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We are building a healthier world. As a health care organization, we are focused on helping people increase their number of healthy days. But we cannot reach our goal without taking a longer-term view, investing in actions that make meaningful change possible. At Aetna, we embrace the challenge.

We made important strides in advancing our mission in 2014. Our Corporate Social Responsibility (CSR) story gives you a clear view of our comprehensive approach. It demonstrates how we make healthier days possible by focusing on building healthier communities, innovating to deliver product and service solutions, fostering a healthy environment, and developing our people.

Our CSR commitment is firmly rooted in a few core beliefs.

We believe in innovation and new approaches to familiar challenges, and in driving excellence in all we do.

We believe in acting with understanding and compassion, and we focus on doing the right thing for the right reason.

We believe in taking a holistic approach to CSR – going beyond our charter to find the best way to improve the health of people and communities. It’s vital that we not only provide quality products and services to consumers, but that we invest in the social services needed to eliminate barriers to achieving health goals.

We believe in enabling the best possible health across the spectrum of age and health conditions – not just connecting members to quality care when they face serious health problems, but creating and promoting wellness programs to help people stay well. And, we believe in making health care simpler and easy to use, removing one of the biggest obstacles to true engagement in health.

We’ve put these beliefs into action with initiatives that touch the lives of millions. This report demonstrates how. For example, we believe so much in the power of value-based care that we have committed to seeing 75 percent of our claim dollars coming from value-based care arrangements by 2020. Thinking in nontraditional ways, we also increased the minimum base wage of our U.S. employees and improved their health benefits to help drive employee engagement and create a better experience for our customers.

We view each and every one of our numerous initiatives as important building blocks for healthier families, healthier communities and a healthier world. As a responsible corporate citizen, we are committed to realizing this potential by driving healthy change not just in the marketplace but across our sphere of influence. We are encouraged by what we have achieved so far. And we’re not done.

Mark T. Bertolini
Aetna Chairman and CEO
February 2016
Aetna’s Corporate Social Responsibility Statement

As a health care company, we believe nothing is more important than helping people stay healthy. Aetna’s business strategy includes promoting sustainable practices nationally and internationally in furtherance of the health of our members, employees and communities in which we operate.

We are committed to limiting our own environmental impact by reducing our energy consumption, conserving environmental resources, and adopting a sustainable approach to the management and maintenance of all real estate and business processes wherever possible. We also are committed to addressing the waste that accounts for one-third of all health care costs and threatens the long-term sustainability of our health care system. To that end, we will continue to work with health care professionals to further the development and availability of quality-focused, accountable care.

Using a collaborative, multifaceted approach, we are helping to develop a healthier population with a broader sense of responsibility toward the use of health care resources and with a shared sense of commitment to nurturing a healthy environment.
About Aetna
About Aetna

Aetna’s mission is to build a healthier world. We are a leading diversified health care benefits company, serving nearly 47 million people with information and resources to help them make better informed decisions about their health care. In partnership with health care providers, we are committed to transforming the health care system in order to simplify the health care experience and help people enjoy more healthy days.

We are more than 50,000 employees engaging our members in their health so that they can get the right care at the right time, with less hassle. We are building new technologies and approaches to make health care easy to use.

We provide access to quality health care by offering our customers a broad range of traditional, voluntary and consumer-directed health insurance products and related services. These include medical, pharmacy, dental, behavioral health, group life and disability plans. Aetna Inc. (referred to as Aetna) also offers medical management capabilities, Medicaid health care management services, workers’ compensation administrative services and health information technology products and services.

Our commercial business provides health benefits for more than 19 million of our 23.5 million medical members. To meet the needs of a changing marketplace, we also offer a growing number of self-insured options, particularly for midsized businesses, and plans for individuals and small businesses in the new health insurance marketplaces or exchanges, as well as private exchanges.

Aetna also has Medicare Advantage plans, Medicare prescription drug plans and Medicaid businesses. Reflecting the quality and value we deliver, we have a higher percentage of members in four-star or greater plans in the Medicare star rating program than any of our national peers.

Collaboration and innovation

But we are not about business as usual. Health care in the United States is more expensive than in other industrialized nations, without better results, so we are working to transform the health care system to make our vision of a healthier world possible. We believe the future of health care is rooted in collaboration and innovation. That’s why we’re working with other health care organizations — applying technology, new business models and integrated approaches to care delivery — to improve quality, value and the patient experience.

Helping communities stay healthy through corporate philanthropy is part of our commitment to helping people stay healthy. The Aetna Foundation’s mission is to promote wellness, health and access to high-quality health care for everyone. Since 1980, Aetna and the Aetna Foundation have awarded more than $465 million in grants and awards.
Our values

Working to make healthier communities starts with our values – a clear, strongly held set of core beliefs that reflect who we are and what you can expect from us.

Our values: **Integrity, Excellence, Caring, Inspiration**.

- **Integrity** – We do the right thing for the right reason.
- **Excellence** – We strive to deliver the highest quality and value possible through simple, easy and relevant solutions.
- **Caring** – We listen to and respect our customers and each other so we can act with insight, understanding and compassion.
- **Inspiration** – We inspire each other to explore ideas that can make the world a better place.

We created our core values together, as one company with more than 50,000 individual voices, and with guidance from our customers. Our values carry through our thoughts and actions every day, inspire innovation in our products and services, and drive our commitment to excellence in all we do.

- Mark T. Bertolini, Aetna Chairman and CEO
Corporate Social Responsibility
Our Corporate Social Responsibility Mission

We have made it our mission to build healthier communities, and a commitment to social responsibility is essential to the fulfillment of this ambitious goal.

Consequently, we have woven social responsibility into our corporate fabric. We are employing innovation and determination to ensure we move the needle and make a healthier world a reality.

A cornerstone initiative of this commitment is our social compact with employees. Launched in January 2015, our social compact is accelerating the pay and benefits of many of our employees to help build a healthier world – from the inside out. Impacting about 5,700 employees, this initiative increased our U.S. minimum base wage to $16 per hour, an 11 percent increase on average. We also enhanced the benefits program available to income-eligible employees in 2016, reducing the out-of-pocket costs for those who elected this option while engaging them in their own health.

Our strategy is to increase the financial security of those employees who need it most. This will allow us to attract and retain the best talent. We also believe the initiative will lead to a happier, healthier and more productive workforce that is fully engaged in delivering real value to our members. The end result will be healthier and happier members, and healthier communities.

As the nation continues to recover from the recession of 2008, taking steps to ensure we all benefit is the right thing to do. We hope to see other corporations similarly committed to help improve the outlook of all Americans.
Materiality and reporting

We have adopted a CSR statement that underscores our commitment to ethically and responsibly using a collaborative, multifaceted approach to developing a healthier population. Nothing is more important than helping people stay healthy, and we believe it is our responsibility to make that happen by promoting sustainable practices in our workplaces and in the communities in which we operate.

To provide strategic guidance on fulfilling our social responsibility objectives and closely reviewing our progress, we formed a Corporate Social Responsibility Council that meets monthly. Members of the Council draw from varied disciplines and areas of expertise from across the company, including Real Estate Services, Aetna Foundation, Diversity, Compliance, Community Relations and Urban Marketing, Procurement, Government Relations, Consumer Business, Human Resources and Enterprise Communications. Together they consider business risk, financial implications, reputational risk and regulatory factors arising from social responsibility issues, using a risk management process.

Any sustainability, climate change or related issue identified that may have a significant impact on the company is brought to the Council for consideration. The Council facilitates the flow of environmental and social risk and opportunity information to senior management.

Aetna’s Executive Vice President and head of Corporate Affairs oversees the Council and Aetna’s sustainability practices, public policy positions and reporting against CSR goals.

For our 2014 sustainability report, we are reporting in accordance with Global Reporting Initiative (GRI) G4 guidelines. As part of this process, we conducted a materiality assessment to define the content of this report. We reviewed internal and external sources of information for input on relative prioritization, and we interviewed executives from across the company. Each topic was scored on a consistent scale. Ratings were averaged separately for internal and external perspectives, with extra weight given to key inputs. The Council reviewed and validated the results.

The issues most important to both our business and to external stakeholders are listed below. Our report focuses on these issues but covers additional ones that also are important to Aetna.

These eight issues were the top for both our internal and external stakeholders:

- Improved outcomes
- Access to coverage
- Plan performance/customer satisfaction
- Pricing transparency and plan literacy
- Customer privacy
- Community development
- Employee diversity and inclusion
- Employee development

The impact of our most important CSR issues is primarily outside of our organization, affecting our customers and members. The exceptions are employee diversity and inclusion and employee development, the impacts of which are primarily within our organization, affecting our employees.
Our Community
Our Community

Aetna Foundation

As an organization focused on building a healthier world, we embrace our responsibility to apply our energy and resources in creative and comprehensive ways to improve the health of communities where we live and work. As we bring health care solutions to the marketplace, we are able to broaden our impact by helping improve the health of populations across the country and by targeting serious health issues with our philanthropic support. This is one of the important ways in which we live up to our values by doing the right thing.

With a long history of community involvement, the Aetna Foundation today is dedicated to improving health in local communities and large populations alike. We make that happen through community-based programs, dynamic partnerships and proven models that can help people accelerate progress everywhere.

Helping people achieve better health is at the heart of Aetna Foundation’s mission. We work with local, national and select international organizations to spark innovative ideas and programs for improving health. We focus on helping those with limited access to quality care and those with limited access to the tools and knowledge to achieve healthier lifestyles. To help bring about a healthier society, the Aetna Foundation works at two levels. We partner with national and select international organizations, funding their pioneering approaches to improving health among large groups of people. At the same time, we give grants to local nonprofits across the United States, nurturing innovations that can inspire healthier lifestyles across communities.

Our employees, retirees and directors contributed more than $7.4 million and more than 420,000 volunteer hours in 2014 to nonprofit organizations in communities where we live, work and play. The Aetna Foundation amplified its generosity with matching grants, bringing the total economic impact to these communities in 2014 to more than $20 million. Having awarded $465 million in grants and sponsorships since 1980, Aetna and the Aetna Foundation have established a long track record for helping to build healthier communities through philanthropy.

Well-known external organizations are recognizing Aetna for its impact in communities.

In 2014, for the third consecutive year, Aetna was recognized as one of America’s most community-minded companies in The Civic 50, an annual initiative that identifies and recognizes companies for their commitment to improving the quality of life in the communities where they do business. Winners were identified through a survey conducted by Points of Light, the largest organization in the world dedicated to volunteer service, and Bloomberg LP.

The National Business Group on Health awarded Aetna the 2014 “Innovation in Reducing Health Care Disparities” award for the third time. The award recognizes organizations for their commitment to equality in health care and exceptional support for cultural diversity. Specifically, this award acknowledged our pilot program to improve the care of African American and Hispanic members with diabetes in Texas.
GoLocal: Cultivating Healthier Communities

Poor nutrition and low levels of physical activity can be especially challenging in underserved communities. This is one of the reasons why the Aetna Foundation supports healthy eating and active-living programs in these communities.

One component of GoLocal is the Local Roots grant program, which includes a specific focus on funding the creation and expansion of community gardens, urban farms and farmers markets. These programs increase access to fresh foods, create opportunities for nutrition education and promote exercise in local neighborhoods.

There is a great need to make healthy foods more available, accessible and affordable at the local level. According to the USDA, an estimated 14 percent of American households were food insecure at some time during 2014, meaning they lacked access to enough food for an active, healthy life for all household members. In addition, according to Let’s Move, approximately 23 million Americans live in low-income urban and rural neighborhoods more than one mile from the nearest grocery store.

Another component of GoLocal is the Healthy Eating and Active Living (HEAL) program, which is designed to create momentum behind healthier lifestyles by focusing on better nutrition and greater physical activity in underserved communities. In addition to making healthy foods available, accessible and affordable, this program allows people of all ages to come together through neighborhood solutions.

In 2014, the Aetna Foundation’s GoLocal: Cultivating Healthy Communities grant program awarded more than $3.2 million in grants and sponsorships.

Through programs such as Local Roots and HEAL, the Aetna Foundation is building a healthier world, community by community.

The list of GoLocal grants awarded for 2014 is available on the Aetna Foundation website.
Inequities in health care access and quality

Across America, inequities in health care access and quality deeply affect communities and individual lives. We work with national partners to reduce inequities in health treatment and outcomes through research, experimentation and education. We also seek to nurture a more diverse generation of medical professionals, trained to take on the damaging effects of chronic diseases in America’s underserved communities.

Aetna has a long tradition of working in local communities, this report solidifies that commitment and our vision for building a healthier tomorrow.

- Dr. Garth Graham, President, Aetna Foundation


We helped build a social determinants of health database that links health and health care data to various other administrative data, including housing, homelessness, education, Social Security, transportation, employment and law enforcement.

Our goal is to provide a more holistic depiction of the social determinants of health and promote better collaboration across sectors. The Camden Coalition of Healthcare Providers is working with community partners to gather preliminary information about the most complex clients who utilize services and seek benefits from a variety of agencies across Camden, New Jersey. Subsequent analysis will help better understand the patterns, frequency and intensity of utilization.

School-Based Health Alliance: Mapping Social Determinants for Child and Adolescent Health Services

The Mapping Social Determinants for Child and Adolescent Health Services project will create a tool that allows child and adolescent health stakeholders to harness the power of Geographic Information Systems technology to identify and characterize medically underserved areas, and make data-driven determinations of where to expand access to health services. The tool will allow a user to select a region of interest and view counties that are underperforming relative to the national average across variables spanning health, education, demographic and health insurance coverage (e.g., teen pregnancy prevalence, high school graduation and dropout rates, eligibility for free school meals, and Medicaid and CHIP coverage).

Mindfulness

An increasing number of studies have shown that mindfulness, and associated activities such as yoga and meditation, can enhance people’s physical and mental health.

For young people, the benefits of mindfulness can be extensive both in the classroom and beyond. A $270,000 Aetna Foundation grant to the Hawn Foundation brought MindUP™ to 25 schools in four school districts in Miami Dade County, Florida; Hartford, Connecticut; Baltimore, Maryland; and Houston, Texas. The grants reached an estimated 2,000 faculty and support personnel and more than 20,000 students. MindUP™ is a research-based training program for educators and children. Students learn to self-regulate behavior and engage in the focused concentration required for academic success.
Center for Native American Youth at the Aspen Institute: Health Innovation and Equity for Native American Youth

The Center for Native American Youth (CNAY) will connect with youth and tribal and urban Indian communities to collect information about how to better engage Native American youth, including through the use of technology and in addressing inequities in health, wellness, and Native American structural racism. CNAY will develop concrete roundtable topics on health innovation and inequity, collecting specific insight from Native American youth on health innovation solutions, including technology, inventive delivery system, and more. CNAY will initiate strategic outreach and communication with federal decision- and policy-makers, while remaining committed to maintaining relationships with tribal leaders.

Aetna Foundation/AcademyHealth Scholars Program

Through a pioneering partnership, we work with AcademyHealth to provide professional development, mentoring and networking opportunities to minority graduate students, post-doctoral fellows and other researchers. The Aetna Foundation has formed a partnership with AcademyHealth to support health services research and help young investigators from under-represented minority groups.

Four Directions Summer Research Program

The American Indian/Alaskan Native (AI/AN) population suffers from some of the greatest health disparities in the nation. The Four Directions Summer Research Program (FDSRP) focuses on increasing the representation of the AI/AN population among health professionals. The FDSRP identifies talented AI/AN undergraduate students and provides an eight week summer research experience with individualized faculty mentoring combined with an extensive career development curriculum.

Over the past two decades, 187 AI/AN students have been enrolled, representing more than 68 AI/AN tribes, 32 states and three provinces, and 98 colleges and universities.

FDSRP strives to make students with previously limited opportunities aware of their full potential and provide a “roadmap” for their future career development.

The goal of the FDSRP is to increase the pool of qualified AI/AN individuals entering careers in medicine and biomedical sciences by:

1. Introducing talented and motivated AI/AN students to medical research and health careers;
2. Creating AI/AN student leaders who will serve as role models in their communities; and
3. Establishing a network of AI/AN health professionals committed to advancing AI/AN good health.

Mental Health First Aid Training

Aetna and the Aetna Foundation awarded a $50,000 grant to the National Council for Behavioral Health to fund Mental Health First Aid training for 200 rural law enforcement personnel across the United States. Police officers are often the only resource for mental health support in rural areas, and they are typically the first responders in crisis situations. Nearly 300 Aetna employees have also completed the program, which focuses on teaching people how to identify, understand, and respond to signs of mental illness and substance abuse disorders. With this training, they are equipped to serve as mental health advocates in the workplace and in their own communities.
Innovation

Whether breakthrough concepts or advanced technologies – can dramatically improve health in low-income communities and among minority populations. The Aetna Foundation is working with national partners to accelerate innovation and reach people where they live, work and play. Through a unique funding program, we are challenging potential grantees to put technology to work to reverse negative health trends.

**Fair Food Network: Mobile App Development to Benefit Urban Farmers and Low-Income Consumers**

Fair Food Network in Michigan is testing a smartphone app that will increase healthy food access for underserved communities while also creating new markets for urban farmers. The app advances mobile payment technology by processing food assistance benefits more simply and affordably at farmers’ markets. This allows for widespread adoption of benefits and incentive programs by farmers who grow nutritious foods, thereby helping to ensure that these foods are served at dinner tables across the community.

**National REACH Coalition (NRC)**

Achieving health care equity is one of our nation’s most challenging priorities. To formulate promising responses to inequities, we’re working with partners to launch a bold idea-sharing initiative. Since 2004, the NRC and its 50-state network of community-based organizations have joined with health departments, universities and local organizations to reduce health disparities.

With Aetna Foundation support, the NRC formed the Health Equity Leadership & Exchange Network (HELEN), a web resource designed to bolster the exchange of ideas involving health equity. HELEN seeks to identify, analyze and track all laws, policies and programs that impact health equity. The system helps participants refine ideas and advance proposals through government institutions at every level. Through social media and events participants can learn about health policy analysis, coalition building, leadership development and mobilizing communities. The NRC launched HELEN in September 2014. Nearly 1,000 health-equity champions across the nation have registered.
Enhancing population health

At Aetna, we recognize that the answers to better health lie beyond the health care delivered by doctors and hospitals. That’s why we take an integrated and comprehensive approach to wellness and prevention that reaches the population at large where they live and work. This helps make communities healthier. Our view of population health leads us to look at the health care needs of whole populations regardless of where they may fall on the health spectrum. Our goal is to make sure they all have the right connections to the right resources to help them enjoy the best health possible. It’s the best way we know to live up to our values by innovating to make the world a better, healthier place.

