EMERITI®
RETIREMENT HEALTH SOLUTIONS

FOR MORE INFORMATION, CALL 1-866-EMERITI (1-866-363-7484)
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EMERITI HEALTH INSURANCE PLAN OPTIONS COMPARISON CHART

(UNDERWRITTEN BY AETNA LIFE INSURANCE COMPANY®)

2008

The Emeriti Program enables you to create your own insurance plan from a menu of options. This brochure compares the provisions of each of the medical and Rx options, and describes the dental plan, so that you can select the option that best meets your needs. There are three steps to the process.

STEP 1

Choose your medical coverage from among four plans. You can choose from two levels of Medicare Supplement plans, building on Medicare Parts A (hospital) and B (physician). Or you can select from two Private-Fee-For-Service (PFFS) plans, which assign your Medicare Parts A and B coverages to a private insurer, Aetna in the Emeriti Program. PFFS plans have extensive preventive services, like traditional Medicare HMOs, but without the disadvantages of a closed provider network or geographical restrictions. Providers must accept PFFS arrangements. Please see the Emeriti booklets, ***"Your Emeriti Health Insurance Plan Options"*** and ***"The A,B,C,Ds of Medicare"*** for more information. *Please note if you want medical coverage, you must also choose an Rx plan.*

STEP 2

Choose your Medicare-approved Part D prescription drug plan from among three plans, offering varying levels of coverage, from enhanced to basic coverage, at different premium levels:

- Options for closed or open formulary
- Broad menu of drugs commonly prescribed for retirees
- Plan options to help fill the coverage gap (or "donut hole")
- Flexibility of retail purchase and discount mail order delivery
- Access to more than 90% of U.S. retail pharmacies

In the Emeriti Program you also have the choice of a stand-alone prescription drug (Rx) plan (no medical coverage).

STEP 3

Decide if you want Dental Coverage from Aetna, available in addition to any Emeriti Health Insurance Plan Option.

STEP 1

CHOOSE YOUR MEDICAL COVERAGE FOR 2008

MEDICAL PLAN FEATURES	Medicare Supplement PLAN 1	Medicare Su PLA
MEDICAL		
Emeriti Annual Medical Deductible *Medicare Parts A & B deductibles (payable under the Medicare Supplement plans only) and coinsurance count toward this deductible*	$200	$750
Participant Coinsurance *(Aetna pays balance)*	20%	20%
Emeriti Annual Maximum Out-of-Pocket *includes any Medicare deductibles (paid under the Medicare Supplement plans only) and coinsurance, Emeriti deductibles and coinsurance*	$1250	$2000
Lifetime Maximum	unlimited	unlimited
HOSPITAL SERVICES *(Building on Medicare Part A)*		
Hospital Stays (based on a benefit period)***	**Days 1-60:** Medicare pays all but $1024 hospital deductible. YOU P/ **Days 61-90:** Medicare pays all but $256 per day. YOU PAY 20% of $2 **Days 91-150:** Medicare pays all but $512 per day. YOU PAY 20% of $ **Beyond 150 days:** there are 60 lifetime reserve days where Medicar 2008. YOU PAY 20% of $512.* **Beyond those limits:** YOU PAY 20% o	
Skilled Nursing Facility Stay *(certain requirements apply)* (based on a benefit period)***	**Days 1-20:** YOU PAY $0. **Days 21-100:** Medicare pays all but $128 p YOU PAY 20% of $128 per day. **Beyond 100 days:** YOU PAY 20% of t	

* *Under the Medicare Supplement plans, all costs that you pay count toward the Emeriti plan deductible and annual c and out-of-pocket limit. Your Emeriti coinsurance payments also count towards your Emeriti out-of-pocket limit. W care pays. You pay the other 20% of that remaining balance, or 4% of the total Medicare allowable costs. Note, som*

** *Under the PFFS plans, you do not have a Medicare Part A or B deductible, only the Emeriti plan deductible. Aetna is t sary covered expenses allowable under Medicare. You pay the balance, up to the annual out-of-pocket maximum. I*

****A benefit period lasts from when you go into the hospital or a skilled nursing facility (SNF) until you are released for c purposes of the deductible and the day limits outlined above. If you are hospitalized (or go into an SNF) after the 60*

ement	Private Fee-for-Service (PFFS) PLAN 1	Private Fee-for-Service (PFFS) PLAN 2
	$300	**$500**
	15%	**20%**
	$2750	**$3500**
	unlimited	**unlimited**
% of $1024.* s all but $512 in l costs.*	YOU PAY 15%**	YOU PAY 20%**
y.*	**Days 1-20:** YOU PAY 0%. **Days 20-100:** YOU PAY 15%.** (100 days per benefit period.) **Beyond 100 days:** not covered.	**Days 1-20:** YOU PAY 0%. **Days 20-100:** YOU PAY 20%.** (100 days per benefit period). **Beyond 100 days:** not covered.

