Finalist meeting

JUNE | 2026

Joining you today

Kristi Swanson
Vice President of Sales
Public and Labor

Darren Bruton
Executive Director, Market Head of Sales
Public and Labor

Jewel London, RN
Executive Director for Clinical Consulting
Public and Labor

Jay Nwamadi
Vice President of Client Management
Pharmacy

Olga Robledo
Account Executive
Public and Labor

Today's Agenda

- Welcome and Overview
- Aetna Overview & Strategic Fit
- Network & Provider Access
- Clinical Programs & Cost Management
- Member Experience
- Reporting, Analytics & Transparency
- Implementation & Account Management
- Financial Overview
- Target Q&A / City of San Marcos Priorities
- Wrap-up & Next Steps

Aetna Overview & Strategic Fit

Our commitment runs deep

Housing

Since 1998, we've invested **$233.8M** in affordable housing in Texas representing 13,927 affordable units created

Health

Through **Project Health,**[1] we hosted **2,720 events** with **277,551 total individual screenings** throughout the state of Texas.

Community

Through our Matching Gift Program[1], our employees contributed a total of **$553,092** nationwide. In Texas, employees contributed **$28,988.**

Our Feeding America Foodbank initiative[1] raised **$26,455,661** to fight hunger nationally through colleague activities and in-store campaigns.

1 CVS Health® Texas Community Impact Profile 2022.

Where we've been

Innovation at the forefront

2018-2021

Advocacy model launch
Delivered first carrier-driven advocacy model to the market through our Aetna One® suite

Integrated clinical solutions
Launched CVS Health® and Aetna® integrated clinical solutions within oncology, diabetes and musculoskeletal conditions

Aetna Smart Compare®
Launched decision support tool that navigates members to the highest quality and most efficient providers

2022

Integrated service model
First carrier to launch integrated medical and pharmacy customer service team

Payment integrity expansion
Invested in the expansion of our payment integrity suite, including fully integrated third-party solutions, to establish a comprehensive approach to total cost management

2023

CVS Health Virtual Primary Care™*
Built in-house virtual care and virtual primary care solution

Behavioral health expansion
41% increase in behavioral health network providers since 2022[1]

2024

AI
Accelerated the use of responsible AI and digital enhancements to improve care management, personalize care navigation and streamline customer service

Value-based care (VBC)
Expanded VBC models, with 69% of total commercial spend in VBC[2]

Well-being solutions
Introduced new well-being solutions including Aetna Health Your Way™ and Aetna Personal Health Solutions

2025

Aetna Healthy Chapters™
Introduced a new, comprehensive reproduction, maternity and family building program

Metabolic health
Expanded several program offerings to address weight management and GLP-1 trends

Aetna Informed Choice™
Introduced new affordable plan options

Digital enhancements
Strengthened digital capabilities with industry-leading member tools[3]