Aetna's influence extends beyond our own membership, and we fully recognize our responsibility to put that influence to work to improve community health.

Aetna reaches out through the Aetna Foundation to support community organizations working on the front lines, in schools and in neighborhoods, to build a healthier world.

Our programs are helping people to stop smoking, start exercising, eat better, reduce stress and be mindful at work and at home. For years, Aetna has offered programs integrating behavioral and medical care, recognizing that a broader approach is needed to achieve better health care outcomes. We’ve been directly engaging and supporting people in their health care through personalized programs such as metabolic syndrome testing to prompt lifestyle changes. We work with employers to put these programs in place.

For more than a decade, Aetna also has collected data, conducted studies and designed programs to help eliminate racial and ethnic disparities because when it comes to health, race and ethnicity do matter. Our efforts have provided access, education and information that have helped improve health care treatment and outcomes in areas such as diabetes, women’s health, cultural competency, depression and cardiovascular health.

Aetna and the Aetna Foundation support efforts to improve the health of large populations of people. We work with partners to explore how personal technology can improve health, convene experts to reshape health policies and help to build universal models that can effect positive change.

In November 2014, the Aetna Foundation launched the Healthier World Innovation Challenge, calling on organizations to leverage technology to make an impact on health outcomes in vulnerable communities. This $4.5 million initiative is designed to steer digital health innovation to improve chronic health outcomes in underserved communities. The winners will potentially receive up to $750,000 each over three consecutive years, and will have support from the Aetna Foundation and partner resources to implement their innovation.

The Challenge is part of a larger, three-year digital health commitment by the Aetna Foundation to help address public health concerns.

With the addition of the Challenge, the Aetna Foundation’s commitment to digital health totals $5.7 million between 2014 and 2016.

At the same time technology use rapidly increases in underserved communities, there is an increase in the urgent public health need to address chronic illnesses such as diabetes, heart disease and stroke. Health technology is a proven way to build healthier communities and empower people to take charge of their own health. The Challenge not only awards financial support, but also allows the Aetna Foundation to work hand in hand with organizations that are advancing creative solutions to reduce health disparities and improve health outcomes.

To ensure that Aetna Foundation-funded digital health programs are effective in improving the overall health and well-being of vulnerable and minority communities, all organizations the Aetna Foundation supports must meet strong evidence-based criteria. These criteria include sustainable projects that can demonstrate scalability, projects that have the potential for positive societal impact, digital health programs that leverage available evidence such as population health data or health care data, and digital health support built on a strong foundation of behavioral or applicable theory and grounded in research.
Aetna Innovation Labs

Our values demand that we inspire each other to generate new ideas for making our world healthier, and the Aetna Innovation Labs is an important way we make sure that happens. Aetna Innovation Labs’ dedicated team is a source for unique ideas and programs that provide innovative capabilities to improve health care quality and reduce costs for our customers and members.

Through this organization, Aetna can:

- Test specific initiatives such as related to disease prediction and intervention
- Rapidly determine success rates and impact across populations of members
- Quickly expand programs that show promise

The Innovation Labs are the innovation engine that is helping Aetna stay one step ahead of the changing marketplace. This team is dedicated to developing and leveraging solutions that are two to three years ahead of the marketplace as well as identifying new ideas and bringing them to life.

Cancer Care

In one of its first projects, the Aetna Innovation Labs worked to make cancer care more effective, more affordable and safer for members by deploying technology that promotes the best clinical practices in cancer care, including the eviti clinical decision-support program. Aetna made eviti available through its data exchange and applications platform, iNexx®, and launched the program in New York and New Jersey. Participating oncologists were given real-time access to a decision-support tool based on one of the most comprehensive and unbiased digital libraries of evidence-based treatment regimens available. This transparent treatment plan, review and selection process simplifies workflow, and streamlines payment for physicians. In addition, it reduces variability in the care received by patients.

GNS Healthcare

A second project undertaken by the Aetna Innovation Labs combined “big data” provided by Aetna with a supercomputer-enabled platform from GNS Healthcare. Aetna’s Innovation Labs teamed up with GNS Healthcare to use “big data” to predict the one-year risk of developing metabolic syndrome. The groups used computer models to study information from 37,000 members of one of Aetna’s employer customers.

The models were able to predict the risk for metabolic syndrome among groups and individuals – even down to the specific risk factor. The models could also create personalized exercise, weight management and care management programs for individuals. The study also found that reducing waist circumference and blood glucose had the largest health benefits and the biggest reduction in medical costs.
Two other actions helped members change their risk factors – having regular doctor visits and using their prescription medicines appropriately. Having a routine, scheduled outpatient visit reduced the probability of metabolic syndrome in nearly 90 percent of people. Results from the study were published in the *American Journal of Managed Care*.

Because of the success of this program, we expected the metabolic syndrome predictor to be more broadly available to Aetna employer customers in 2015.

Using data to help predict when people might have health problems means we can try to help them avoid those problems.

This is another great example of how technology and information can create “population health” tools that help empower people to lead healthier lives, reduce health care costs and improve the health care system.

**Aetna Idea Incubation Challenge**

To help generate as many good ideas as possible, and live up to our values, Aetna has implemented the **Aetna Idea Incubation Challenge**, an Innovation Labs brainstorming contest for Aetna employees. Each year, Aetna Innovation Labs selects the best ideas for development – with beneficial results for community health.

**CarePal**

The CarePal pilot program was launched in October 2014, initially for the breast cancer community. CarePal reviews data to bring together newly diagnosed breast cancer patients with survivors of the disease. By telephone and email, breast cancer survivors help ease the strain on new patients by helping them sort through a variety of issues such as health questions and family matters. An expanded CarePal pilot is expected to help families living with autism in the future.
As a health care company, Aetna sees this as a key part of executing on our mission – engaging all of our resources, all of our thinking, in making sure we do everything possible to help make communities healthier.

An important example of such an approach is Aetna’s mindfulness-based wellness programs, which have been shown to reduce stress and improve health and productivity among participants. Since 2011 more than 13,000 Aetna employees have participated in a mindfulness-based wellness program. More than 20 employer customers have implemented Aetna’s mindfulness-based wellness programs.

Aetna’s commitment and global concern for better health and wellness inspired a unique collaboration in 2014 — “Mindful Works” – that promotes mindfulness programs to reduce stress and improve health. Mindful Works is a collaboration between Aetna and The Hawn Foundation focused on globally scaling the Hawn Foundation’s signature evidence-based program, MindUP, for educators and children. The program consists of tools and strategies based on neuroscience, social and emotional learning, mindfulness, and positive psychology to help people center, focus and thrive. The Mindful Works collaboration includes a research component designed to show the results and outcomes for improvements to workforce productivity, engagement and satisfaction.

Research has shown that highly stressed individuals are at greater risk for many different health conditions such as coronary heart disease, some cancers, diabetes, depression and anxiety and obesity. Through innovative mind-body stress-reduction programs with Aetna employees, Aetna has demonstrated that mindfulness-based programs can reduce stress and improve people’s health.

More than one-quarter of Aetna’s 50,000 employees have participated in at least one class, and those who have report on average:

- 28 percent reduction in their stress levels
- 20 percent improvement in sleep quality
- 19 percent reduction in pain

They also become more effective on the job, gaining an average of 62 minutes per week of productivity each. Demand for the programs continues to rise.

Healthier people are certainly more productive and happier, and our initiatives continue to build an evidence base showing that mindfulness-based programs can help people achieve better overall health and wellness.
Supporting Veterans

Transforming health care to give people more healthy days will require us to use information and technology in new ways. We need a diverse and highly-skilled workforce able to adapt and thrive as our business changes, and we believe that our nation’s services members and veterans are a great place to start.

This group of men and women bring specialized talents, global experience and an abundance of critical transferable skills to the workplace.

- Veterans are trained team builders and leaders.
- Veterans are able to adapt and act quickly in changing situations.
- Veterans are results oriented. They have a strong work ethic, thrive under pressure, and exhibit high levels of resiliency and focus despite any challenges they may face.
- Veterans thrive with diversity and bring global perspectives to the workplace.
- Veterans are skilled users of technology.

Aetna has long demonstrated its commitment to our nation’s veterans, and we are stepping up that promise through added efforts to bring veterans into our workforce and help our hiring managers understand the talent that veterans have to offer.

Through a special initiative connected to Veterans Day the Aetna Foundation is honoring veterans by donating more than $200,000 in grants to organizations that support veterans and their families. The Aetna Foundation’s commitment to building a healthier world includes creating opportunities for veterans and their families to overcome the challenges they face in reentering civilian life and helping them lead healthy, fulfilling lives outside the military. These challenges may include significant health issues, reconnecting with families, returning to jobs or entering the workforce and adjusting to a different pace of life and work.

Among the nonprofits receiving grants as part of this initiative are:

- National Alliance on Mental Illness, in support of its Family Education for Veteran and Military Families program.
- National Organization on Disability, for its Wounded Warriors Careers program.
- Fidelco Guide Dog Foundation, to provide funding for a guide dog for a blind veteran.

Since 2000, Aetna and the Aetna Foundation have donated more than $1.3 million to organizations that support the military and veterans’ causes.
Community relations and urban marketing

Building healthier communities is not just an idea.

We care about the health of the people in our communities, and Aetna has a Community Relations and Urban Marketing (CRUM) team that champions local efforts to make a positive difference in the lives of others, form long-term partnerships and make the most of Aetna’s investment dollars. The CRUM staff works hard to connect to the people we serve and support the communities where our customers and their families live and work.

One hundred percent of Aetna offices nationally have initiatives or programs that involve some level of engagement with the local community, primarily through volunteer opportunities. Aetna employees donated more than 420,000 volunteer hours in 2014 to nonprofit organizations in communities where we live, work and play.

CRUM focuses on grassroots strategies that better address the needs of a changing marketplace. Maintaining strong internal and external relationships, we act as a catalyst for change with our strong community presence. We do this by supporting community events, working with community leaders and organizations, helping employers manage their changing workforce, and working with brokers and providers to support their business objectives. Examples include:

- The 2014 Summer Games of the Special Olympics of Georgia were a special event, and more than 160 Aetna employees and their families volunteered to support the 1,800 athletes, partners and coaches from around the state who participated in the games.

- A free shuttle service nicknamed the “Fresh Express” brought Hartford’s Asylum Hill residents and Aetna employees to the fresh, local food offered at the Billings Forge Farmers’ Market. The service connects community residents to each other and helps improve their health with better nutrition. A Double Value Coupon Program also allows low-income residents to receive twice the benefit.

- Aetna sponsored Komen Race for the Cure events in Chicago and Hartford, two of 13 such events Aetna sponsored to raise awareness and funds for breast cancer. The Komen organization provides lifesaving services in communities across the country, advancing our vision for healthier communities and a healthier nation.

- More than 150 Aetna team walkers made the Fort Lauderdale, Florida, Step Out Walk to Stop Diabetes one of Aetna’s largest team events to date for the American Diabetes Association.

- An Aetna Foundation grant went to support the On the Move for Healthy Kids program from AltaMed Health Services. The program is aimed at promoting fitness for elementary students in East Los Angeles.

- A $37,500 Aetna Foundation grant went to “Healthy Kids,” a year-round nutrition and exercise education program at three Porter-Leath Head Start centers in Memphis, Tennessee. The program gave more than 600 low-income preschoolers physical activities to supplement their reading, math and art curriculum.

- With a $40,000 grant from Aetna, THINK Together expanded its Healthy Living program to eight elementary schools in El Monte, California. The organization brings together fun, noncompetitive physical activities and nutrition education to help kids adopt healthy habits.

- We were on hand to help break ground on an expansion of Philadelphia’s Esperanza School. The new facilities will provide services to students in grades 6-8.

- For the sixth year, Aetna was a premier sponsor of the Marine Corps Marathon and 10K run in Washington, D.C. The event is the fourth-largest marathon in the nation and the eighth largest in the world. More than 40,000 runners participated in the two races, including 150 runners on the Aetna team.

- Representatives from many local employers including The Hartford, Cigna and Prudential Financial Services met at the Aetna Customer Center, in Hartford, Connecticut for the first Veterans Employee Resource Group Summit.

- The 15th annual Out & Equal Workplace Summit provided attendees with the chance to make connections, share best practices and formulate a strategy for creating an inclusive workplace. Aetna’s sponsorship of the Summit in Minneapolis, Minnesota included an exhibit booth where attendees could participate in our “what’s your healthy?” campaign.
Public policy leadership

We are committed to transforming health care. We need a better, more sustainable approach to the delivery of health care to build a healthier world.

With our nation continuing to waste more than $800 billion in health care annually, we still have a long way to go to improve health care quality and costs. Our values demand that we engage with legislators, community leaders and others to innovate and develop solutions that help to remove stumbling blocks to a healthier world.

We approach system change comprehensively, working on the one hand with legislators, regulators and public policy leaders to advance an agenda focused on health care quality and the sustainability of our health care system. Just as important, we are developing private-sector solutions that already are changing the health care experience.

Value-based care

Increasing access to health care, without addressing affordability and quality, threatens the long-term sustainability of the system.

Public and private-sector innovations, however, are driving what could be a major revolution for the U.S. health care system — value-based care models that address the deep-rooted problems around inefficiency, waste and quality.

Aetna believes that value-based care models, such as accountable care, are the perfect laboratory to drive change because they tackle one of the fundamental flaws in American health care – the payment system. Accountable care organizations, where health care providers are rewarded for helping people get and stay healthy, are a key part of reforming our payment system to focus on quality over quantity. While focusing on the high cost of uncoordinated care, doctors are financially rewarded for improving the patient experience and health outcomes, and reducing unnecessary care. This, in essence, allows them to direct their resources to activities that can improve health while lowering costs.

As of year-end 2014, Aetna had more than 1,000 value-based care agreements encompassing nearly 3.2 million medical members, including 60 accountable care collaborations. The impact is promising. Our accountable care collaboration with Banner Health Network resulted in a shared savings of $5 million on Aetna Whole Health insured commercial membership in 2013; members saw a 5 percent decline in average medical cost. On the other side of the equation, quality improved. Consumers covered by the plan had higher cancer screening rates, better blood sugar management in diabetics, and fewer avoidable hospital admissions.

Empowering consumers

Engaged consumers can be our most powerful advocates for a health care system that meets their health and financial needs.

Our initiatives are focused on reducing the complexity in health care to improve the health care experience and help drive greater consumer engagement. In the new “retail” environment of health care, consumers are demanding more value, transparency and convenience from the health care experience.

A missing element from a truly engaging and convenient health care system in the past was technology. That is no longer the case. More data means more transparency on factors such as outcomes and costs for specific procedures performed at specific facilities. This will lead to better insights and decisions, not just for patients, but for everyone involved in health care.

We now deliver technology solutions that enable consumers to find doctors, make appointments, find out the cost of procedures in advance of treatment, track wellness and ultimately address health risks early. Our Healthagen business brings together a wide range of population health management solutions and health information technology capabilities. More information about Healthagen solutions is available on the Healthagen website.
Next phase for health care reform

As we work to bring needed innovations to the health care marketplace, we also continue to build on our long track record of working with legislators and regulators to bring about meaningful health care legislation and workable regulations.

Since the Affordable Care Act was signed into law in 2010, we focused on helping our customers understand the law and get implementation right. We also help regulators and legislators better understand how the myriad regulations resulting from the law are impacting consumers and may be in need of revision.

We now are focused on driving the next phase of reform.

We engage in work that will help improve care for the sickest in our population, advance the health care consumer revolution, make more affordable products possible and drive innovations.

The issues include:

- Federal budget and the deficit, including reform of entitlement programs. We want Medicare, Medicaid and Social Security preserved for future generations, and need to modernize them.
- Innovations that will improve Medicare for the highest cost beneficiaries by better coordinating care and aligning incentives with providers.
- Policies seeking to bring stability and sustainability to the health care marketplace.
Our suppliers

We not only believe we have a responsibility to live up to our values in all we do, we expect our key suppliers to demonstrate that they have documented a clear vision for their businesses and monitor their conduct against CSR standards. Our supply chain mainly includes vendors that provide goods and services that support information technology, facility operations, and corporate functions. We require our key suppliers (those who meet size and value thresholds) to complete an annual 15-question CSR questionnaire.

The questions fall into a combination of five categories:

- Vision and Strategy
- Policies and Procedures
- Integrated Performance (customer satisfaction, continuous improvement, supply chain practices, certifications, recognition)
- Environment Performance
- Social Performance

In 2014, 43 suppliers completed the sustainability questionnaire and were given scorecard results. Twelve scored below 70 percent, which required the suppliers to submit an action plan to address shortfalls. A first-time review of a supplier usually results in a request that it develop a corporate social responsibility vision and strategy statement, and make it visible on its website. All 12 suppliers created action plans that were completed and closed.

Supplier diversity

At Aetna, we realize the value and opportunity that diversity provides as we seek to help make diverse communities healthier across the nation and globe.

We’re committed to integrating diversity into all aspects of our company culture, including the companies with which we partner.

Specifically, efforts to ensure diversity of our supplier base have strengthened our ability to succeed in our mission. We value the innovation that inclusion brings by drawing on perspectives of a wide variety of people and backgrounds. As such, supplier diversity has become an important component of our enterprise business strategy. Supplier diversity at Aetna means we seek out opportunities to source products and services from what are referred to as traditionally underutilized suppliers. TUU suppliers are defined as:

- Minority owned
- Women owned
- Lesbian, gay, bisexual & transgender owned
- Disability owned
- Veteran owned
- Small businesses

Aetna’s robust supplier diversity program relies on several key best practices:

- Work with a team of professionals enterprise wide to achieve Aetna’s supplier diversity program objectives while advancing training and reporting capabilities.
- Strengthen the Tier 1 and Tier 2 program management process that includes feedback and compliance mechanisms.
- Maintain inclusive purchasing policies for Category & Supply Management teams that establish diversity requirements for RFPs and contracts.
- Collaborate to establish and drive annual supplier diversity scorecard process.
Our program has two major objectives. The first objective is to increase first-tier dollars procured directly with traditionally under-utilized suppliers. Each year, we establish both enterprise and business area Supplier Diversity targets that are directly tied to the Aetna scorecard. Performance is tracked and communicated to key business area leaders monthly and to our Executive Committee quarterly. As an enterprise, we strive to demonstrate year-over-year growth in our Supplier Diversity expense.