pocket maximum. For example, the Medicare Parts A and B deductibles count toward your Emeriti plan deductible he applicable deductibles have been satisfied, Aetna usually pays 80% of the remaining balance after what Medi- ventive care is reimbursed at 100% before the Emeriti plan deductible is applied.

ly Medicare payor. After the Emeriti deductible, Aetna pays either 85% (Plan 1) or 80% (Plan 2) for medically neces- hat many preventive care services are reimbursed at 100%, before the Emeriti plan deductible.

od of 60 days in a row. If you are re-hospitalized within that 60 day period, you remain in the same benefit period for you will start a new benefit period. There is no limit to the number of benefit periods you might have in a year.

STEP 1

CHOOSE YOUR MEDICAL COVERAGE FOR 2008

MEDICAL PLAN FEATURES	Medicare Supplement PLAN 1	Medicare Su PLAN
Home Health Care	YOU PAY $0 for Medicare approved care. For medically necessary car not cover, you pay 20%,* maximum 100 visits (at 4 hours) per calend pays 80% of approved durable medical equipment. YOU PAY 20% of Medicare.	
Hospice Care	YOU PAY $0 if you meet certain Medicare requirements. Beyond wha if approved by Aetna, you pay 20%* up to 30 days inpatient with a $1 lifetime maximum. **Beyond 30 days/$10,000**: not covered.	
Inpatient Mental Illness	(in general hospital, see Hospital Stay on previous page) Psychiatric hospitals: **days 1-190 lifetime,** YOU PAY $0. **Beyond 190**	
Inpatient Substance Abuse	(same as Inpatient Mental Illness)	
PHYSICIAN/DIAGNOSTIC SERVICES *(Building on Medicare Part B)*		
Medicare Part B Annual Deductible	$135* (this counts toward satisfying your Emeriti deductible and you	
Preventive Care Services	YOU PAY $0, deductible waived, $300 preventive care allowance ann that Medicare pays.	
Routine Physical Exams/ Immunizations	*Tetanus-diptheria booster (every 10 years); annual influenza vaccine; Pr Pnu-immune (once); Varicella vaccine (2 doses 4-8 wks apart if no histo high-risk immunizations; Hepatitis B (3 doses if high risk); Meningitis va*	
Routine Eye Exam	YOU PAY $0, deductible waived, up to $100 allowance every 24 mon	
Routine Hearing Screening	YOU PAY $0, deductible waived, up to $100 allowance every 24 mor	
Hearing Aid Reimbursement	Discounts available.	
Routine Gynecological Exams *(1 per calendar year, including 1 pap smear and related fees)*	YOU PAY 20% of the balance after Medicare pays.*	

ment	Private Fee-for-Service (PFFS) PLAN 1	Private Fee-for-Service (PFFS) PLAN 2
t Medicare does ır. Medicare ıce after	YOU PAY 0%	YOU PAY 0%
dicare pays,) outpatient	YOU PAY 0% (covered 100% by Medicare at Medicare certified hospice).	YOU PAY 0% (covered 100% by Medicare at Medicare certified hospice).
YOU PAY 20%.*	**Days 1-190 lifetime:** YOU PAY 15%. **After 190 days lifetime:** not covered.	**Days 1-190 lifetime:** YOU PAY 0%. **After 190 days lifetime:** not covered.
	(same as Inpatient Mental Illness)	(same as Inpatient Mental Illness)
of-pocket limit).	YOU PAY $0	YOU PAY $0
after anything	Deductible waived on all preventive care.	Deductible waived on all preventive care.
vax; ıickenpox; Hepatitis A	YOU PAY 0%	YOU PAY 0%
	YOU PAY 0%	YOU PAY 0%
	YOU PAY 0%	YOU PAY 0%
	Aetna reimburses up to $500 every 36 mos. Discounts available thereafter.	Aetna reimburses up to $500 every 36 mos. Discounts available thereafter.
	YOU PAY 0%	YOU PAY 0%