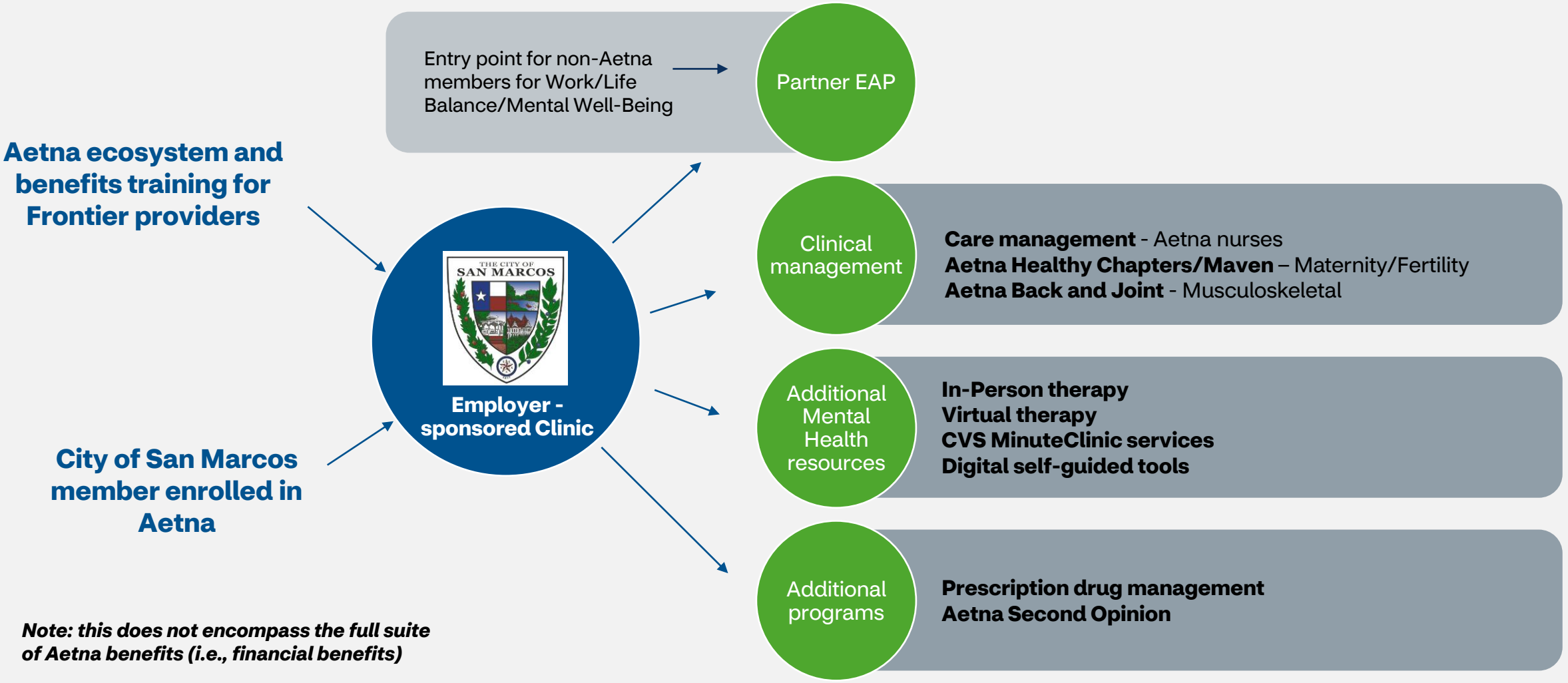
*CVS Health Virtual Primary Care™ and CVS Health Virtual Care™ services are only available in the U.S. Limitations may apply based on service, location or health plan. Controlled substances not prescribed. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive services at no cost-share. This material is for informational purposes only. Refer to Aetna.com for more information about Aetna plans and for a full list of participating providers. CVS Health Virtual Care® and CVS Health Virtual Primary Care® are products provided by CVS Management Support LLC. Clinical services are provided by CVS Healthcare Practices PLLC or MinuteClinic, LLC and their subsidiaries and managed entities.

1 Aetna network provider counts based on growth of Commercial PPO and EAP network of participating individual providers from 1/1/2022 to 1/1/2024.