- In 2014 Aetna’s first and second tier expense with certified minority owned; women owned; lesbian, gay, bisexual, transgender owned; disability owned; veteran owned; and registered small businesses totaled $252 million.
- In 2014, our target was 10 percent. Our result was 9.83 percent.

The second objective of our program is to develop second tier purchasing partnerships. Aetna requires our prime suppliers to meet second tier targets in support of both our Supplier Diversity strategy and business needs. We believe that in order for us to be successful, not only do we have to support traditionally under-utilized suppliers, but so do the companies with which we do business.

Supplier Diversity is an important component of the Transformation of Talent & Culture metric on the Aetna scorecard. Each year we establish an enterprise Supplier Diversity target that represents our total diversity spend as a percentage of total controllable spend. Our progress towards achieving this target is monitored quarterly by the executive leadership team and is a factor in executive compensation.
Our People
Our People

Diversity and inclusion

At Aetna, we believe both diversity and inclusion provide us with a competitive advantage that translates into better outcomes for everyone. Rooted in our values, diversity includes all the things that make us unique—our experiences, backgrounds, perceptions and beliefs.

Diversity in our workforce is essential to gaining insights into those we serve, and finding new and better ways to ensure they have more healthy days.

By being inclusive, we draw out different points of view and broader perspectives from colleagues resulting in stronger solutions—and true innovation.

Focusing on both diversity and inclusion as organizational priorities means that we are:

- Building a diverse and agile workforce by focusing on recruitment, development, mobility and retention of our people at all levels of our company.
- Creating an inclusive environment that encourages our colleagues to bring their full selves to work, so we can all perform our best and realize our individual and collective potential.
- Providing company wide and department-specific diversity and inclusion learning. This education is integrated into all levels, from executives to the front line, and is specifically intended to enhance cultural understanding for our Sales, Health Care Management and Customer Service colleagues.

In our workplace, we cultivate an inclusive mindset aimed at valuing and understanding all dimensions of diversity. As a way to get to know each other as employees and also our customers, we continue to strategically integrate diversity and inclusion into business processes and practices. This has enabled us to attract, develop, advance and retain talented professionals from every segment of society, broadening our worldview.

We recruit and employ people across many regions of the globe, including in the United Kingdom, Ireland, Asia and the Middle East. This enables us to learn about local cultures and the unique environments and communities where our members and customers live and work.

Our talent strategies aim to attract, engage and retain high-performing individuals who are passionate about improving the health care system: including traditionally under-represented groups such as women; people of color; veterans; individuals with disabilities; and lesbian, gay, bisexual, and transgender (LGBT) people. We also focus efforts to meet the unique needs of a multigenerational workforce.

Our colleagues are actively engaged in learning about the impact of both diversity and inclusion in the workplace and in the marketplace, and endeavor to integrate this mindset into the work that is done every day.

Accountability at the top

Accountability for diversity and inclusion starts at the top of the company. Aetna Chairman and CEO Mark Bertolini is the executive sponsor for women’s advancement at the company.

As of December 31, 2014, nearly 40 percent of the executive committee were women and nearly 40 percent of directors on the company’s board were women.

On January 1, 2015, Karen S. Lynch was appointed president of Aetna—the first woman president in the company’s 163-year history.

To drive success and accountability, we have elevated diversity and inclusion to a key business metric. Incentive compensation of our senior leadership is tied to the results of this metric.
Workplace diversity programs

We seek to engage both men and women as champions, drivers and advocates of change. Efforts are focused and intentional.

• The Women’s Leadership Alliance, launched in 2012, aimed at developing strategies and tactics to accelerate the advancement of women into senior management and executive positions; while also creating a culture of visibility, advocacy, and accountability for talent development.

• “Power of the Purse: Engaging women decision makers for healthy outcomes,” a joint research study cosponsored by Aetna in partnership with the Center for Talent Innovation. The study seeks to uncover the unmet needs of women as patients, caregivers and health care decision makers by examining the large-scale trends facing the industry with respect to how women are currently served.

• Strategies for Success Leadership Program, conducted in partnership with Aetna’s Enterprise Talent Development unit and Hewlett Consulting Partners, aimed at high-potential women. Distinguished, well-known corporate leaders, highly regarded business school faculty and thought leaders present modules directed at building business acumen and addressing the challenges leaders face in advancing corporate careers and integrating life demands. The program engages a learning cohort across our businesses to broaden networks, expand capability and accelerate advancement.

• Strategies for Success Sponsorship Program focuses on expanding Aetna’s commitment to developing a pipeline of diverse top talent and building a culture of advocacy in order to position the company for the future. This program targets all executives to strengthen their ability to effectively sponsor women and people of color.

• Aetna Advocating Real Change is a group of 27 strategically selected Aetna executives with a total span of leadership of nearly 21,000 employees. The initiative is focused on driving inclusive leadership behaviors in order to hasten the advancement of women and people of color into high-visibility roles in senior management and the executive tier by equipping leaders with the tools and resources to do so effectively.
Composition of workforce

Our workforce is increasingly diverse, reflecting the multicolored tapestry of American society and the customer base with which we interact on a daily basis. By valuing and promoting diversity, our colleagues have a fundamental understanding of the preferences of our customers, as well as the issues they face.

As of December 31, 2014:

- 76 percent of Aetna employees were women
- 32 percent of Aetna employees were people of color
- 8 percent of Aetna employees were under 30 years old; 56 percent were 30-49; and 36 percent reported being 50 or more years old
- 4 percent of Aetna employees identified as gay, lesbian, bisexual or transgender
- 2 percent of Aetna employees indicated they were veterans

At December 31, 2014, Aetna’s Board of Directors included:

- 38 percent women
- 15 percent people of color
- All age 50 or older

As of November 31, 2014, our regular employees (not including temporary employees) included:

<table>
<thead>
<tr>
<th>GENDER</th>
<th>Gender</th>
<th>Count</th>
<th>% of Total</th>
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</thead>
<tbody>
<tr>
<td>Men</td>
<td>11,695</td>
<td>24%</td>
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</tr>
<tr>
<td>Women</td>
<td>36,742</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>48,437</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RACE</th>
<th>Race</th>
<th>Count</th>
<th>% of Total Aetna</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Black/African American</td>
<td>8,223</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Hispanic/Latino</td>
<td>4,383</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>2,188</td>
<td>5%</td>
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<td></td>
<td>Two or more races</td>
<td>274</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>American Indian/Alaska Native</td>
<td>194</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Native Hawaiian/Pac Islander</td>
<td>77</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Grand Total</td>
<td>15,339</td>
<td>32%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>PEOPLE OF COLOR (POC)</th>
<th>POC</th>
<th>Count</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>People of Color</td>
<td>15,339</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Non PoC</td>
<td>33,082</td>
<td>68%</td>
<td></td>
</tr>
<tr>
<td>Not Available</td>
<td>16</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>48,437</td>
<td>100%</td>
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</table>

<table>
<thead>
<tr>
<th>AGE BREAKDOWN</th>
<th>Age Band</th>
<th>Count</th>
<th>% of Total</th>
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<tr>
<td></td>
<td>&lt;30</td>
<td>3,946</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>27,237</td>
<td>56%</td>
</tr>
<tr>
<td></td>
<td>50+</td>
<td>17,254</td>
<td>36%</td>
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<tr>
<td>Grand Total</td>
<td>48,437</td>
<td>100%</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>GENERATION (years of birth)</th>
<th>Generation</th>
<th>Count</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditionalists (1925 - 1945)</td>
<td>204</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Boomers (1946 - 1963)</td>
<td>15,537</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Gen X (1964 - 1978)</td>
<td>22,296</td>
<td>46%</td>
<td></td>
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<tr>
<td>Gen Y (1979 - 1994)</td>
<td>10,382</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Gen Z (1995 - 2007)</td>
<td>18</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>48,437</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
External recognition

Aetna has received wide recognition related to diversity and inclusion representing various dimensions, ranging from the Human Rights Campaign Foundation to DiversityInc and the National Association for Female Executives.

Commitment to equal opportunity

Aetna has in place an Equal Employment Opportunity and Affirmative Action policy intended to assure that applicants and employees are treated fairly and have equal opportunities in all aspects of employment regardless of personal characteristics or status. The policy covers and complies with state and local laws that prohibit discrimination or harassment.

“I fully support our equal opportunity and affirmative action policies and programs, and I am committed to their implementation, as part of our broader commitment to creating an inclusive workplace that supports and celebrates our diversity. The behaviors outlined in these policies are core to Aetna’s values, and they also are required under our Code of Conduct and the law. Every employee is expected to comply with these policies. I have delegated overall responsibility for the Equal Employment Opportunity and Affirmative Action policies and programs to Susan Williams, Senior Director, HR Policy & Compliance.”

- Mark T. Bertolini, Aetna Chairman and CEO

- FlexJobs 100 Top Companies for Remote Jobs – 2014
- Human Rights Campaign 2014 Best Places to Work for lesbian, gay, bisexual and transgender employees – each year since created in 2002
- National Association of Female Executives 2014 NAFE Top 50 Companies for Executive Women and member of the NAFE Top Companies Hall of Fame for 15 years as a Best Company for Executive Women


The policy specifically spells out employee responsibilities, including a requirement that employees report any incidents of discrimination, harassment or retaliation. A process for reporting violations is part of the policy, including the availability of a confidential hotline to report concerns anonymously.

Aetna has committed to investigate any violations of the company’s equal opportunity policy and take appropriate corrective actions. Complaints and investigations are kept strictly confidential to the maximum extent possible. Employees are expected to cooperate fully with any investigation. The policy also prohibits any and all forms of retaliation, harassment, intimidation, threats or coercion or discrimination resulting from a complaint. The number of incidents of reported discrimination in 2014 is confidential.
Employee development

As our nation focuses its attention on rising health care costs, systemic delivery issues and new national health care solutions, Aetna’s workforce is adapting to unprecedented changes.

To facilitate these changes, Aetna has formed Learning & Performance teams to help ensure that our employees have the skills and capabilities to fuel our business growth.

Our training and talent development organizational model consists of the Talent Development and Aetna University corporate centers of excellence, our centralized shared-services training development learning group and our decentralized training teams aligned to business units.

Aetna’s Learning Center (ALC), our learning management system, serves as the central repository for all self-directed learning, including resources from strategic vendors and learning events. The ALC courses provide employees with training related to their specific jobs as well as career development. In the last year, employees and affiliates completed 1,176,687 hours of learning courses through ALC.

Our strong focus on experiential learning drives employee development, and the constant focus on unique learning resources enables Aetna to exceed business goals through a highly engaged and talented workforce.

Aetna recently developed several new learning courses to educate leaders on the “70/20/10” model for building a talent development culture that balances learning experiences with formal and informal learning.

Using Aetna’s integrated Talent Management approach, we provide key tools – the Talent Profile and Development Plan – via our integrated LMS system to empower employees to manage their professional development. We include the utilization of these tools as steps in the Talent Management Cycle.

To remain competitive, Aetna is quickly becoming a consumer-oriented company whose mission is to build a healthier world. Our integrated approach to talent development allows Aetna’s learning professionals to influence the company’s strategic direction at all levels of the enterprise.

Aetna uses a scorecard approach to ensure that individual and organizational goals are aligned. Business and leadership scorecards support our strategic goals as a company, the operating goals of each business unit and the performance of every employee. Business objectives are communicated through an enterprise wide scorecard, segment or business unit scorecard and individual scorecards for each employee. Individual development plans and talent profiles are created, refreshed and reviewed with managers to ensure development plans align with business goals and career paths.

Employee development strategy

Aetna promotes a culture that encourages and supports the development of all employees. Individual and organizational development is an ongoing process, linked directly to business strategy and performance. Employee development is used to meet a need or goal and to improve performance.

Career navigation

While employees are responsible for their own professional growth and development, managers are responsible to support and encourage employee development and career growth. Managers are held accountable to this by the Talent Development competency on all leadership performance scorecards.

Aetna provides employees with learning resources and events to help them understand how to navigate their careers. DevelopU is a series of learning events offered to all employees featuring best-in-class content to provide employees with information, tools, and resources to develop and grow their careers.
Mentoring

We provide formal mentoring programs at both the business level and enterprise level to all employees. Aetna strategically uses mentoring across the organization as a primary means of workforce development. One-to-one and group mentoring relationships are leveraged to facilitate development, share knowledge and drive two-way learning. Mentoring relationships can be face-to-face or virtual.

Mentoring processes, training, development resources and a community of practice are built at the enterprise and business levels. We have incorporated five phases to mentoring at Aetna: goal setting, initiating, cultivating, separation and redefinition. Each mentor and mentee completes training to build his or her knowledge of how to engage in a successful mentoring relationship. They also are provided a list of curriculum and development resources that has resulted in setting clearer development goals and greater satisfaction with the overall mentoring relationship.

Employee development tools

- **The Aetna Learning Center** is Aetna’s learning management system, home to a wide range of learning resources directed toward development of specific skills, as well as overall career enhancement.
- **Competency development guides** are available to all employees to provide learning opportunities aligned by organizational competency.
- **The Talent Development Catalog** is published biannually and provides a singular reference for all employees with a full list of all employee development programs, tools and resources.
- **Skillsoft** self-directed eLearning courses are available to all employees through the Learning Center. The courses provide employee business professional skills in areas such as project management, Six Sigma, leadership development, personal effectiveness and much more.
- **Aetna Connect** is Aetna’s internal social media platform, to provide easy access to tools and resources, and to create an environment for sharing information, asking questions and encouraging two-way dialogue in real time. Aetna Connect provides a forum for employees to access the talent management team and subject matter experts at any time.
Organizational competencies

Aetna’s competencies provide clarity for how employees should lead by example, drive exceptional results, assess and manage talent, and plan their personal career growth. Employees use the competencies to create robust job and career development plans. Leaders are encouraged to leverage them in their development plans, and they also are used to measure employees’ leadership performance.

Aetna’s organizational competencies are:

- **Adaptability**: Quickly and effectively adapts to the changing demands of the environment
- **Collaboration**: Actively works with others to achieve goals and create value
- **Communicating for Impact**: Effectively conveys and presents information in a clear, transparent manner
- **Decision Making**: Effectively reaches conclusions and makes decisions
- **Driving for Results**: Holds self and others accountable for achieving best outcomes
- **External Focus**: Seeks external factors to inform consumer-focused approaches
- **Inclusiveness**: Embraces global mindset and diversity of ideas, perspectives and backgrounds
- **Leading Change**: Inspires innovative solutions in a manner that engages others
- **Strategic Thinking**: Develops a competitive vision that aligns with consumer needs
- **Talent Development**: Identifies and develops diverse talent to maximize performance and achieve individual and organizational goals

Aetna is truly among the leaders in corporate social responsibility. It is clear through our organizational values and mission to build a healthier world that CSR is truly part of how we do business.

- MaryLynn Ostrowski, Executive Director, Aetna Foundation

Leadership Development

Leaders at Aetna are provided opportunities to develop themselves, their leadership skills, as well as their talent development skills through open enrollment programs; and programs focused on developing high-performing and high-potential leaders.

Leading for Success

Leading for Success is a manager effectiveness and talent management curriculum designed to facilitate growth and development of Aetna’s leadership and ability to manage their team talent. The program was developed and launched in 2015 and is being expanded in 2016 on an open enrollment and organization cohort basis.

Aetna University

Aetna University was established to develop leaders at every level of the organization. Core programs focus on four career levels: new leaders, developing leaders, experienced leaders and senior leaders. Additional programs are tailored to develop specific skills including leading a profit and loss, understanding the health care ecosystem and deepening business acumen, among others.
### Aetna Employee Turnover

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Turnover Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td><strong>includes year of birth for generation</strong></td>
<td></td>
</tr>
<tr>
<td>All Aetna</td>
<td>13.8%</td>
</tr>
<tr>
<td>Women</td>
<td>13.5%</td>
</tr>
<tr>
<td>Men</td>
<td>14.9%</td>
</tr>
<tr>
<td>Boomers (1946-1963)</td>
<td>12.8%</td>
</tr>
<tr>
<td>Gen X (1964-1978)</td>
<td>11.5%</td>
</tr>
<tr>
<td>Gen Y (1979-1994)</td>
<td>20.4%</td>
</tr>
<tr>
<td>Mid America</td>
<td>15.5%</td>
</tr>
<tr>
<td>Northeast</td>
<td>10.8%</td>
</tr>
<tr>
<td>Southeast</td>
<td>14.2%</td>
</tr>
<tr>
<td>West</td>
<td>16.8%</td>
</tr>
</tbody>
</table>

Data for U.S. only. Excludes the Traditionalist generation (born between 1925 - 1945) and Gen Z (born after 1994) due to low number in the workforce - 204 and 18 respectively.

### Veteran and Workforce Data

<table>
<thead>
<tr>
<th>Data as of 9/29/2015</th>
<th>Workforce Data</th>
<th>External Hiring Data Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effective Date</strong></td>
<td><strong>Veterans</strong></td>
<td><strong>Year to Date Hires (enterprise)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Effective Date</strong></td>
</tr>
<tr>
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Our Products & Services
Our Products & Services

Improved outcomes

As a health care company committed to building a healthier world, Aetna believes nothing is more critical to achieving our mission than improving the health outcomes of the people we serve.

We live by a core set of values that puts the people we serve at the center of all we do. That means we strive to see the world from their perspective. In that context, helping people have more healthy days is our common goal throughout the organization.

Healthy days are the building blocks of healthier communities and a healthier world.