STEP 1

CHOOSE YOUR MEDICAL COVERAGE FOR 2008

MEDICAL PLAN FEATURES	Medicare Supplement PLAN 1	Medicare Su PLAN
Annual Routine Mammograms	YOU PAY 20% of the balance after Medicare pays.*	
Routine Annual Digital Rectal Exams (DRE)/Prostate Specific Antigen Test	YOU PAY 20% of the balance after Medicare pays for the DRE and Pros Antigen Test. YOU PAY $0 for PSA Test.	
Colorectal Cancer Screening	YOU PAY 20% of the balance after Medicare pays.* *Flex sigmoid/double barium enema (1 every 5 years); Colonoscopy (1 eve CA 125 test post treatment for ovarian cancer.*	
Bone Density Test	Medicare pays 80%, YOU PAY 20% of the balance after Medicare pays.	
Allergy Testing/Treatment	Medicare pays 80%, YOU PAY 20% of the balance after Medicare pays.	
Diabetic Supplies	Medicare pays 80% for some supplies, subject to certain Medicare rul of the balance after Medicare pays.*	
Physician and Specialist Office Visits and Services	Medicare pays 80%, YOU PAY 20% of the balance after Medicare pays.	
Outpatient Surgery and Services	Medicare pays 80%, YOU PAY 20% of the balance after Medicare pays.	
Physician In-Hospital Services	Medicare pays 80%, YOU PAY 20% of the balance after Medicare pays.	
Diagnostic Procedures (Lab and X-Ray)	YOU PAY $0 for Medicare-covered lab services. For covered diagnosti YOU PAY 20% of the balance after Medicare pays.	
Ambulance	Medicare pays 80% of Medicare-approved amount. YOU PAY 20% of Medicare pays.*	
Urgent Care Provider	Medicare pays 80%, YOU PAY 20% of the balance after Medicare pays	
Emergency Room	Medicare pays all but a co-payment for hospital services (waived if a 80% for physician services. YOU PAY 20% of the balance after Medica if admitted).	
Outpatient Dialysis/Chemotherapy/ Radiation	Medicare generally pays 80% (all but a co-payment for radiation trea YOU PAY 20% of the balance after Medicare pays.*	

ment	Private Fee-for-Service (PFFS) PLAN 1	Private Fee-for-Service (PFFS) PLAN 2
	YOU PAY 0%	YOU PAY 0%
Specific	YOU PAY 0%	YOU PAY 0%
years);	YOU PAY 0%	YOU PAY 0%
	YOU PAY 0%	YOU PAY 0%
	YOU PAY 15%**	YOU PAY 20%**
OU PAY 20%	YOU PAY 0%	YOU PAY 0%
	YOU PAY 15%**	YOU PAY 20%**
	YOU PAY 15%**	YOU PAY 20%**
	YOU PAY 15%**	YOU PAY 20%**
s and X-rays,	YOU PAY 15%**	YOU PAY 20%**
lance after	YOU PAY 15%**	YOU PAY 20%**
	$35 copay	$35 copay
d) and pays s* (waived	$50 copay (waived if admitted)	$50 copay (waived if admitted)
n a hospital).	YOU PAY 15%**	YOU PAY 20%**

STEP 1

CHOOSE YOUR MEDICAL COVERAGE FOR 2008

MEDICAL PLAN FEATURES	Medicare Supplement PLAN 1	Medicare Su PLAN
Chiropractic Care	Medicare pays 80% for manual manipulation of the spine. YOU PAY balance after Medicare pays.*	
Podiatry (medically necessary care only)	Medicare pays 80%, YOU PAY 20% of the balance after Medicare pays	
Outpatient Short-Term Therapy (speech, physical, cardiac, occupational)	Medicare pays 80% for some therapy. YOU PAY 20% of the balance a (60 visit maximum per calendar year).	
Outpatient Mental Illness Treatment	Medicare usually pays 50%. YOU PAY 20% of the balance after Medi	
Outpatient Substance Abuse Treatment	Medicare usually pays 50%. YOU PAY 20% of the balance after Medi	
Durable Medical Equipment/ Prostheses	Medicare covers some prescribed equipment, at varying amounts. balance after Medicare pays.*	
Private Duty Nursing (outpatient)	Medicare does not cover this. For medically-necessary treatment, A YOU PAY 20%* (70 eight-hour shifts maximum per calendar year).	