2 VBC Spend: Health Care Information Center (HCIC) - VBC Market Spend report, Overview – Paid through April 2024.

3 Health Insurers Close Desktop-Mobile Gap as Apps See Major Gains in Digital Experience Study, August 2025.

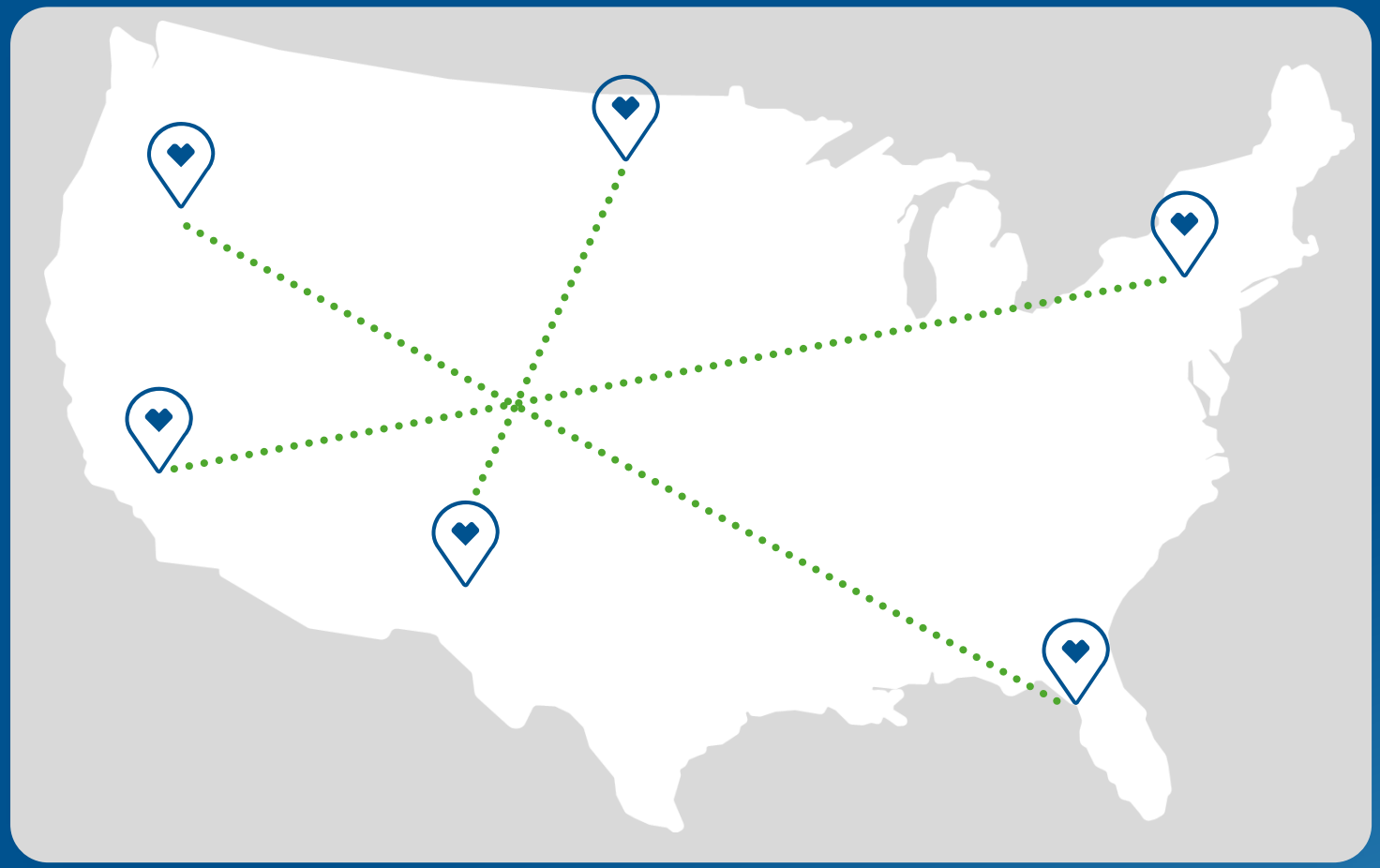
Clinic optimization — Accelerate improvements in population health through connectedness



Note: this does not encompass the full suite of Aetna benefits (i.e., financial benefits)

Network & Provider Access

Coast-to-coast provider support



294K+
primary care doctors[1]

6.3K
hospitals[1]

575K
specialists[1]

1.2M+
ancillary providers and non-physician specialists[1]

611k
DPPO providers[2]

475k
Individual behavioral health providers[3]

1 Based on physician head count for Aetna® Choice POS II. Primary care doctors includes pediatric PCPs. Specialists include Ob/Gyn and physician specialists. Aetna® Executive Level Provider Counts (ELPC) monthly and commercial reporting sourced July 2025.
2 Aetna internal data, accessed December 2025
3 Aetna internal data as of 4/1/2025.

Aetna network disruption results[1]

Network	Provider type	Provider % match	Claim dollar % match
Choice POS II	Inpatient	100%	100%
Choice POS II	Outpatient	98.86%	97.42%
Choice POS II	Professional Services	99.68%	99.86%
Choice POS II	All Other	99.34%	99.89%
Aetna Dental PPO	Dental PPO Providers	79%	83%

1 Aetna provider disruption results, May 2026.

Addressing trend with a new, integrated model for surgical and complex care

This new, fully integrated program combines the best of Aetna® and Carrum's offerings for a broad value-based network with transparent definition of quality, with Aetna Smart Compare® designation.

1,500+ payment bundles[1]

1,700+ COEs[2]

2,300+ physicians[3]

24 miles average distance to Centers of Excellence facility[3]

Aetna-managed services

- Transplants
- Chimeric Antigen Receptor Therapy (CAR-T)
- Gene-based, Cellular and other Innovative Therapies (GCIT®)

Carrum-managed services

- Musculoskeletal surgery
- Bariatric surgery
- Cardiac surgery
- Cancer care

1 Aetna and Carrum combined payment bundles for managed services in Comprehensive COE, as of May 2026.
2 Aetna and Carrum combined COE facility counts as of May 2026.
3 Carrum book of business results, May 1, 2026.