At Aetna, we take a comprehensive approach to improving health outcomes, including access to many preventive services without cost, and achieving high marks for the quality of our products and services. But nothing is more fundamental to achieving a sustained approach to improved outcomes than our work to help transform the health care system and shift its focus away from volume and toward outcomes and value.

Aetna is a leader in working with providers to build value-based models of care.

That’s important because first we believe value-based care means more healthy days and lower overall costs for consumers – now and in the future. Second, it helps to solve long-standing cost and quality problems in the health care system, which will make it more sustainable.

In value-based health care, doctors and hospitals are paid for helping keep people healthy, and for improving the health of those who have chronic conditions in an evidence-based, cost-effective way.

Many approaches to value-based care include:

- Patient-centered medical homes, in which a primary care doctor leads a clinical team that oversees the care of each patient in a practice.
- Accountable Care Organizations (ACOs), which are alliances of doctors, hospitals and other health care providers that deliver and coordinate care for their patients.
- Joint ventures between insurers and health systems focused on giving people access to better coordinated, better priced quality care.

Value-based care works.

For example, in an ACO, a primary care doctor is supported by a care team that works with patients to help keep them healthy or improve their health, not just treat them when they are sick or injured. In value-based care arrangements, Aetna and providers are aligned with the same three goals:

- Improving care quality and patient satisfaction
- Improving the health of patient populations
- Reducing costs

In 2014, 27.4 percent of our claims dollars came from value-based care arrangements. We need to move the needle even farther. Aetna has set an important goal for itself: 75 percent of Aetna claim dollars will come from value-based care by 2020.

To help drive progress toward our goal and reshape the health care system, we introduced a new business unit in 2013 called Healthagen. The Healthagen organization offers health and technology services to providers, payers, employers, and consumers; and is helping providers adopt new strategies to navigate the changing health care landscape. Healthagen models help providers and purchasers evolve to better care quality and reduced costs. Healthagen gives patients the tools they need to become active members of their own care team. By year-end 2014, Aetna had more than 900 value-based care agreements in place, including 60 accountable care collaborations.

ACOs have produced strong improvements in performance:

- Increased generic prescribing for the most common types of drugs by 10 percent for all ACOs
- Decreased the impactable surgical admission rate by 14 percent for all ACOs
- Reduced overall medical costs versus expected costs for a given location by 8.1 percent for all ACOs and 13.2 percent for ACOs with 5,000 or more members
Information equals better health

We pull together health care system information – often disconnected in the past – to help health care professionals and patients make informed decisions that can result in better outcomes for patients.

These connections make it possible to put meaningful health care information into action faster than ever, helping members access the right care at the right time and enjoy more healthy days. Our solutions and capabilities provide greater efficiency, speed and effectiveness of care for our members.

With the right connections, we are expanding the range of solutions we offer to help people address their health issues and lower total effective costs.

- Evidence-based applications and clinical decision-support tools find potential gaps in care and help eliminate redundancy and waste. As a result, more than 30 million “Care Considerations” or clinical alerts were delivered to physicians and patients in 2014, reducing medical errors and improving the quality of care. Our tools make it easy for physicians to track, coordinate and monitor the care of their patients across different care settings.

- The iTriage app lets consumers access and harness health care information in a more efficient and personalized way. iTriage is a free mobile app that lets consumers quickly and easily get medical answers, find care options and securely maintain their health information. One of the most popular health and fitness apps with more than 12 million downloads, iTriage allows users to research their symptoms, find a medical provider that best serves their needs, and book an appointment – all from their smartphones.

Aetna was the first to create a joint venture arrangement with a health system with the establishment of Innovation Health Plans, a jointly owned health plan with Inova Health Systems serving Northern Virginia. More than 1.1 million residents are currently served by Inova. Innovation Health Plans aligns two marquee organizations to provide more affordable, quality health care to Northern Virginia employers and residents, with each organization bringing best-in-class services: Aetna for health benefits administration and care management capabilities and Inova for health care delivery.

Innovation Health Plans launched new products in 2014, including individual coverage on the public exchange. Inova Health Plans will engage Inova and community physicians to focus on promoting wellness, improving patient outcomes through better care coordination, and streamlining access to patient information. Aetna will support Inova with technology that makes it easier for physicians to exchange information and track their patients’ care across all settings.
Infant safety

Aetna works in collaboration with the March of Dimes, The Leapfrog Group and others on a number of infant safety programs. The programs encourage women, doctors and hospitals to limit electively scheduled deliveries until at least 39 weeks of pregnancy – health experts agree that deliveries should not be scheduled before 39 weeks unless there is a medical reason, but the practice is still common in some locations.

Aetna is:

- Providing information to our pregnant members on the health benefits of full-term pregnancies
- Helping and encouraging hospitals to prevent deliveries before 39 weeks when they are not medically necessary for the mother or baby
- Letting members know which hospitals have programs in place to avoid early electively scheduled deliveries

The March of Dimes, working together with doctors, hospitals and Aetna, created a toolkit for hospitals to reduce electively scheduled deliveries before 39 weeks without medical reason. Aetna also funded a March of Dimes program that is helping hospitals nationwide adopt prevention policies.

Additionally, Aetna surveyed and publicly recognized facilities that have established safety guidelines for electively scheduled deliveries prior to 39 weeks as well as quality improvement programs. Members can see the designation Elective Delivery Infant Safety Program in our DocFind® online provider directory.

Aetna also is doing its own outreach to targeted hospitals, encouraging them to use the March of Dimes toolkit to establish programs. Aetna will survey hospitals annually and update the directory quality designations accordingly as more hospitals take steps to reduce early elective deliveries.

Care management

Our nurses and doctors become part of a member’s care team. Working with providers, our clinicians use their combined clinical and health plan expertise to help guide members physically, emotionally and financially through health crises and ongoing care. Under the Aetna Care Management program, all our components of wellness work together to help our members receive quality care, no matter where they are in their health journey.

- We help patients and families navigate some of the toughest issues that can occur in a person’s life – major emergencies and trauma.
- We find and identify at-risk members, and provide services to navigate through their health journey. Our clinicians help them achieve better health through best-in-class care management. We provide expert case management and disease management programs for chronic heart failure, diabetes, and other debilitating diseases.
- We have “embedded” nurse case managers in a number of offices of health care providers who support Aetna’s Medicare Advantage members. This collaborative approach has been shown to help improve the quality of care and lower costs for Aetna Medicare Advantage members.
- Our Compassionate Care Program gives patients access to hospice care earlier and allows them to continue receiving curative treatment while in hospice. Our specially trained nurse case managers frequently help address concerns that may be difficult to share. It also can help reduce unnecessary, costly hospitalizations and emergency room visits.

We help our members put all of the available tools and information to work for them by making health care easier to use and understand. By making health care simpler, we help people stay healthier and better control costs. Aetna Care Management focuses on improving the health of individuals in order to improve the health of populations.
Prevention

Aetna’s Innovation Labs team has done a significant amount of work with “big data” to try to predict the risk of metabolic syndrome, a group of health conditions known to increase a person’s likelihood of developing heart disease, stroke and diabetes. Building on that work, Aetna Innovation Labs conducted a pilot program with Newtopia, a precision health company that uses genetic testing and behavioral science to build highly personalized disease prevention plans.

This pilot program focused on Aetna’s own employees. Employees who volunteered to participate in the program went through targeted genetic testing, as well as personality and lifestyle assessments. Information from these tests was used to create personalized wellness programs that included real-time, online coaching for nutrition, exercise and behavior management. Participants were able to engage in their personalized program through multiple channels, including a mobile lifestyle tracking system, social health networking, gaming, and wearable devices.

The results were dramatic – participants lost weight, reduced their waist sizes and had high levels of engagement in the program. Based on this success, Aetna is now offering the Newtopia program to its largest customers and their employees.

Additionally, the Affordable Care Act requires non-grandfathered plans to provide coverage for certain “preventive care” without cost sharing for services provided in network. Aetna has developed a list of covered preventive services and covers them without cost sharing in all insured plans. Aetna also is committed to providing coverage for women’s health services in compliance with the Affordable Care Act. This includes instances where we already provide coverage that goes above and beyond what is required under existing guidelines.

Breast cancer

In 2014, Aetna launched a pilot program called Aetna CarePal to help provide support for women who are diagnosed with breast cancer. The Aetna CarePal program connects Aetna members who are recently diagnosed with breast cancer with Aetna members who have overcome breast cancer. Through this personal connection, Aetna members newly facing breast cancer can benefit from the knowledge, insights, experience and support of those who have been in their position.

As part of the Aetna CarePal program, Aetna has been reaching out to women who are newly diagnosed with breast cancer, as well as women who are in remission. The program is completely voluntary, and participants only share information they are comfortable discussing. Each participant is matched with a single person based on a variety of considerations, including their responses to four categories of questions, including medical information and social factors.

Topics of discussion among the women could include treatment and side effects, body image and appearance issues, or how their diagnosis impacts other people in their life.

The Aetna CarePal program is one component of Aetna’s efforts to help members with cancer. Aetna provides nurse case managers that help people navigate the health care system during their treatment, and also collaborates with health care providers to encourage evidence-based oncology treatment.
Avoiding medical errors

Twice as many people die from medical mistakes and errors than from breast cancer. Aetna has its own ways to help make health care safer. For example, our pharmacists, nurses, psychologists, psychiatrists and specialists work together to help people avoid unnecessary access to habit-forming medications.

- In our Suboxone Case Review program, we improved opioid abstinence rates by 30 percent, reduced inpatient hospital admissions by 35 percent and decreased total paid medical costs by 40 percent.

- We look at trends to identify areas of improvement. In one recent program, our clinical teams helped to reduce opioid prescriptions by 14 percent among 4.3 million members.

- We monitor our members’ claims to help them avoid mistakes and errors. We step in thousands of times a year to alert patients, doctors and health care facilities of potential safety issues.

Our Rx Check program faxed or mailed 114,146 letters to medical providers in 2014 for drug-drug interactions.

In 2014, Aetna’s ActiveHealth Management subsidiary sent more than 30 million “Care Considerations” (alerts warning of missed opportunities for best practice medicine or potentially dangerous drug interactions) to providers and patients.

Medicare Stars

In the 2014 star ratings from the Centers for Medicare and Medicaid Services (CMS), Aetna (including Coventry plans) achieved an overall average rating of 4 stars across its Medicare Advantage (MA) plans. Aetna has increased the number of members enrolled in plans with 4 or more stars to more than 79 percent, representing a 17 percent increase from the previous year.

In addition to achieving an average rating of 4 stars, several of Aetna’s MA plans have higher star ratings than last year.

- Coventry Health Care, an Aetna company, is offering seven MA plans that achieved a rating of 4.5 stars in Illinois, Iowa, Kansas, Missouri and Pennsylvania;

- Aetna and Coventry combined have 19 MA plans available across multiple states with a rating of 4.0 stars or greater; and

- All Aetna MA members are in plans that have at least 3.0 stars, while 99.8 percent are in a plan with a rating of 3.5 stars and above.

CMS’s Medicare Star Rating System ranks the performance and quality of Medicare plans to help beneficiaries and their families compare plans in their area. Star ratings are calculated each year using a scale of one to five stars (with five being the best), and may change from one year to the next, depending on how the plan performs. Medicare health plans are rated on how well they perform on five categories: members staying healthy; managing chronic conditions of members; member experience with the health plan; member complaints; and health plan customer service.
Access to coverage

In 2013, Aetna’s vision for healthier communities, a healthier nation and a healthier world started to take root. In 2014, our priorities focused on transforming the way health care is paid for, delivered and consumed as we used our insights into consumer preferences to prepare for a very different relationship with our future customers.

Passage of the Affordable Care Act in 2010 was an important milestone in expanding access to health care coverage for the nation’s uninsured. However, much more needs to be done to address our health care quality and affordability challenges, and we know that affordability of health care continues to be the biggest obstacle to coverage for most Americans. We continue to pursue a comprehensive strategy to help all Americans have access to affordable, quality health care. We cannot reach our goal of healthier communities unless all Americans have access to health care coverage.

Our vision is grounded in a belief that we must continue to move the health care delivery system toward value-based care that delivers affordable care, improved care quality and improved convenience to consumers.

We understand that the key to helping to expand health care coverage is continuing our pioneering work in accountable care. As a result, we are establishing more collaborative relationships with health care providers, and creating private exchanges where consumers have the kind of choice and access they value.

Also important is using insight and innovation to develop consumer tools that make health care easier to understand, find and manage. And we continue to work in the heart of our local communities to help individuals and families find the tools and resources they need to get and stay healthy for a lifetime.

Our consumer strategy includes:

• Our consumer team will establish optimization and innovation across the consumer value chain. The team also will bring transparency to enterprise wide consumer-facing initiatives.
• We are developing a deeper understanding of what our customers truly value, how they wish to access health care solutions and the effectiveness of our marketing efforts.
• Product distribution and adoption will develop and execute new models for promoting consumer engagement across all of our products, membership growth, and medical/administrative cost savings.
Consumer-directed health plans

**CDHP Accelerator**

In early 2014, we launched a new strategy to help employers and their employees reach the full value of consumer-directed health plans (CDHPs). Called the CDHP Accelerator, the strategy combines CDHPs with voluntary products. The CDHP Accelerator provides greater financial protection once members reach certain limits on their high-deductible health plans.

- Aetna has seen that greater CDHP participation leads to greater employee engagement, which can lead to better health outcomes as well as cost savings for both employers and employees.
- Over the last nine years, Aetna has studied the impact CDHPs have on health and health care costs. Aetna’s studies show that employees who switch from a PPO to a CDHP can save, on average, $350 per year.\(^1\) Employers can see cost savings as well.
- CDHP participants are also more engaged in their own health care – they are twice as likely as PPO members to complete a health assessment and 30 percent more likely to participate in a disease management program.\(^2\)
- Combining a CDHP with voluntary financial protection plans – such as Hospital Indemnity, Critical Illness or Accident –provides additional financial protection if someone experiences an unexpected illness or hospital stay. These plans provide cash benefits that employees can use for whatever they need, from meeting their deductible to paying everyday expenses such as rent, daycare or groceries. By helping to boost financial confidence, voluntary benefits can increase enrollment in consumer directed health plans.

Retirees and federal employees

In late 2014, Aetna expanded its presence in the Federal Employees Health Benefit Program (FEHBP) with two new options: a new Aetna Direct plan designed for federal retirees, and the Innovation Health joint venture with Inova Health Systems. These new options add to Aetna’s broad variety of plans already available.

By bringing new innovations such as Aetna Direct and Innovation Health Plan options to the FEHBP, Aetna is helping the Office of Personnel Management achieve its goal of providing federal employees, retirees and their families with high quality coverage options, while also fostering greater competition and choice.

**Aetna Direct**

Aetna Direct can help to significantly lower out-of-pocket costs for federal retirees who have primary coverage through Medicare Parts A and B. The plan’s premiums are significantly lower than the FEHBP average. Plus, deductibles and coinsurance are waived for members with Medicare Part A and Part B primary, and the plan provides a fund that can be used to reimburse Part B premiums or for other covered services.

**Innovation Health Plan**

Innovation Health Plan aligns Aetna and Inova Health System to provide access to more affordable, quality health care to Northern Virginia. Innovation Health Plan leverages Aetna and Inova services and technology to promote wellness and help improve patient outcomes. All five of Inova’s hospitals were recognized again in 2014 by U.S. News & World Report as either a Best National Hospital or Best Regional Hospital.

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\(^1\) Ninth Annual Aetna HealthFund® Study, released December 2012.

\(^2\) Cost savings and health management benefits results are taken from the Ninth Annual Aetna HealthFund® Study, released in December 2012.
Public exchanges

The public exchanges remain a key part of Aetna’s strategy to grow our individual/consumer business while expanding opportunities for more Americans to get health care coverage. Many of those with coverage purchased on a public exchange were previously uninsured. The marketplace is expected to grow.

We will grow our membership by building attractive, price-competitive products. Approximately 87 percent of our exchange membership receives subsidies. Aetna participated on public exchanges in 17 states by 2015. Our public exchange enrollment was slightly more than 550,000 members at the end of 2014.

Public exchanges are essentially online marketplaces for health insurance that are run by the state or federal government. Every state has a public exchange available to its residents. Public exchanges give people additional access and more opportunity to buy insurance, but the success of this new online shopping experience hinges on affordability and simplicity. Aetna, we are doing our part to help make health care easy to shop for, easy to understand and easy to use.

Private exchanges

Our Private Exchange team develops and implements single and multicarrier proprietary private exchange solutions for Aetna’s customers in Individual, Small Group, Middle Market, National Accounts as well as retiree products. Private exchanges are not part of the Affordable Care Act. They are created by private-sector companies, for example, by a health insurance company or a brokerage or consulting firm. Like public exchanges, private exchanges can sell to both individuals and employer groups. But subsidies are only available on public exchanges.

For employers who are trying to keep the cost of offering health benefits manageable, private exchanges offer an interesting solution. Employers can give their employees a set amount of money and then direct them to a private exchange. There, they can shop for a health plan and other benefits, such as dental, based on what the employer has selected as options.

Our exchange solutions seek to empower consumers by:

- Simplifying the enrollment process
- Providing increased choice to accommodate consumer needs
- Educating decision makers to optimize their shopping decisions
- Engaging healthcare consumers in a year-round experience to optimize their satisfaction, reduce costs and promote healthy outcomes

In 2014, Aetna led a best-in-class team to expand the capabilities of one of the nation’s first private health exchanges for large employers; giving retirees’ greater purchasing power, more choices, and help choosing plans to meet their needs. HR Policy Association, representing the chief human resource officers of more than 350 of the largest private-sector employers in the United States, chose Aetna to create the next generation of its highly successful Retiree Health Access program.

RHA now gives employers greater flexibility, with the choice of offering pre- and post-65 group or individual policies on one integrated platform with access to multiple carriers nationwide. Retirees have an enhanced experience, with consumer-centric technology, tools and resources to provide a personalized experience and support their decision making.
Plan performance and customer satisfaction

Quality improvement strategy

We are working hard to improve the service, quality and safety of health care. One way we do this is by measuring how well we and others are doing.

We work with groups of doctors and other health professionals to make health care better. Our clinical activities and programs are based on proven guidelines. We also give members and their doctors information and tools to make decisions more confidently.