NOTE: *A Medicare Advantage Private Fee-for-Service plan works differently from a Medicare Supplement plan. Your dc tion of emergencies. If your doctor or hospital does not agree to accept Aetna's terms and conditions, they may not prc website.*

ment	Private Fee-for-Service (PFFS) PLAN 1	Private Fee-for-Service (PFFS) PLAN 2
of the	YOU PAY 15% for manual manipulation of the spine to extent covered by Medicare.**	YOU PAY 20% for manual manipulation of the spine to extent covered by Medicare.**
	YOU PAY 15%**	YOU PAY 20%**
ledicare pays.*	YOU PAY 15%**	YOU PAY 20%**
ays.*	YOU PAY 15%**	YOU PAY 20%**
ays.*	YOU PAY 15%**	YOU PAY 20%**
Y 20% of the	YOU PAY 15%**	YOU PAY 20%**
ill pay 80%.	not covered	not covered

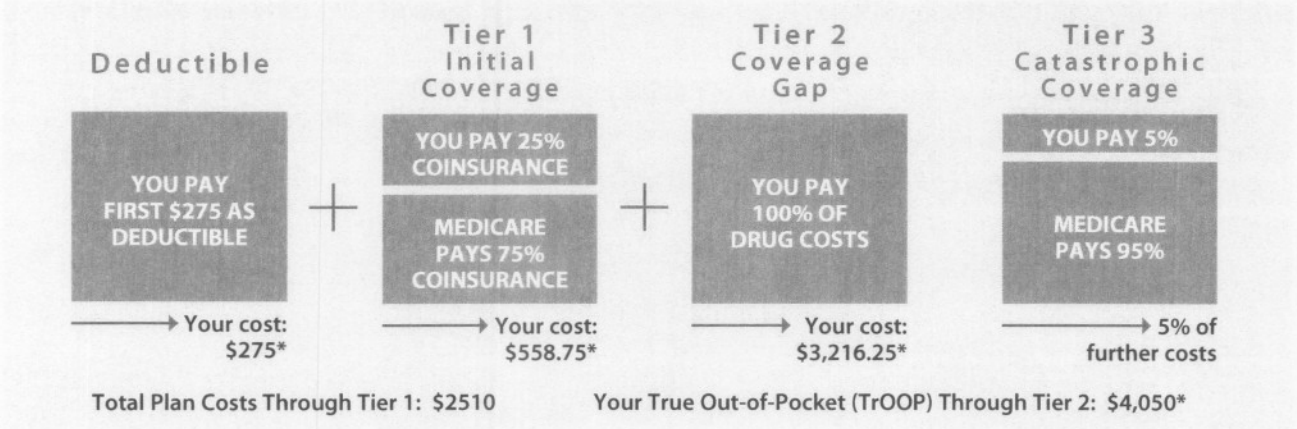
hospital must agree to accept the terms and conditions prior to providing health care services to you, with the excep-
alth care services to you, except in emergencies. Providers can find the plan's terms and conditions on the Aetna.com

STEP 2

CHOOSE YOUR PRESCRIPTION DRUG COVERAGE FOR 2008

Emeriti offers three Medicare-approved Part D prescription drug options. Rx Plan 3, Emeriti's basic plan, is slightly richer than the Medicare Standard Part D design illustrated below. Plan 3 is available as a stand-alone option, as well as combined with any of the medical coverages. Rx Plans 1 and 2 are both enhanced plans, which means that they provide coverage in the gap; they also have open formularies (see below). Plans 2 and 3 are available only in combination with one of the Emeriti medical plans.

To select the prescription drug plan that is right for you, you need to understand how Medicare Part D works. The Standard plan design includes several tiers of cost-sharing by the individual and the plan. Take a look at the diagram below. You will pay a monthly premium for the coverage. Then as you begin to incur drug expenses, you pay the full cost of the covered drugs until you reach the annual deductible. Once you have satisfied the deductible, you pay a specified amount of coinsurance for each prescription until you reach the initial coverage limit for Tier 1 of $2510 in 2008. At that point, if you have additional prescription drug costs for the year, you have reached the Tier 2 coverage gap (or "donut hole"), and you pay 100% of the costs, until your True Out-Of-Pocket (called TrOOP) expenses (the amounts paid by you to satisfy the deductible and in Tiers 1 and 2), reach $4050 in 2008. If your prescription drug expenses exceed $4050, you enter Tier 3, where the plan provides catastrophic benefits of 95% and you pay the greater of 5%, or $2.25 for generic/$5.60 for brand drugs, for your prescription drug expenses for the rest of the calendar year.



NOTE: Standard Part D also has an annual premium.

Understanding Formularies

An open formulary means that all of the drugs on the formulary are covered, although the plan pays a varying share of the costs for generic drugs, preferred brand drugs and non-preferred brand drugs.

