and fitness club memberships.
- **Medicare Advantage PPO**
  Offers flexibility to visit providers in-network or out-of-network, no annual or lifetime dollar maximums for in-network services, no copays for select in-network preventive services.
- **Aetna's Supplemental Retiree Medical Plan Insurance Policies**
  Aetna Supplemental Retiree Medical Plans are fully insured policies that mirror the standardized individual Medigap benefit plans, paying secondary to medicare. Aetna Supplemental Retiree Medical Plans do not utilize a provider networks, allowing members the flexibility to seek care from providers of their choosing. Discount programs for vision, fitness, weight management, dental and hearing are included.
- **Medicare Prescription Drug Plans (PDP)**
  A wide range of standalone PDPs are available under Aetna Medicare Rx. They range from plans that provide Standard PDP benefits to enhanced plans that fill in the Medicare PDP coverage gap. These plans are available nationwide.
- **Medicare Advantage Prescription Drug Plans (MA-PD)**

  Aetna's MA-PD Plans integrate our Medicare Advantage plans with our Prescription Drug plans in order to provide a complete health solution for members. MA-PDs also help simplify enrollment, billing and administration for both the plan sponsor and the member.

For more information about Aetna's Medicare options or to request a quote, please call toll free 1-877-603-2061, or contact your account manager.

■ **Vital Savings by Aetna℠ - Dental Discount Card Program and Other Discounts**

The Aetna Difference

Vital Savings by Aetna [SM] is a program that provides access to discounts for dental services from participating dental providers, as well as access to discounted fees for vision services and supplies through the Vision One discount program. Discounts on other services are also available. **This program is NOT an insurance plan.** Participants simply present their Vital Savings ID card when they visit a participating dental office or other participating provider. Participants are responsible for payment of 100% of the fee directly to the provider at the time services are rendered. There are no claims submitted under this program.

- Discounts are the same as Aetna's Dental PPO discounts (average 30% nationally). Vital Savings provides access to a network of 64,700+ dental office locations nationwide and it targets the 40 percent of Americans who currently lack dental insurance.
- **Vision** – Participants can receive discounts on exams, eyeglasses, contact lenses and LASIK eye surgery through the Aetna Vision Discounts[TM] program.
- **Other Health Care Products and Services** – Through Aetna's Vital Savings Program, discounts are available on many other health care services including chiropractic services, acupuncture, massage therapy, and nutritional counseling.
- **Fitness** – Participants can save on membership rates through independent health clubs contracted within the GlobalFit[TM] network as well as save on certain home exercise equipment.
- **Hearing Services** – Discounts are available on exams and hearing aids.

The Vital Savings Program is currently available to plan sponsors with 51+ employees who perform traditional benefit administration functions such as collection of enrollments, payroll deduction of fees and remittance of fees via Service Fee Billing. There is a monthly fee to purchase the Aetna Vital Savings program. Two billing options are available - a group billing option and an individual billing option. Vital Savings monthly fees may be eligible for pre-tax payroll deductions for employees/retirees under age 65 if the program is under the group billing option.

For more information on discounts available or participating providers, please contact your account manager or visit online at www.vitalsavingsbyaetna.com.

- **Wellness Programs**

Implementing a solid and well-thought-out Wellness Strategy is key to infusing a supportive culture for plan sponsors. At Aetna, we are committed to taking steps to ensure that this future in health care strategy is realized. We are ready TODAY for this journey and we invite our customers to join us.

Aetna Healthy Commitments[SM] Wellness Packages are simple, easy-to-implement wellness solutions for plan sponsors to ensure a successful and effective wellness strategy for their employees. In addition, this program is supported by a turn-key communications toolkit that enables a streamlined implementation and ongoing support for the plan sponsor's wellness strategy. To help plan sponsors choose the right wellness programs for their employees, we have grouped the Aetna Wellness offerings into three levels: Core, Enhanced and Premier. For specific pricing, please contact your account manager.