Program goals

• Meet our members’ health care access needs
• Measure, monitor and improve the clinical care our members get
• Address racial and ethnic differences in health care
• Make sure we obey all the rules, whether they come from customers, federal and state regulators, or accrediting groups
• Make sure providers in our networks meet our standards

Program scope

• Providing our members with clear information so they can make good decisions
• Reviewing the health care services we cover and how care is coordinated
• Encouraging providers to communicate with one another
• Monitoring the effectiveness of our programs
• Studying the accessibility of our network providers
• Monitoring the overuse and underuse of services for our Medicare members
• Performing credentialing and recredentialing activities
• Assessing member and provider satisfaction

Program outcomes

We collected data on a set of clinical measures called the Healthcare Effectiveness Data and Information Set (HEDIS®*). We shared the results with the National Committee for Quality Assurance (NCQA) Quality Compass®.** The NCQA makes the results public. Each year, we use the results to set new goals and seek to improve selected measures. As a result, performance has improved on many measures. In many areas we perform better than the national average as well.

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
**Quality Compass is a registered trademark of NCQA.
## 2015 NATIONAL Commercial HMO/POS

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<td>85.00%</td>
<td>82.36%</td>
<td>86.51%</td>
<td>87.22%</td>
<td>82.73%</td>
</tr>
<tr>
<td></td>
<td>Hep A</td>
<td>82.15%</td>
<td>79.08%</td>
<td>80.63%</td>
<td>83.43%</td>
<td>84.64%</td>
</tr>
<tr>
<td></td>
<td>RV</td>
<td>77.26%</td>
<td>75.04%</td>
<td>74.54%</td>
<td>81.76%</td>
<td>77.47%</td>
</tr>
<tr>
<td></td>
<td>Influenza</td>
<td>65.75%</td>
<td>61.16%</td>
<td>72.72%</td>
<td>62.59%</td>
<td>60.06%</td>
</tr>
<tr>
<td></td>
<td>Combo 2</td>
<td>75.72%</td>
<td>73.73%</td>
<td>77.25%</td>
<td>76.47%</td>
<td>73.39%</td>
</tr>
<tr>
<td></td>
<td>Combo 3</td>
<td>73.41%</td>
<td>70.63%</td>
<td>74.88%</td>
<td>74.04%</td>
<td>71.08%</td>
</tr>
<tr>
<td></td>
<td>Combo 4</td>
<td>66.73%</td>
<td>61.16%</td>
<td>67.07%</td>
<td>67.55%</td>
<td>67.23%</td>
</tr>
<tr>
<td></td>
<td>Combo 5</td>
<td>64.77%</td>
<td>61.35%</td>
<td>63.80%</td>
<td>65.79%</td>
<td>64.50%</td>
</tr>
<tr>
<td></td>
<td>Combo 6</td>
<td>55.97%</td>
<td>51.58%</td>
<td>61.86%</td>
<td>52.61%</td>
<td>50.54%</td>
</tr>
<tr>
<td></td>
<td>Combo 7</td>
<td>59.92%</td>
<td>54.50%</td>
<td>58.47%</td>
<td>60.82%</td>
<td>61.27%</td>
</tr>
<tr>
<td>Measure</td>
<td>Sub-Measure</td>
<td>NAT Avg</td>
<td>MA Avg</td>
<td>NE Avg</td>
<td>SE Avg</td>
<td>WE Avg</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Childhood Immunization Status</td>
<td>Combo 8</td>
<td>52.09%</td>
<td>47.65%</td>
<td>56.52%</td>
<td>49.90%</td>
<td>48.04%</td>
</tr>
<tr>
<td></td>
<td>Combo 9</td>
<td>50.77%</td>
<td>45.87%</td>
<td>54.48%</td>
<td>48.78%</td>
<td>47.05%</td>
</tr>
<tr>
<td></td>
<td>Combo 10</td>
<td>47.91%</td>
<td>43.05%</td>
<td>50.86%</td>
<td>46.40%</td>
<td>44.73%</td>
</tr>
<tr>
<td>Childrens’ and Adolescents’ Access to Primary Care Practitioners</td>
<td>12 mo – 24 mo</td>
<td>97.11%</td>
<td>98.28%</td>
<td>98.77%</td>
<td>98.74%</td>
<td>92.81%</td>
</tr>
<tr>
<td></td>
<td>25 mo - 6 yrs</td>
<td>90.16%</td>
<td>90.59%</td>
<td>94.64%</td>
<td>91.61%</td>
<td>81.68%</td>
</tr>
<tr>
<td></td>
<td>7 yrs - 11 yrs</td>
<td>91.76%</td>
<td>88.34%</td>
<td>95.60%</td>
<td>92.14%</td>
<td>88.17%</td>
</tr>
<tr>
<td></td>
<td>12 yrs - 19 yrs</td>
<td>89.40%</td>
<td>88.99%</td>
<td>94.08%</td>
<td>86.78%</td>
<td>85.30%</td>
</tr>
<tr>
<td>Chlamydia Screening in Women</td>
<td>Ages 16-20</td>
<td>40.97%</td>
<td>31.17%</td>
<td>49.69%</td>
<td>41.75%</td>
<td>34.47%</td>
</tr>
<tr>
<td></td>
<td>Ages 21-24</td>
<td>52.30%</td>
<td>42.56%</td>
<td>61.71%</td>
<td>50.64%</td>
<td>47.15%</td>
</tr>
<tr>
<td></td>
<td>Ages Total</td>
<td>47.20%</td>
<td>37.22%</td>
<td>56.18%</td>
<td>46.74%</td>
<td>41.66%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td></td>
<td>59.96%</td>
<td>54.72%</td>
<td>62.98%</td>
<td>61.47%</td>
<td>57.86%</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care</td>
<td>HbA1c Testing</td>
<td>88.31%</td>
<td>88.24%</td>
<td>88.48%</td>
<td>87.56%</td>
<td>88.87%</td>
</tr>
<tr>
<td></td>
<td>HbA1c Poor Control (&gt;9.0%)</td>
<td>36.07%</td>
<td>41.82%</td>
<td>33.45%</td>
<td>32.58%</td>
<td>38.30%</td>
</tr>
<tr>
<td></td>
<td>HbA1c Control (&lt;8.0%)</td>
<td>53.79%</td>
<td>48.46%</td>
<td>56.06%</td>
<td>56.71%</td>
<td>52.19%</td>
</tr>
<tr>
<td></td>
<td>HbA1c Control (&lt;7.0%) for Selected Population</td>
<td>37.53%</td>
<td>NR</td>
<td>37.53%</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td></td>
<td>Eye Exam</td>
<td>54.82%</td>
<td>51.85%</td>
<td>61.84%</td>
<td>52.80%</td>
<td>48.54%</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td></td>
<td>55.95%</td>
<td>52.19%</td>
<td>59.34%</td>
<td>57.93%</td>
<td>51.72%</td>
</tr>
<tr>
<td>Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis</td>
<td></td>
<td>84.29%</td>
<td>83.58%</td>
<td>84.40%</td>
<td>84.43%</td>
<td>84.28%</td>
</tr>
<tr>
<td>Human Papillomavirus Vaccine for Female Adolescents</td>
<td></td>
<td>11.50%</td>
<td>12.15%</td>
<td>12.96%</td>
<td>9.96%</td>
<td>10.13%</td>
</tr>
<tr>
<td>Immunizations for Adolescents</td>
<td>Meningococcal</td>
<td>64.06%</td>
<td>51.77%</td>
<td>71.47%</td>
<td>61.26%</td>
<td>64.95%</td>
</tr>
<tr>
<td></td>
<td>Tdap/Td</td>
<td>69.70%</td>
<td>61.17%</td>
<td>75.12%</td>
<td>66.63%</td>
<td>71.05%</td>
</tr>
<tr>
<td></td>
<td>Combination 1</td>
<td>59.68%</td>
<td>47.09%</td>
<td>66.54%</td>
<td>56.57%</td>
<td>61.93%</td>
</tr>
<tr>
<td>Medication Management for People With Asthma</td>
<td>Medication Compliance 50% - 5-11 years</td>
<td>61.76%</td>
<td>63.66%</td>
<td>62.94%</td>
<td>57.14%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medication Compliance 50% - 12-18 years</td>
<td>59.01%</td>
<td>60.39%</td>
<td>63.25%</td>
<td>54.81%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medication Compliance 50% - 19-50 years</td>
<td>72.93%</td>
<td>79.57%</td>
<td>72.40%</td>
<td>73.75%</td>
<td>69.53%</td>
</tr>
</tbody>
</table>

Aetna region performance exceeds national performance
<table>
<thead>
<tr>
<th>Measure</th>
<th>Sub-Measure</th>
<th>NAT Avg</th>
<th>MA Avg</th>
<th>NE Avg</th>
<th>SE Avg</th>
<th>WE Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication Management for People With Asthma</strong></td>
<td>Medication Compliance 50% - 51-64 years</td>
<td>78.08%</td>
<td>80.85%</td>
<td>79.60%</td>
<td>77.60%</td>
<td>76.13%</td>
</tr>
<tr>
<td></td>
<td>Medication Compliance 50% - Total</td>
<td>72.33%</td>
<td>78.02%</td>
<td>73.70%</td>
<td>71.42%</td>
<td>68.13%</td>
</tr>
<tr>
<td></td>
<td>Medication Compliance 75% - 5-11 years</td>
<td>40.28%</td>
<td>41.02%</td>
<td>42.76%</td>
<td>35.44%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medication Compliance 75% - 12-18 years</td>
<td>37.00%</td>
<td>37.56%</td>
<td>37.80%</td>
<td>35.91%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medication Compliance 75% - 19-50 years</td>
<td>50.28%</td>
<td>53.72%</td>
<td>51.19%</td>
<td>52.93%</td>
<td>45.67%</td>
</tr>
<tr>
<td></td>
<td>Medication Compliance 75% - 51-64 years</td>
<td>61.17%</td>
<td>65.96%</td>
<td>62.96%</td>
<td>62.48%</td>
<td>56.46%</td>
</tr>
<tr>
<td></td>
<td>Medication Compliance 75% - Total</td>
<td>51.73%</td>
<td>56.34%</td>
<td>53.87%</td>
<td>51.89%</td>
<td>46.09%</td>
</tr>
<tr>
<td><strong>Non-Recommended Cervical Cancer Screening in Adolescent Females</strong></td>
<td></td>
<td>4.12%</td>
<td>3.61%</td>
<td>3.28%</td>
<td>5.63%</td>
<td>4.26%</td>
</tr>
<tr>
<td><strong>Persistence of Beta-Blocker Treatment After Heart Attack</strong></td>
<td></td>
<td>86.49%</td>
<td>87.89%</td>
<td>85.41%</td>
<td>85.48%</td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacotherapy Management of COPD Exacerbation</strong></td>
<td>Systemic corticosteroid</td>
<td>72.37%</td>
<td>73.81%</td>
<td>71.86%</td>
<td>78.60%</td>
<td>66.17%</td>
</tr>
<tr>
<td></td>
<td>Bronchodilator</td>
<td>80.10%</td>
<td>73.81%</td>
<td>80.57%</td>
<td>83.03%</td>
<td>79.63%</td>
</tr>
<tr>
<td><strong>Plan All-Cause Readmissions</strong></td>
<td>Observed Readmission Rate</td>
<td>8.57%</td>
<td>8.37%</td>
<td>8.52%</td>
<td>8.77%</td>
<td>8.57%</td>
</tr>
<tr>
<td></td>
<td>Average Adjusted Probability</td>
<td>12.10%</td>
<td>10.92%</td>
<td>11.82%</td>
<td>14.03%</td>
<td>11.47%</td>
</tr>
<tr>
<td></td>
<td>Observed-to-Expected Ratio</td>
<td>72.23%</td>
<td>79.48%</td>
<td>72.96%</td>
<td>63.79%</td>
<td>74.12%</td>
</tr>
<tr>
<td><strong>Prenatal and Postpartum Care</strong></td>
<td>Prenatal</td>
<td>87.68%</td>
<td>86.49%</td>
<td>88.12%</td>
<td>89.09%</td>
<td>86.50%</td>
</tr>
<tr>
<td></td>
<td>Postpartum</td>
<td>72.76%</td>
<td>73.72%</td>
<td>73.52%</td>
<td>72.93%</td>
<td>70.71%</td>
</tr>
</tbody>
</table>
### 2015 NATIONAL Commercial HMO/POS

<table>
<thead>
<tr>
<th>Measure</th>
<th>Sub-Measure</th>
<th>NAT Avg</th>
<th>MA Avg</th>
<th>NE Avg</th>
<th>SE Avg</th>
<th>WE Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use of Appropriate Medications for People with Asthma</strong></td>
<td>Ages 5-11</td>
<td>95.71%</td>
<td>96.15%</td>
<td>96.07%</td>
<td>94.50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ages 12-18</td>
<td>89.07%</td>
<td>86.35%</td>
<td>93.86%</td>
<td>87.02%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ages 19-50</td>
<td>87.80%</td>
<td>88.44%</td>
<td>89.26%</td>
<td>87.05%</td>
<td>86.22%</td>
</tr>
<tr>
<td><strong>Use of Appropriate Medications for People with Asthma</strong></td>
<td>Ages 51-64</td>
<td>91.86%</td>
<td>92.16%</td>
<td>92.30%</td>
<td>92.24%</td>
<td>90.80%</td>
</tr>
<tr>
<td></td>
<td>Ages Total</td>
<td>90.24%</td>
<td>90.24%</td>
<td>90.21%</td>
<td>90.78%</td>
<td>89.88%</td>
</tr>
<tr>
<td><strong>Use of Imaging Studies for Low Back Pain</strong></td>
<td></td>
<td>74.21%</td>
<td>75.04%</td>
<td>77.82%</td>
<td>68.46%</td>
<td>73.92%</td>
</tr>
<tr>
<td><strong>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</strong></td>
<td></td>
<td>44.81%</td>
<td>36.49%</td>
<td>45.89%</td>
<td>50.25%</td>
<td>38.53%</td>
</tr>
<tr>
<td><strong>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children/Adolescents</strong></td>
<td>BMI Percentile - Ages 3 to 11</td>
<td>57.82%</td>
<td>53.13%</td>
<td>65.57%</td>
<td>56.20%</td>
<td>51.33%</td>
</tr>
<tr>
<td></td>
<td>BMI Percentile - Ages 12 to 17</td>
<td>57.61%</td>
<td>55.14%</td>
<td>63.66%</td>
<td>56.74%</td>
<td>51.27%</td>
</tr>
<tr>
<td><strong>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children/Adolescents (Cont.)</strong></td>
<td>BMI Percentile - Ages Total</td>
<td>57.82%</td>
<td>54.20%</td>
<td>64.80%</td>
<td>56.57%</td>
<td>51.33%</td>
</tr>
<tr>
<td></td>
<td>Counseling for Nutrition - Ages 3 to 11</td>
<td>63.97%</td>
<td>62.17%</td>
<td>71.53%</td>
<td>62.72%</td>
<td>55.22%</td>
</tr>
<tr>
<td></td>
<td>Counseling for Nutrition - Ages 12 to 17</td>
<td>55.58%</td>
<td>54.31%</td>
<td>64.75%</td>
<td>52.40%</td>
<td>45.97%</td>
</tr>
<tr>
<td></td>
<td>Counseling for Nutrition - Ages Total</td>
<td>60.21%</td>
<td>58.34%</td>
<td>68.49%</td>
<td>58.02%</td>
<td>51.38%</td>
</tr>
<tr>
<td></td>
<td>Counseling for Physical Activity - Ages 3 to 11</td>
<td>57.63%</td>
<td>52.63%</td>
<td>66.91%</td>
<td>57.51%</td>
<td>47.61%</td>
</tr>
<tr>
<td></td>
<td>Counseling for Physical Activity - Ages 12 to 17</td>
<td>55.84%</td>
<td>56.24%</td>
<td>64.73%</td>
<td>52.79%</td>
<td>45.26%</td>
</tr>
<tr>
<td></td>
<td>Counseling for Physical Activity - Ages Total</td>
<td>56.91%</td>
<td>54.47%</td>
<td>65.99%</td>
<td>55.44%</td>
<td>46.60%</td>
</tr>
<tr>
<td><strong>Well-Child Visits in the 3rd, 4th, 5th and 6th Year of Life</strong></td>
<td></td>
<td>74.40%</td>
<td>71.53%</td>
<td>83.23%</td>
<td>75.58%</td>
<td>62.13%</td>
</tr>
<tr>
<td><strong>Well-Child Visits in the First 15 Months of Life</strong></td>
<td>0 Visits</td>
<td>1.59%</td>
<td>0.69%</td>
<td>1.60%</td>
<td>0.95%</td>
<td>2.52%</td>
</tr>
<tr>
<td></td>
<td>1 Visit</td>
<td>0.84%</td>
<td>0.56%</td>
<td>0.50%</td>
<td>0.86%</td>
<td>1.49%</td>
</tr>
<tr>
<td></td>
<td>2 Visits</td>
<td>1.73%</td>
<td>0.56%</td>
<td>2.21%</td>
<td>0.70%</td>
<td>2.38%</td>
</tr>
<tr>
<td></td>
<td>3 Visits</td>
<td>3.18%</td>
<td>2.71%</td>
<td>3.16%</td>
<td>1.92%</td>
<td>4.38%</td>
</tr>
<tr>
<td></td>
<td>4 Visits</td>
<td>5.34%</td>
<td>4.93%</td>
<td>4.29%</td>
<td>4.15%</td>
<td>8.01%</td>
</tr>
<tr>
<td></td>
<td>5 Visits</td>
<td>19.26%</td>
<td>18.96%</td>
<td>17.90%</td>
<td>16.83%</td>
<td>23.26%</td>
</tr>
<tr>
<td></td>
<td>6+ Visits</td>
<td>68.06%</td>
<td>71.60%</td>
<td>70.33%</td>
<td>74.61%</td>
<td>57.97%</td>
</tr>
</tbody>
</table>

* Aetna region performance exceeds national performance
Accreditation

We take accreditation by the NCQA seriously. It’s an important way of showing our commitment to improving quality of care, access to care and member satisfaction. We believe the rankings provide plan sponsors and members with a valuable source of information about the quality of our programs, tools and provider networks.