A closed formulary requires you to use only those medications that are designated as covered under the insurer's preferred drug list. If your brand drug is not covered on the closed formulary, you can speak to your doctor about switching to a drug that is on the preferred drug list. Or your doctor may obtain a medical exception from the insurer for the drug to be covered. If you decide to continue taking medications not covered on the closed formulary without obtaining a medical exception, you will pay the full cost; and these expenses do not count toward the plan's deductible or out-of-pocket limits.

Both open and closed formularies generally have higher cost-sharing for brand drugs than for generic drugs. All formularies are not alike. Each insurer constructs its own Medicare-approved formulary.

MEDICARE APPROVED, PART D BENEFITS

Rx PLAN BENEFITS	Rx PLAN 1	Rx PLAN 2	Rx PLAN 3
FORMULARY*	OPEN	OPEN	CLOSED
ANNUAL DEDUCTIBLE	$100	$275	$275
INITIAL COINSURANCE (TIER 1)	15% - 30% - 40%**	15% - 30% - 50%**	15% - 30%**
MAIL ORDER DELIVERY (TIER 1)	10% - 25% - 35%**	10% - 25% - 45%**	10% - 25%**
TOTAL COST PAID BY PARTICIPANT AND PLAN (through TIER 1)	$2510	$2510	$2510
SECONDARY COINSURANCE IN COVERAGE GAP (TIER 2)	15% - 30% - 40%**	15% - 30% - 50%**	YOU PAY 100%
MAIL ORDER DELIVERY (TIER 2)	10% - 25% - 35%**	10% - 25% - 45%**	YOU PAY 100%
TRUE OUT-OF-POCKET (TrOOP) EXPENSES PAID BY PARTICIPANT (DEDUCTIBLE + TIER 1 + TIER 2)	$4050	$4050	$4050
CATASTROPHIC COVERAGE (TIER 3)	YOU PAY $0	YOU PAY greater of 5% or $2.25 generic/ $5.60 brand drugs	YOU PAY greater of 5% or $2.25 generic/ $5.60 brand drugs
STEP THERAPY***	Excluded	Included	Included

NOTE: You can choose Rx Plan 3 as a stand-alone option with no medical coverage.

** For retirees participating in Medicare, a formulary is a catalog of prescription medications, approved by Medicare and offered by the insurer. (see section on left for definitions of open and closed formularies).*

*** Refers to coinsurance for generic/preferred brand/non-preferred brand drugs for Plans 1 and 2, and generic/ brand drugs for Plan 3.*

**** Step Therapy is a process where in certain cases one or more clinically equivalent drugs must be tried before the prescribed drug is approved. Complying with Step Therapy can lower out-of-pocket costs by utilizing generic or preferred brand alternatives.*

STEP 3

CONSIDER ADDING DENTAL COVERAGE

PPO Plan Features	
Annual Deductible*	YOU PAY $100
Preventive Services	YOU PAY 0%
Basic Services	YOU PAY 50%
Major Services	YOU PAY 50%
Annual Benefit Maximum Paid by Plan	$1,500
Office Visit Copay	N/A
Orthodontic Services	Not Covered
Orthodontic Deductible	Not Covered
Orthodontic Lifetime Maximum	Not Covered

Partial List of Plan Provisions	YOU PAY:
Preventive	
Oral examinations**	0%
Cleanings, including scaling and polishing, adult/child**	0%
Fluoride**	0%
Sealants (permanent molars only)**	0%
Bitewing X-rays**	0%
Full mouth series X-rays**	0%
Space maintainers	0%
Basic	
Amalgam (silver) fillings	50%
Composite fillings (anterior teeth only)	50%
Stainless steel crowns	50%
Scaling and root planing**	50%
Gingivectomy	50%
Incision and drainage of abscess	50%
Uncomplicated extractions	50%
Surgical removal of erupted tooth	50%
Surgical removal of impacted tooth (soft tissue)	50%
Major* **	
Root canal therapy, anterior/bicuspid teeth, with X-rays and cultures	50%
Root canal therapy, molar teeth, with X-rays and cultures	50%
Osseous surgery**	50%
Surgical removal of impacted tooth (partial bony/ full bony)	50%
General anesthesia/intravenous sedation	50%
Inlays	50%
Onlays	50%
Crowns	50%
Full and partial dentures	50%
Denture repairs	50%
Pontics	50%

* *The deductible applies to: Basic & Major services only*
** *Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate or evidence of coverage.*
*** *A six-month waiting period applies to all Major dental services.*