Aetna urges health care customers to consider several factors when selecting a health plan, including:

- The breadth of physician networks to ensure they meet personal needs
- The quality and convenience of network hospitals
- The cost of plans, including out-of-pocket costs and premiums
- Plans’ wellness programs and incentives for making healthy lifestyle choices
- The usefulness of information tools and information available on the health plan website

Aetna’s ranking relative to competitors

Our rankings are competitive with other national plans in the places where we do business. The difference among health plans is minor in some cases, and NCQA is swift to note that the scores of ranked plans are separated by as little as one 10-thousandth of a point.

- The highest score achieved by any health plan for Commercial is 90.4. Medicare is 91.7 and Medicaid’s highest score was 87.1.
- Aetna’s and Coventry’s Commercial scores ranged from 84.7 to 72.8 out of 100 points, up from 74.8 to 85.1 the previous year.
- Aetna and Coventry Medicare scores ranged from 87.3 to 67.8 points.
- Coventry Medicaid scores ranged from 80.1 to 62.9 points.

Ranking process changing in 2015

2014 is the last year that NCQA ranked health plans. In 2015, a ratings methodology was adopted that classifies plans in five areas of performance—a system similar to Medicare star ratings. NCQA’s 2015 ratings methodology is available online.

Aetna activities to increase performance and rankings (HEDIS® and CAHPS® scores)

Every experience members and providers have with Aetna impacts our performance and rankings. Aetna’s commitment to continual improvement helps our rankings. At the same time, HEDIS and CAHPS require specific action plans, measurement and evaluation. Therefore, an enterprise Consumer Engagement workgroup identifies Aetna initiatives designed to improve the quality of the health plan communications and services available to members.

At the regional level, workgroups focus on tactical improvements to high priority items that impact our members.

The Consumer Engagement workgroup continuously focuses on identifying barriers to effective member communications and access to care. We implement targeted HEDIS improvement plans in lower performing geographies. We identify initiatives that will help members understand and receive more value from the care and service available to them. In determining Aetna’s areas of focus for HEDIS and CAHPS, the workgroup prioritizes resources based on the impact they will have on our members and value delivered to plan sponsors. This means that outreach efforts may vary by location.

The HEDIS improvement activities implemented target members, providers and plan sponsors. A combination of print, email and calls is used to reach members. Member outreach encourages recommended screenings, vaccines and management of their conditions. It also stresses the importance of these services.

Provider outreach is usually done in conjunction with a member communication piece. Provider mailings typically include a roster of members with gaps in care (per available claims data). We encourage providers to contact the member to discuss gaps in care (e.g., colon cancer screening). In some cases we also include office tools or patient educational materials. These efforts are in line with industry best practices.

Aetna will work to continue improving NCQA accreditation levels and thereby improve performance in these annual rankings.

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1 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
2 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
While the level of accreditation status may change for a plan year to year, this may be due solely to methodology change and may not indicate a change in performance. Still, our focus on constant improvement in quality and patient satisfaction does support our accreditation status.

**HEDIS improvement activities implemented in 2012, which continued through 2014, targeted members, providers and plan sponsors.**

- We sent preventive screening reminders to subscribers 40 years of age or older in low-performing geographies. The reminders encouraged members to learn about tests and vaccines recommended for adults. It also encouraged them to talk to their doctors about what screenings are right for them. We included a magnet with recommended tests and vaccines, and wallet cards for tracking purposes.

- To improve childhood immunization rates, we used a multifaceted approach targeting parents of 13- and 14-month-old children. Parents were sent either an email reminder or a printed self-mailer with the recommended immunization schedule for children through age 2 and information about the diseases vaccines protect against. About two weeks later, we followed up with an automated reminder call using voice-recognition technology to reinforce the need to stay up to date with immunizations.

- Each September, we send a flu and pneumococcal vaccination reminder to members via email. In addition, we contract with a number of flu vaccine providers (retailers, pharmacies, clinics) to make the vaccine available at discounted rates in public and corporate settings. This provides added convenience and easy access for our members.

- We sent rosters of patients with no claims evidence of colorectal cancer screening to doctors along with a Fact and Myths sheet to copy and distribute to patients. We also gave some of the doctors the option of authorizing home iFOBT kits for their patients on the roster. We sent the kits to members via a contracted vendor, and reminder calls were made to members who did not return the kits. Kits were processed when returned and results sent to both the member and ordering doctor.

- To improve colorectal cancer screening rates, we made reminder calls to members with no claims evidence of screening. During the call, we provided education on the importance of screenings and information on screening options. In addition, we asked questions about barriers to obtaining colon cancer screening to help guide future outreach.

- To improve diabetes-screening rates, we implemented a call campaign referred to as Diabetes Year-In-The-Life. The campaign consisted of a series of three calls focusing on 1) Numbers to know – needed testing and goals for most people; 2) Scheduling doctor visits; and 3) Gaps in care – a targeted reminder regarding needed screenings. Educational booklets, provided compliments of LifeScan, were offered to members and sent via mail or email based on the member’s preference.

- We sent members with diabetes and no claims evidence of a retinal eye exam a reminder to get their annual eye exam. The reminder to obtain an annual retinal eye exam included educational information to help members identify potential barriers that may be preventing them from receiving the service, encouraged dialogue with their PCP and provided additional resources about keeping their eyes healthy.

- To improve diabetes screening rates, we sent primary care physicians rosters of their patients who have diabetes and no claims evidence of an A1C, LDL, and/or nephropathy screening and/or a cardiac event or diagnosis of ischemic heart disease and no claims evidence of LDL screening.
• We implemented a (English/Spanish) home lab test kit program to improve Hemoglobin A1C screening and LDL screening rates for members with diabetes and/or heart disease who had no claims evidence of screening. We offered members a free A1C and/or LDL home test kit. Members not ordering their kit within two weeks received an automated reminder call encouraging them to call and order their kit. We sent kits (via a contracted vendor) and made reminder calls to members not returning their kits within 10 days. We offered members replacement kits and assistance with collecting the sample, as needed. We sent lab results to both the member and his/her treating physician. Members who had lab values outside of agreed upon parameters received a live call regarding the results and were encouraged to talk to their doctor. Members who weren’t reached by telephone were sent a letter encouraging them to make an appointment with their doctor.

• To improve the use of Disease-Modifying-Anti-Rheumatic Drugs (DMARDs), on a monthly basis we send newly identified members with a diagnosis of rheumatoid arthritis (RA) and no claims evidence of filling a prescription for a DMARD an educational letter and information about the Aetna Specialty Pharmacy services. At the same time, we send the treating physician a roster of patients who could benefit from a DMARD. We also send the physician information about the Aetna Specialty Pharmacy services and an RA medication order form.

• We use a two-pronged approach to improve the use of spirometry for assessment and diagnosis of COPD. Members newly diagnosed with COPD with a negative 2-year diagnosis history and no evidence of spirometry testing are sent educational information about the importance of spirometry testing and what to expect when performing the test. If there is no spirometry claim within approximately 60 days from the date of initial outreach, we send a reminder reinforcing the need for and importance of spirometry testing. The reminder also encourages members to talk to their doctor about receiving the service. At the same time as the initial member outreach, we notify treating PCPs and/or pulmonologists of identified members of the member’s potential need for the service and provide a member-level report to serve as a chart reminder for each member identified.

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1 Based on results from the 2014 Aetna Case Management Member Satisfaction Analysis.
2 Based on results from the 2014 Aetna Disease Management Member Satisfaction Analysis.
Aetna members deserve to get high quality, clinically appropriate health care. The information that follows regarding the Aetna Physicians Performance Network helps members make informed decisions about their doctors, treatments and health plans based on safety and quality.

Aetna Physicians Performance Network

Finding the right doctor can be a challenge. It is our goal to help make this easier for our members. When members are looking for a doctor in one of the medical specialties in our DocFind® directory, they can look for doctors with the blue star next to their names. This indicates the doctor is part of the Aexcel® network*. These doctors meet certain standards for quality care and cost efficiency.

A Guide To the Aexcel® Network

The blue star ★ on the results page identifies Aexcel® specialists. These are doctors who meet our high standards for both clinical performance and efficiency. Going to an Aexcel specialist can lower your costs.

What does Aexcel mean? This is a group of doctors who meet certain quality and cost efficiency standards and agree to provide services to insurance companies’ customers. Within the Aetna network, a group of specialists who meet our clinical quality and cost criteria receive the Aexcel designation.

Members will find Aexcel specialists in the following specialties:

<table>
<thead>
<tr>
<th>Cardiology</th>
<th>Neurology</th>
<th>Otolaryngology/ENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiothoracic Surgery</td>
<td>Neurosurgery</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Obstetrics and Gynecology</td>
<td>Urology</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Orthopedics</td>
<td>Vascular Surgery</td>
</tr>
</tbody>
</table>

How do we decide which specialists are in the Aexcel network? We consider three factors:

**Volume**

First, we look at all doctors in our network who are in one of the 12 Aexcel specialties. We identify those who have managed at least 20 “episodes of care” for our members over the past three years.

*What’s an episode of care?*

Well, it might be a hip implant or treatment for a chronic heart condition. We include all services associated with the doctor, not just office visits. The review includes inpatient, outpatient, diagnostic, laboratory and pharmacy claims for patients of these doctors.

**Clinical performance**

Second, we look at clinical performance. Here are some questions we ask:

- After a hospital stay, do the doctor’s patients go back in the hospital within 30 days?
- How often do serious problems develop during hospital stays?
- What industry recognitions does the doctor have?
- How does the doctor keep up board certification?
- Does the doctor use electronic prescribing or electronic medical records?

**Efficiency**

We also look at efficiency. These are the areas we examine:

- The cost for services
- The number and types of services performed
- Resources used to treat the doctor’s patients

More information about Aexcel is available on Aetna.com. NCQA serves as an independent ratings examiner for Aetna.
Price and quality transparency and plan literacy

We provide our members with meaningful information that helps them take charge of their health care and be responsible health care consumers. We led the way in the past decade to greater transparency for consumers in health care quality and pricing because consumers are shouldering an ever-increasing percentage of the costs in today’s retail health care world. Consumers are demanding more value for their money, and they need more simple and convenient information to make health care decisions that are right for them.

Our values demand that we deliver the highest quality and value possible to our customers, and that we innovate to enable simple, easy, and relevant solutions. That’s why we have developed technology solutions that are substantially improving simplicity and convenience; allowing consumers to easily find doctors, determine network status, make appointments and receive reminders, track wellness, help members and doctors monitor health indicators, and identify and address risk early on.

Aetna was the first insurer to:

- Provide physician-specific price, clinical quality and efficiency information to members.
- Offer site-specific cost information to members for hospitals and other facilities (not regional averages).
- Give members personalized estimates for cost of care based on Aetna’s actual negotiated rates with specific health care providers and not claim averages.

The Member Payment Estimator improves transparency for members by giving them a more complete, personalized picture of the costs involved with their health care. It provides real-time out-of-pocket cost estimates based on a member’s personal benefits plan.

Price Information for Hundreds of Health Care Services
The Member Payment Estimator provides cost estimates and cost comparisons for more than 650 commonly used, nonemergency in-network health services. It displays up to 10 cost estimates at a time for the selected procedure in a geographic area, which can help make members more aware of the cost differences among different health care providers.

Consumers Save on Health Care Costs
Our research has shown that after members use the Member Payment Estimator to obtain cost estimates on one of more than 30 of the most frequently selected health care services, they chose the provider that helps them save approximately $170 in out-of-pocket costs compared with the average of the estimates they received.

Millions of Cost Estimates for Members
In 2014, members accessed the Member Payment Estimator 1,603,311 times, an average of 133,609 hits per month. This was a 23 percent increase in hits from the previous year. There have been more than 4.8 million hits since the tool was launched in 2010.

Helping Members Understand Their Health Care Costs
We employ our virtual assistant, “Ann,” alongside our Member Payment Estimator tool on Aetna Navigator to guide our members through using the tool.

Available on the Go
Aetna members can access the Member Payment Estimator with their smartphones through the Aetna Mobile app.

- In 2011, the U.S. Government Accountability Office released a report regarding the transparency of health care costs. Aetna’s Member Payment Estimator was recognized at the time as the only tool from a private health insurance company that “provided estimates of a consumer’s complete cost.”
- Aetna’s Member Payment Estimator was highlighted in an April/May 2012 Commonwealth Fund report on the importance of health care price transparency.
- In 2013, the National Business Coalition on Health gave the Member Payment Estimator an eValue8TM Innovation Award.
WellMatch

WellMatch is the latest Aetna innovation in transparency. Building on the foundation of Aetna’s Member Payment Estimator, the WellMatch transparency application enables employers to help their employees make more informed decisions. Employees can access health care information, learn about their benefits, estimate costs, and find providers that offer the services they need. Employees also can read reviews by other patients and see anonymous co-worker recommendations.

WellMatch is helping employees lower their out-of-pocket expenses while building stronger engagement in the health care decision-making process. Using WellMatch, employees are able to see accurate cost information for a service based on their own insurance plan and the provider’s network status; and view simple, real-time snapshots of personal health care spend and benefit coverage.

Guroo

To help have an even broader impact on health care costs and transparency, Aetna is a member of the Health Care Cost Institute (HCCI), an independent, nonpartisan, nonprofit organization that has made transparency in health care expenditures a priority. HCCI has launched guroo.com, a consumer-focused website that provides national, state and local cost information for common health conditions and services using claims from multiple insurers for more than 40 million insured individuals — numbers that no one else has.

The new website is free and accessible to everyone, regardless of who their insurer is or whether they even have insurance. Guroo was created with the goal of giving consumers information on the costs and quality of health care so they can make more informed choices about how they spend their health care dollars. Using health insurance claims data, guroo.com launched with estimated costs for more than 70 common health services such as childbirth, knee pain, an MRI or a physician office visit.

Customer Privacy

As a health care company, Aetna collects a great deal of sensitive data about our members. We take very seriously our responsibility to keep that information safe from unauthorized uses and disclosures. Aetna is strongly committed to ensuring the privacy and security of nonpublic data that is shared with us. We work hard to earn the trust of our members, plan sponsors, physicians, brokers, consultants, shareholders and others with whom we do business. Accordingly, we are committed to maintaining that trust and our reputation for excellence and integrity. In addition, we comply with federal, state and local privacy and security laws such as HIPAA.

Information privacy and security has always been a major priority at Aetna. We have policies, procedures and technologies in place to protect member and other nonpublic data from unauthorized use and disclosure. These include written privacy and security policies, awareness training for employees, integrity and confidentiality controls, message authentication and/or encryption, firewall and proxy server technologies, etc. We restrict access to protected health information (PHI) to only those employees who need it to provide products or services to our members through “role-based access control”. We maintain physical, electronic and procedural safeguards to protect PHI against unauthorized access and use. Access to our facilities is limited to authorized personnel, and we protect information we maintain electronically through the use of various technical tools.

In addition, as part of our HIPAA privacy and security compliance programs, we have identified specific individuals to serve as business area privacy managers. These individuals are responsible for day-to-day enforcement of Aetna’s privacy policies and the procedures that support them. Adherence to our privacy and security policies and procedures is also subject to ongoing monitoring. For example, our Internal Audit Department periodically performs assessments on the company’s privacy policies and procedures, and for many years our IT security program has received extremely favorable evaluations from external consultants.
Privacy and security organizational structure

Aetna's information privacy and security program is rigorous and disciplined. That effort is led by both a Chief Privacy Officer and a Chief Information Security Officer.

Aetna’s Chief Privacy Officer reports to Aetna’s General Counsel and is responsible for enterprise privacy strategy, including promoting consideration of privacy in the design of products and services, and driving best practices. The privacy organization includes:

- **Legal team** – led by a senior privacy attorney and responsible for legal support of both the privacy and security functions.
- **Compliance team** – led by a senior compliance professional responsible for developing and overseeing the implementation and enforcement of our Privacy Program. Also includes a team that supports business areas in their compliance with privacy requirements and a team that fulfills member requests related to their rights under HIPAA.
- **Privacy managers** – assigned by business area and responsible for day-to-day enforcement of company-wide privacy policies and the procedures that support them.

Collectively, the privacy team is responsible for:

- Driving Aetna’s enterprise privacy strategy.
- Maintaining Aetna’s Privacy Policies.
- Promoting awareness related to information privacy and security.
- Managing projects that support Aetna’s compliance with privacy-related laws and regulations.
- Consulting on privacy-related issues impacting Aetna and working with business to ensure compliance with applicable regulations and consistent application of Aetna’s privacy strategy.
- Coordinating company-wide response to privacy incidents.
- Monitoring industry and regulatory trends to identify potential risk factors and the need for change.
Aetna’s Chief Information Security Officer is responsible for vision, strategy, direction, guidelines, policies, planning, coordination, and oversight for information security, physical security and IT Risk for all of Aetna.

The Chief Information Security Officer is charged with:

- The establishment of information security policies and standards
- Presenting topics related to practices, incidents and threat trends in the Quarterly Business Review and to the Executive Committee
- Coordination of the development and deployment of information security resources
- Development of strategies to improve the ability of Aetna’s workforce to employ information security
- Facilitating security information sharing between and among our businesses and our constituents
- Providing services, programs, and technologies to identify and manage risk, protect our employees’ information, properties, public image, and assets in support of business continuity, reduced liability, and enhanced company profitability

Complaints

The Office for Civil Rights (OCR) investigates complaints received from individuals who believe their privacy rights have been violated or who have other concerns about a covered entity’s HIPAA Privacy and Security Rules compliance. Aetna responded to 23 complaints that were received from the OCR during 2012-2014. Aetna thoroughly investigates all complaints received. In some cases, Aetna determined that no violation occurred, and our actions were compliant with the HIPAA Privacy and Security Rules. In other cases, Aetna has identified and corrected an error due to an OCR complaint. These are generally isolated incidents, and appropriate corrective actions are taken to prevent a reoccurrence. OCR has indicated it is satisfied with Aetna’s response in all of these cases, and Aetna has never been issued a fine or penalty related to any of these privacy complaints.

Privacy breaches

Aetna has a comprehensive Incident Response Plan. We follow a rigorous process to immediately halt any ongoing breach we identify and to mitigate the impact to our customers. This includes notifying members as required under HIPAA and other applicable state and federal laws, reporting to the Department of Health and Human Services and applicable state regulators, and taking other steps such as offering free credit monitoring when a member’s financial information is exposed. We also address the root cause of a breach to strengthen controls, where necessary, to prevent a reoccurrence.

While Aetna has experienced unauthorized disclosures of personal information, the vast majority of breaches have impacted one or just a few individuals. In 2014, Aetna experienced a total of four breaches impacting more than 50 individuals.

Through 2014, Aetna has not faced regulatory fines related to privacy breaches nor has Aetna made any settlements related to the HIPAA Privacy and Security Rules, including HITECH.
Fraud, waste and abuse detection

Financial losses due to fraud, waste and abuse have been estimated to cost the health care system tens of billions of dollars each year. This is an important statistic because fraud and waste are major contributors to the high cost of health care, undercutting efforts to improve health care quality and improved access to coverage.

The problem goes well beyond dollars and cents. Fighting fraud is important as well to protect our members from potential harm caused by fraudulent or even abusive activity.

It’s a responsibility we embrace and pursue vigorously because it is critical to realizing our vision for a healthier world. Eliminating waste in the system is one of the keys to taking hidden costs out of the system, making health care more affordable and accessible to more Americans. Improved access to health care services is critical to helping people and communities be healthier. Making health care a safer experience for everyone is equally important.

We’re helping to lead the fight against fraud with the Aetna Special Investigations Unit (SIU). As part of our fraud prevention program, our SIU aggressively investigates all types of fraud using the latest detection, investigation and recovery techniques. Whether it’s taking on large health care management companies or individual providers, we have the expertise to protect consumers from fraud, waste and abuse.

Our team of more than 100 professionals works behind the scenes to make fraud, waste and abuse front and center.

Our team includes:

- A medical director
- Nurses
- Certified coders
- Certified pharmacy technicians
- Fraud investigators
- Former law enforcement professionals
- Information technology (IT) specialists
- Field claims analysts
- Administrative staff

We have made an 800 number available to make it easier for people to report suspected cases of fraud, waste and abuse (1-800-338-6361). The public can email us at aetnasiu@aetna.com.

Fighting fraud, waste and abuse comes down to these steps:

1. Prevent. We perform prepayment claims review to avoid fraudulent payments.
2. Detect. We analyze provider data to identify suspicious behavior.
3. Investigate. We thoroughly explore all provider billing and practice behavior, not just a single issue.
4. Recover. We aggressively pursue recovery of money lost to fraud, waste or abuse.
5. Report. We report suspected fraud, waste and abuse to state and federal agencies, as required.
6. Comply. We act as the liaison with insurance fraud bureaus, attorney generals, the FBI and more.

Plus, our front line of claims and customer service professionals receives intensive, ongoing training in fraud detection.

Of course, reliable fraud, waste and abuse detection relies heavily on technology. Our dedicated IT staff uses advanced software to comb through massive amounts of data. Then we identify providers whose claims differ significantly from those of their peers or otherwise appear unusual.

In 2014, we:

- Conducted more than 3,000 investigations
- Saved $402.6 million in billed charges
- Recovered $7.4 million
Our Environmental Performance
Our Environmental Performance

Our approach

As a leading health care company, Aetna is not a significant producer of greenhouse emissions. But we recognize and welcome our responsibility to limit our impact on the environment in which we live and work.

To help promote and protect a safe, clean environment that contributes to the health and well-being of our coworkers and neighbors, we monitor and measure our environmental impact and have implemented a number of initiatives to help reduce these impacts. It’s what responsible companies do.

Aetna maintains operations at 160 facilities across the United States. As a health care and related benefits company focused on building a healthier world, we work hard to reduce our carbon footprint and maintain the health of the communities where we operate.

Sustainability strategies and green initiatives are a priority at Aetna-owned facilities, such as those at our campuses in Hartford, Windsor and Middletown, Connecticut, and Blue Bell, Pennsylvania. Aetna also has made sustainability commitments at select leased properties. Aetna currently monitors and reports on the greatest environmental impacts at owned locations and 125 field sites.

Newmark Grubb Knight Frank Global Commercial Real Estate (Newmark Grubb Knight Frank) serves as the property management company for all Aetna facilities. Newmark Grubb Knight Frank is working with Aetna to implement sustainability practices and improve the entire portfolio’s environmental performance. At select leased property locations, Aetna and Newmark Grubb Knight Frank are developing a Real Estate Services Leased Portfolio Sustainability program to address factors influencing environmental sustainability performance.

Aetna is determined to enhance the social and environmental well-being of the communities we serve. As a result, we have specific green building initiatives that are designed to reduce potential environmental impacts by minimizing waste, reducing emissions, lowering water consumption, optimizing energy performance and improving the office environment. These steps are designed to improve the health and safety of the employees and the communities in which we operate. They also earmark Aetna as a participant in the global effort to reduce greenhouse gas emissions and mitigate climate change.
2014 Environmental Goals

In 2014, Aetna monitored sustainability initiatives against high level goals using environmental performance metrics for our existing portfolio of facilities. These include reductions in carbon dioxide (CO2) emissions through telecommuting, the use of renewable energy sources, energy savings through building commissioning, and waste reduction and diversion through managing supplier relationships and recycling. Aetna is in the process of implementing specific goals and targets, which will be announced in 2016.

Transportation
Reduce pollution through:

- Alternative public transportation
- Alternative fuel vehicles, carpooling and telecommuting
- Encouraging bicycle use and providing changing rooms

Water conservation
Conserve water by:

- Identifying high water consuming fixtures and installing low water consuming replacements

Building performance
Maintain commissioning and building performance by:

- Monitoring to ensure building systems are installed, calibrated, and operating as intended
- Regularly inspecting and testing systems and equipment, and repair and upgrade those that are found to be out of specification

Energy use
Optimize energy usage by:

- Monitoring and making adjustments and upgrades to systems equipment
- Achieving energy performance levels above ASHRAE base seconds

Renewable energy

- Evaluate renewable energy opportunities on- and off-site
- Use renewable energy sources where feasible

Source reduction/recycling

- Understand and identify opportunities to reduce source and waste stream materials
- Storage and collection of recyclables
- Toxic material source reduction
- Monitor occupant recycling
Environmental performance highlights

Aetna promotes a Sustainability Management and Green Strategy with a comprehensive approach to providing for responsible, reliable and cost effective sustainability at Aetna properties. The information below presents Aetna initiatives and associated 2014 environmental impacts.

| Land usage | 278,947 barrels crude oil saved |
|            | 46,700 metric tons CO₂ saved  |

**Site & building exteriors**
Encourage lowest environmental impact practices and preserve ecological integrity through management of planting, pest control, landscape waste, irrigation, snow removal, building cleaning & paint and sealants use.

**Transportation**
- Reduce pollution through alternate public transportation
- Reduce pollution through bicycle use and changing rooms
- Reduce pollution through alternate fuel vehicles, carpooling, and telecommuting

**Water efficiency**
11,254,427 gallons of H₂O saved

**Building fixture efficiency**
Identify high water consuming fixtures and recommend alternative replacements (i.e., water closets, urinals, shower heads, faucets)

**Irrigation water**
Understand, identify and recommend landscaping practices that limit or eliminate the use of potable water for irrigation

| Energy & environment | 19 LEED & 33 Energy Star Facilities |
|                      | 520,779 kWh renewable electricity |
|                      | 3,124 metric tons CO₂ saved      |

**Building commissioning**
- Monitor and ensure building systems are installed, calibrated and operating as intended
- Regularly inspect/test systems and equipment and repair/upgrade those that are found to be out of specification

**Ozone protection**
Refrigerant management program in place for all handling and transportation

**Optimize energy performance**
- Monitor and make adjustments/ upgrades to systems equipment to optimize energy usage
- Achieve energy performance levels above ASHRAE base standards

**Renewable energy**
- Evaluate renewable energy opportunities (on and off-site)
- Use renewable energy sources, where feasible

| Materials & goods | 1,875 tons recycled paper, OCC, plastic, glass and metal |
|                  | 41,977 trees saved                                     |

**Source reduction & waste management**
Have a waste management policy and plan - understand & identify opportunities to reduce source and waste stream materials

**Storage & collection of recyclables**
- Toxic material source reduction (i.e., mercury, PCBs, etc.)
- Monitor occupant recycling

**Project waste management**
- Develop a project waste management policy and management plan
- Redirect recyclable recovered resources to be reused away from landfills

**Optimize use of alternate materials**
Reduce environmental impacts of materials acquired for use in buildings

**Optimize use of indoor air quality (IAQ) materials**
- Reduce the impacts of the (IAQ) impacts of materials acquired for use in buildings
- Reduce the impacts of the (IAQ) impacts of cleaning products, disposable paper, and trash bags
Transportation

Telecommuting represents an opportunity for Aetna to decrease greenhouse gas emissions, and increase flexibility and work/life balance for our employees. Aetna’s telework program is reducing carbon emissions by encouraging employees to telecommute.

Aetna introduced the telework program in 2007, offering many employees the opportunity to work from home via remote desktop access. In 2014, more than 19,500 Aetna employees participated in the program, avoiding about 127 million miles of driving, and saving more than 5.3 million gallons of gasoline and 46,700 metric tons of carbon dioxide emissions.

**Telecommuters, 2007-2014:**

![Graph showing telecommuters from 2007 to 2014](image)

Since the telework program’s initial rollout, it has grown steadily, with more employees participating each year. A significant jump in participation occurred in 2013 following our Coventry acquisition.

To date, the program has saved a total of:

- 702,874,485 Commuter Miles
- 29,296,127 Gallons Gasoline
- 257,890 Metric Tons CO₂

Additionally, Aetna encourages the use of alternate fuel vehicles, providing access to electric vehicle charging stations at two corporate campus locations. In 2012, Aetna installed three plug-in electric power (PEP) stations at the Hartford campus for employees and a fourth station for a security vehicle, as well as two PEP stations at the Blue Bell campus. These stations have provided alternative fuel vehicles with a total of 11,738.2 kilowatt hours (kWh) of electricity since going online.
Building fixture efficiency

Potable water is essential to a healthy life, but less than one percent of Earth’s finite resource is available for human use. This makes water protection and conservation essential to assure access to clean water for all people.

Additionally, water delivery and heating requires large amounts of energy. For example, letting a faucet run for five minutes uses the same amount of energy as leaving a 60-watt lightbulb on for 22 hours. Strategies for reducing water and energy usage include installing low-flow water closets, showerheads, urinals, and faucets with sensors. Aetna focuses water efficiency practices on internal and external building fixtures to reduce overall water consumption in both owned and leased properties.

In 2006, Aetna launched a multiyear construction project to upgrade the water fixtures at the Hartford campus. Since program launch, the Hartford campus has reduced overall water consumption from 9,400 gallons per employee per year to an all-time low of 4,000 gallons per employee per year in 2014.

### Hartford campus water consumption, 2007-2014:

A similar trend in water usage exists across Aetna’s other owned properties. Since 2007, Aetna’s combined portfolio of owned facilities has saved 76,743,154 gallons of water.
Building commissioning

Building commissioning ensures all building systems are functioning at peak performance based on the needs and operations of the facility. If systems or materials fail to perform at their peak levels, employee comfort may be impacted. System failure also requires more intensive use of water and energy resources.

Retro-commissioning is applied to existing buildings to restore them to optimal performance. Installation checks, operational checks conducted by trained maintenance professionals, updating operations and maintenance manuals, updating training materials, ongoing system monitoring, and system upgrades are all strategies to maintain building commissioning. We are committed to ensuring that our properties operate at peak performance.

Aetna has invested in upgrading HVAC systems at several facilities. At the Hartford campus, the installation of plate and frame heat exchangers and the operation of an airside economizer allow for free cooling of the buildings in the winter months. The free cooling utilizes the cooling towers to make chilled water and is used in the voice/data rooms and other small rooms that house IT equipment. All air handling systems at the Hartford campus utilize an outside air economizer to cool the entire complex during normal business hours. Additionally, both data centers at the Middletown and Windsor campuses utilize free cooling to cool the entire data center at full load.

In 2013, Aetna initiated a retro-commissioning project for its home office in Hartford to ensure that all systems continue to operate at peak performance and are upgraded as facility needs change. Phase 1 implementation was completed in 2014 and a 7 percent reduction in electrical consumption was realized. Phase 2 implementation was launched in 2015.

Aetna has also initiated a retro-commissioning project at its data centers in Middletown and Windsor. The projects are set to launch in early 2015.

Optimize energy performance

Proper office lighting, comfortable room temperatures, and powering a myriad of electronic appliances are necessary processes of daily building functioning, though they require a lot of energy. Heating and lighting systems are ideal target areas to achieve energy reduction.

Aetna understands it has a responsibility to reduce the local and regional electrical load in the communities where we have facilities. By optimizing energy performance, Aetna will continue to reduce energy demand, benefitting local communities and the environment.

Aetna has reduced energy consumption across its five owned campuses through various energy-saving techniques, including replacing old wooden windows with energy efficient windows, upgrading lighting to higher efficiency bulbs and ballasts, and installing Energy Star-rated devices and automatic shut-off switches. Since initiating these strategies, Aetna has saved over 12.9 million kWh from 2010 consumption levels, a 15.86 percent energy reduction over four years.
A similar reduction was seen across 125 of the Aetna-leased properties managed by Newmark Grubb Knight Frank. Since the 2010 baseline, Aetna has saved over 14.0 million kWh of electricity, a 36.8 percent energy reduction over three years.

Combined, Aetna’s 132 baseline facilities reduced electricity consumption by 26,942,359 kWh between 2010 and 2014. This reduction is equivalent to a savings of 16,849 metric tons of CO₂ emissions.

Additionally, Aetna has established a Green Data Center Program, allowing our data centers in Middletown and Windsor to operate 20 percent more efficiently. The Green Data Center Program centers on reducing energy consumption through the use of various IT and building management strategies. IT strategies include, but are not limited to, the use of “virtualized” servers and high-density computer environments featuring close-coupled cooling systems. Building management strategies include increasing discharge water temperatures in line with ASHRAE guidelines. From 2010 to 2014, these strategies reduced energy consumption by over 5.2 million kWh. These reductions occurred while business requests for data storage and systems capacity increased significantly.

Aetna also has earned Leadership in Energy & Environmental Design (LEED) certifications at various owned-property locations. Currently, Aetna has 19 LEED certified buildings across both its owned- and leased-properties portfolio.

All Aetna-owned facilities, including the Hartford campus, the two data centers and the two Blue Bell facilities are utilizing the U.S. EPA’s Energy Star Portfolio Manager Program. The program allows Aetna to monitor ongoing building energy consumption. Aetna also has leased 33 Energy Star-labeled facilities across the country.
Renewable energy

Renewable energy comprised 13 percent of the U.S. energy portfolio in 2013\textsuperscript{iii}. The federal government and many state governments have enacted policies and a variety of tax credits to incentivize the use of renewable energy. Additionally, many states have enacted Renewable Portfolio Standards (RPS), which require electricity providers to acquire or generate a certain percentage of the power supply they offer from renewable sources. Currently, an RPS typically has 2020 as an implementation deadline.

Aetna recognizes the importance of decreasing its reliance on fossil fuels in order to reduce the total U.S. GHG emissions. We understand that GHG emissions decrease the air quality of the communities where our customers live. Consequently, we have adopted goals to decrease our impact on neighboring environments.

In 2010, Aetna’s 240 south-facing solar panels and 735 rooftop solar panels went online, supplying renewable energy to the Atrium Building in Hartford. Since that time, this system has produced approximately 251,890 kWh of renewable energy per year.

In 2013, Aetna installed a 975-panel solar array at the Windsor office. The array has since produced 204,897 kWh in 2013 and 281,680 kWh in 2014. Combined, the solar arrays have provided 1,746,055 kWh of electricity since 2010 from a clean, renewable energy source - the sun. This is equivalent to 868 metric tons of CO\textsubscript{2} emissions savings.
Source reduction and waste management

Waste reduction is a global issue and a growing concern. In 1960, Americans generated 2.7 pounds of municipal solid waste (MSW) per day. By 2012, Americans increased their daily MSW generation by more than 160 percent, to 4.4 pounds per day. This accounted for producing 251 million tons of U.S. MSW. Some studies estimate that global MSW generation could double by 2025 to approximately 2.2 billion tons per year.

Aetna recognizes that, as an industry leader, it must play a role in generating less waste.

Waste reduction strategies exist for MSW, as well as hazardous and electronic waste. We are committed to the proper handling and management of these materials to protect public health.

By communicating and collaborating with our suppliers, we ensure thorough consideration of the choice, design and production of products used. This approach helps to reduce the amount of waste generated.

Aetna has focused on reducing the total volume of waste generated while diverting the waste it does generate from the landfill. Across the Aetna-owned portfolio, we have implemented initiatives to recycle paper, cardboard, glass and plastic bottles. Aetna has been recycling fluorescent bulbs since 1994.

Aetna also participates in a program to recycle confidential shredded paper across all sites. In 2014, this material totaled 1,655 tons.

Hartford waste stream tonnages, 2009-2014:

![Chart showing waste stream tonnages for Hartford from 2009 to 2014]

Across this period, the percentage of waste diverted from landfills has increased from 29.67 percent in 2009 to a high of 36.15 percent in 2011.

In 2011, the Blue Bell campus began a composting program for the collection and disposal of organic waste produced in the cafeteria kitchens.

Since 2009, the Hartford and Blue Bell campuses have recycled 1,874 tons of material. This is equivalent to a savings of 5,230 metric tons of CO₂ emissions.
Greenhouse gas emissions
While Aetna does not manufacture physical products and is not a significant producer of greenhouse gases, we view our emissions as important because of the potential damage to the environment from carbon emissions.

Aetna believes that reducing our emissions and carbon footprint are part of a responsible, comprehensive approach to helping the communities where we live and work be healthier. Our customers expect those they do business with to do their best to curb their emissions, and we expect our key suppliers to do the same.

Aetna is an early signatory to the Business Roundtable’s “Climate RESOLVE” initiative to manage greenhouse gas emissions. Our management approach to emissions includes the tracking and reporting of our greenhouse gas emissions. We report our emissions to the CDP (formerly the Carbon Disclosure Project), an independent nonprofit holding the world’s largest database of primary corporate climate change information.

Our gross global emissions for 2014 have decreased versus the previous year. A significant factor was the transition of additional Aetna employees to telecommuting status, which lessens emissions related to commuting to Aetna work locations. Our emissions for 2014, as reported to CDP, follow:

Emissions Methodology

<table>
<thead>
<tr>
<th>Scope</th>
<th>Base year</th>
<th>Emissions (metric tons CO₂e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope 1</td>
<td>January 1 - December 31, 2007</td>
<td>8,320</td>
</tr>
<tr>
<td>Scope 2</td>
<td>January 1 - December 31, 2007</td>
<td>72,851</td>
</tr>
</tbody>
</table>

Methodology


Gases included in calculation and associated global warming potential

<table>
<thead>
<tr>
<th>Gas</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH₄</td>
<td>IPCC Fourth Assessment Report (AR4 - 100 year)</td>
</tr>
<tr>
<td>N₂O</td>
<td>IPCC Fourth Assessment Report (AR4 - 100 year)</td>
</tr>
</tbody>
</table>

Emissions factors applied and their origin

<table>
<thead>
<tr>
<th>Fuel/Material/Energy</th>
<th>Emission Factor</th>
<th>Unit</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diesel/Gas oil</td>
<td>23.1</td>
<td>lb CO₂ per gallon</td>
<td>U.S. EPA, UNIT CONVERSIONS</td>
</tr>
<tr>
<td>Natural gas</td>
<td>120</td>
<td>lb CO₂ per 1000 ft³</td>
<td>U.S. EPA, UNIT CONVERSIONS</td>
</tr>
<tr>
<td>Motor gasoline</td>
<td>19.4</td>
<td>lb CO₂ per gallon</td>
<td>U.S. EPA, UNIT CONVERSIONS</td>
</tr>
</tbody>
</table>
### Emissions data:

January 1 - December 31, 2014

**Boundary used for Scope 1 and 2 greenhouse gas inventory**
Financial control

**Gross global Scope 1 emissions figures in metric tons CO₂e**
6,660

**Gross global Scope 2 emissions figures in metric tons CO₂e**
78,958

### Estimated level of uncertainty of the total gross global Scope 1 and 2 emissions figures

<table>
<thead>
<tr>
<th>Scope</th>
<th>Uncertainty range</th>
<th>Main sources of uncertainty</th>
<th>Expanded explanation of uncertainty in data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope 1</td>
<td>Less than or equal to 2%</td>
<td>Data gaps</td>
<td>Aetna leases properties that include electrical usage (Scope 1) in its lease rate. These locations are not separately metered for Aetna’s electrical usage but instead Aetna usage is a prorated share of the total. At these sites, Aetna’s prorated share has been estimated.</td>
</tr>
<tr>
<td>Scope 2</td>
<td>More than 2% but less than or equal to 5%</td>
<td>Data gaps Assumptions Extrapolation</td>
<td>Aetna leases properties that include electrical usage (Scope 1) in its lease rate. These locations are not separately metered for Aetna’s electrical usage but instead Aetna usage is a prorated share of the total. At these sites, Aetna’s prorated share has been estimated.</td>
</tr>
</tbody>
</table>

### Scope 1 emissions breakdown

#### Total gross global Scope 1 emissions by facility

<table>
<thead>
<tr>
<th>Facility</th>
<th>Scope 1 emissions (metric tons CO₂e)</th>
<th>Latitude</th>
<th>Longitude</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartford</td>
<td>4,930</td>
<td>41.767955</td>
<td>-72.68959</td>
</tr>
<tr>
<td>Middletown</td>
<td>376</td>
<td>41.594629</td>
<td>-72.721282</td>
</tr>
<tr>
<td>Windsor</td>
<td>225</td>
<td>41.86749</td>
<td>-72.679864</td>
</tr>
<tr>
<td>1425 Blue Bell</td>
<td>75</td>
<td>40.147655</td>
<td>-75.28627</td>
</tr>
<tr>
<td>980 Blue Bell</td>
<td>43</td>
<td>40.147651</td>
<td>-75.28909</td>
</tr>
</tbody>
</table>

#### Total gross global Scope 1 emissions by activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Scope 1 emissions (metric tons CO₂e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office based</td>
<td>6,014</td>
</tr>
<tr>
<td>Data Center</td>
<td>600</td>
</tr>
</tbody>
</table>
Scope 2 emissions breakdown

Total gross global Scope 2 emissions by activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Scope 2 emissions (metric tons CO₂e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offices</td>
<td>49,257</td>
</tr>
<tr>
<td>Data Centers</td>
<td>25,023</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>840</td>
</tr>
</tbody>
</table>

Scope 3 emissions

Gross global Scope 3 emissions figures in metric tons CO₂e

68,476*

<table>
<thead>
<tr>
<th>Sources of Scope 3 emissions</th>
<th>metric tons CO₂e</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business travel</td>
<td>21,778</td>
</tr>
<tr>
<td>Employee commuting</td>
<td>46,698</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>68,476</strong></td>
</tr>
</tbody>
</table>

Engagement with suppliers and customers

During the Request for Proposal (RFP) stage, existing and potential customers frequently request information on GHG emissions and climate change aspects as well as other CSR issues. Aetna provides information to customers for evaluation. Additionally, Aetna Procurement requests information from suppliers about their sustainability efforts for potential scoring and comparison to others. See About Aetna page 5 for more details.

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*Business travel and employee commuting only

About this report

Scope of report

Aetna’s 2014 CSR Report is our first report developed in accordance with Global Reporting Initiative (GRI) guidelines. It covers the 2014 calendar year, from January 1, 2014 through December 31, 2014.

Our report was developed in accordance with GRI G4 Core guidelines.

Reporting boundaries

The report covers activities and impacts under Aetna Inc.’s operations within United States, unless otherwise stated. Environmental performance data is based on our owned properties only, since data from leased properties are subject to negotiation with property owners and are difficult to collect in a meaningful, consistent form. All of the locations from which we do business outside the United States are leased. Aetna owns only 13 of its 152 U.S. locations. Data is collected from all owned locations, except as noted in the chart below.

Aetna owned locations - 2015

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Aetna Interest</th>
<th>Ee Numbers</th>
<th>Electrical Use</th>
<th>Water Use</th>
<th>Natural Gas Use</th>
<th>Fuel Use</th>
<th>Solid Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>10260 Meanley Rd.</td>
<td>San Diego</td>
<td>CA</td>
<td>OWN</td>
<td>103</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>750 Riverpoint Dr.</td>
<td>W. Sacramento</td>
<td>CA</td>
<td>OWN</td>
<td>198</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>151 Farmington Ave.</td>
<td>Hartford</td>
<td>CT</td>
<td>OWN</td>
<td>14</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>570 Pigeon Hill Rd</td>
<td>Windsor</td>
<td>CT</td>
<td>OWN</td>
<td>9</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>930 Middle St.</td>
<td>Middletown</td>
<td>CT</td>
<td>OWN</td>
<td>129</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>3200 Highland</td>
<td>Downers Grove</td>
<td>IL</td>
<td>OWN</td>
<td>322</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
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<tr>
<td>2222 Ewing Rd.</td>
<td>Moon Township</td>
<td>PA</td>
<td>OWN</td>
<td>401</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1425 Union Meeting Dr.</td>
<td>Blue Bell</td>
<td>PA</td>
<td>OWN</td>
<td>639</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
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<tr>
<td>980 Jolly Rd.</td>
<td>Blue Bell</td>
<td>PA</td>
<td>OWN</td>
<td>592</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>14955 Heathrow Forrest Pkwy.</td>
<td>Houston</td>
<td>TX</td>
<td>OWN</td>
<td>404</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
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<tr>
<td>9881 Mayland Dr.</td>
<td>Richmond</td>
<td>VA</td>
<td>OWN</td>
<td>96</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
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</tbody>
</table>

Subtotal 2,907

Aetna formerly owned during 2015 (since sold)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Aetna Interest</th>
<th>Ee Numbers</th>
<th>Electrical Use</th>
<th>Water Use</th>
<th>Natural Gas Use</th>
<th>Fuel Use</th>
<th>Solid Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>3535 E. Valencia Rd.</td>
<td>Tucson</td>
<td>AZ</td>
<td>OWN</td>
<td>521</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
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</tr>
</tbody>
</table>

Subtotal 521

Grand Total 3,428

As used in this report, the terms “Aetna,” “we,” “our” and similar terms are used for convenience to refer to Aetna Inc. and its subsidiaries.
Stakeholder engagement

Our first sustainability report is an important step in our sustainability journey. By publicly reporting our sustainability performance, we can start a dialogue with our stakeholders on sustainability issues. By engaging with stakeholders and gaining a better understanding of their concerns, we can improve our business performance and have a greater positive impact on society.

For this report, we engaged our CSR Council to inform our CSR materiality assessment and reporting strategy. We considered the perspectives of our employees, customers, communities, investors and governments. We selected this group for our initial CSR stakeholder engagement, which was undertaken as part of the report preparation process, because of their insight into all aspects of Aetna’s business. The CSR council validated the sustainability materiality assessment results and suggested additional topics for CSR reporting, including adding a section on health care fraud, waste, and abuse. Going forward, we plan to expand and formalize our stakeholder engagement activities.

We welcome your feedback and thoughts on this report and our sustainability program. Please contact us at corporatesocialresponsibility@aetna.com.

Associations and coalitions

We report all dues and special assessments paid to state and federal trade associations and coalitions operating under 501(c)(6) of the Internal Revenue code. We list the name of each organization that receives dues or special assessments of more than $50,000 in a calendar year. We also indicate the portion of such dues considered nondeductible as lobbying and political expenses under applicable tax law.

The full list of such organizations can be viewed on page 5 of our 2014 Political Action Committee report on Aetna.com.

Governance and ethics

Our reputation for excellence and integrity is one of our most valuable assets. We have earned this reputation by delivering quality products and services, and by adhering to the highest standards of business conduct. Our board of directors and company management believe that sound corporate governance principles help ensure that our standards of excellence, integrity, inspiration and caring are applied to all aspects of our operations.

We have embraced the principles behind the Sarbanes-Oxley Act of 2002, as well as the governance rules for companies listed on the New York Stock Exchange. We also have implemented governance changes in compliance with the requirements of the Wall Street Reform and Consumer Protection Act (the “Dodd-Frank Act”). These principles and requirements are reflected in the structure and composition of our board of directors, our committee charters and our corporate governance policies. They are reinforced through Aetna’s Code of Conduct, which applies to every employee and director, and they inform how we engage with all of our stakeholders.
Aetna requires all employees and key suppliers to revisit and annually document their familiarity with the Code of Conduct. The importance of the Code of Conduct is underscored in Aetna Chairman and CEO Mark Bertolini’s message to employees:

“Our Code of Conduct is grounded in and reflects the principles at the heart of The Aetna Way. The Code guides our compliance with the rules and regulations that govern our business throughout the world. If we apply this Code to all aspects of our business, we will fulfill our promise to operate in accordance with the law, company policies and our core values.

Although the Code can’t cover every imaginable situation, it does provide you with examples of everyday situations to assist you in resolving potential problems and general guidance for performing your job responsibilities with integrity. Also included is a list of contacts for you to use in seeking advice or reporting concerns.

Ultimately, our reputation relies on the sound judgment and personal integrity of every Aetna employee, regardless of your level in the organization. If you are ever in doubt as to the right course of action, use The Aetna Way and our Ethical Decision-Making Framework to help you make the right decisions. If you ever have reason to believe that a legal or ethical violation has occurred, you need to report it immediately to your manager, Business Compliance Officer, the Law Department or the Aetna AlertLine®. Our policies forbid any form of retaliation against you for fulfilling this obligation.

I expect each of you to read, understand and follow our Code of Conduct. Please consult it throughout the year, as needed. Your commitment to compliance, all company policies, and the laws and regulations applicable to our businesses contributes directly to our success as a company. Please join me in renewing our commitment to protecting and strengthening Aetna’s reputation for integrity and keeping our promises to each other and those we serve.”

- Aetna Chairman and CEO Mark Bertolini

We believe that our corporate governance policies, principles and practices are good for our business, our industry, the competitive marketplace and for all of those who place their trust in us.

We maintain a publicly accessible website that contains information about our corporate governance policies and practices. The site can be accessed from About Us/Investor Information on Aetna.com.
<table>
<thead>
<tr>
<th>Disclosure</th>
<th>Description</th>
<th>Cross reference or answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy and Analysis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G4-1</td>
<td>Chairman’s statement</td>
<td>Chairman’s letter, p. 3</td>
</tr>
<tr>
<td><strong>Organizational Profile</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G4-3</td>
<td>Name of the organization</td>
<td>Aetna Inc.</td>
</tr>
<tr>
<td>G4-4</td>
<td>Primary brands, products, and services</td>
<td>About Aetna, p. 6, Aetna Facts, Aetna Subsidiaries, 2014 Form 10-K</td>
</tr>
<tr>
<td>G4-5</td>
<td>Location of the organization’s headquarters</td>
<td>Hartford, Connecticut, United States</td>
</tr>
<tr>
<td>G4-6</td>
<td>Countries with significant operations</td>
<td>Aetna has significant operations in the United States, and has a presence in: Europe: Great Britain, Ireland, Middle East &amp; Africa: Kuwait, Qatar, UAE, South Africa, Asia: China, Hong Kong, Japan, India, Indonesia, Thailand, Singapore, Vietnam, Oceania: New Zealand</td>
</tr>
<tr>
<td>G4-7</td>
<td>Nature of ownership and legal form</td>
<td>2014 Form 10-K</td>
</tr>
<tr>
<td>G4-8</td>
<td>Markets served</td>
<td>About Aetna, p. 6, 2014 Form 10-K</td>
</tr>
<tr>
<td>G4-9</td>
<td>Scale of the organization</td>
<td>2014 Form 10-K</td>
</tr>
<tr>
<td>G4-10</td>
<td>Employees and workforce information</td>
<td>Composition of workforce, p. 30</td>
</tr>
<tr>
<td>G4-11</td>
<td>Collective bargaining agreements</td>
<td>Aetna is non-union in all of our locations.</td>
</tr>
<tr>
<td>G4-12</td>
<td>Supply chain description</td>
<td>Our suppliers, p. 25</td>
</tr>
<tr>
<td>G4-13</td>
<td>Significant changes during the reporting period regarding the organization’s size, structure, ownership, or its supply chain</td>
<td>2014 Form 10-K</td>
</tr>
<tr>
<td>G4-14</td>
<td>Report whether and how the precautionary approach or principle is addressed by the organization</td>
<td>The precautionary approach is not applicable to our company or industry.</td>
</tr>
<tr>
<td>G4-15</td>
<td>List externally developed economic, environmental and social charters, principles, or other initiatives to which the organization subscribes or which it endorses</td>
<td>We are a member of the Center for Higher Ambition Leadership and a signatory to the Business Roundtable’s Climate RESOLVE initiative.</td>
</tr>
<tr>
<td>G4-16</td>
<td>List memberships in associations and national or international advocacy organizations</td>
<td>Political Contributions and Related Activity Report 2014, p. 73</td>
</tr>
<tr>
<td><strong>Identified Material Aspects and Boundaries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G4-17</td>
<td>Entities included in the organization’s consolidated financial statements and if the entities are included in this report</td>
<td>2014 Form 10-K, About this report, p. 72</td>
</tr>
<tr>
<td>Disclosure</td>
<td>Description</td>
<td>Cross reference or answer</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>G4-18</td>
<td>Process for defining report content</td>
<td>About this report, p. 72</td>
</tr>
<tr>
<td>G4-19</td>
<td>List material Aspects identified in the process for defining report content</td>
<td>Materiality and reporting, p. 10</td>
</tr>
<tr>
<td>G4-20</td>
<td>For each material Aspect, report the Aspect Boundary within the organization</td>
<td>Materiality and reporting, p. 10</td>
</tr>
<tr>
<td>G4-21</td>
<td>For each material Aspect, report the Aspect Boundary outside the organization</td>
<td>Materiality and reporting, p. 10</td>
</tr>
<tr>
<td>G4-22</td>
<td>Report the effect of any restatements of information provided in previous reports, and the reasons for such restatements</td>
<td>None</td>
</tr>
<tr>
<td>G4-23</td>
<td>Report significant changes from previous reporting periods in the Scope and Aspect Boundaries</td>
<td>None</td>
</tr>
</tbody>
</table>

**Stakeholder engagement**

<table>
<thead>
<tr>
<th>Disclosure</th>
<th>Description</th>
<th>Cross reference or answer</th>
</tr>
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<tbody>
<tr>
<td>G4-24</td>
<td>List of stakeholder groups</td>
<td>Stakeholder engagement, p. 73</td>
</tr>
<tr>
<td>G4-25</td>
<td>Basis for identification and selection of stakeholders with whom to engage</td>
<td>Stakeholder engagement, p. 73</td>
</tr>
<tr>
<td>G4-26</td>
<td>Approach to stakeholder engagement</td>
<td>Stakeholder engagement, p. 73</td>
</tr>
<tr>
<td>G4-27</td>
<td>Key topics and concerns raised through stakeholder engagement</td>
<td>Stakeholder engagement, p. 73</td>
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**Report profile**

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Aetna’s Corporate Social Responsibility Statement

As a health care company, we believe nothing is more important than helping people stay healthy. Aetna’s business strategy includes promoting sustainable practices nationally and internationally in furtherance of the health of our members, employees and communities in which we operate.

We are committed to limiting our own environmental impact by reducing our energy consumption, conserving environmental resources, and adopting a sustainable approach to the management and maintenance of all real estate and business processes wherever possible. We also are committed to addressing the waste that accounts for one-third of all health care costs and threatens the long-term sustainability of our health care system. To that end, we will continue to work with health care professionals to further the development and availability of quality-focused, accountable care.

Using a collaborative, multifaceted approach, we are helping to develop a healthier population with a broader sense of responsibility toward the use of health care resources and with a shared sense of commitment to nurturing a healthy environment.