CVS Health Virtual Care®

24/7 Care

Available to adults and children over 18 months

- Coughs, colds, flu and strep
- Joint, head and stomach pain
- Infections (ear, sinus, skin, UTI)
- Medication refills
- Skin conditions

Mental health services

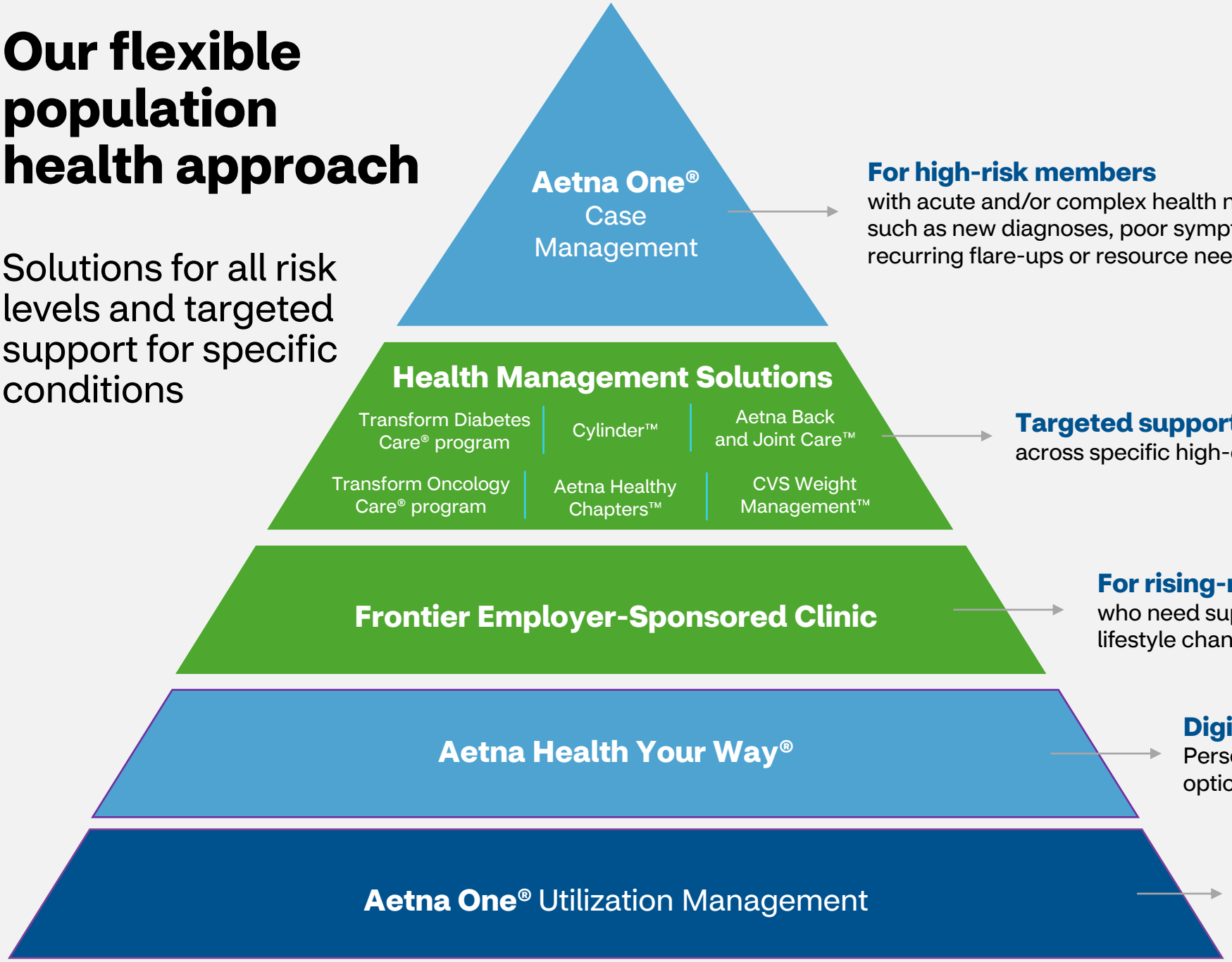
Available to adults ages 18 and up

- Mental health counseling*
- Medication management
- Depression screening
- Anxiety and mood disorders
- Support with stress, life adjustments and conflict resolution

Clinical Programs & Cost Management

Our flexible population health approach

Solutions for all risk levels and targeted support for specific conditions



For high-risk members
with acute and/or complex health needs, impactable risk factors, such as new diagnoses, poor symptom control, recent hospitalizations, recurring flare-ups or resource needs

Targeted support for members
across specific high-claimant spend areas

For rising-risk members
who need support managing chronic conditions or making lifestyle changes to reduce risks and limit future costs

Digital support for all members
Personalized tools to help members with buy-up options available: Engage, Achieve, Plus and Elite

Support when members need it
Precertification, concurrent review and policy & operations

Aetna One® Flex

Focused on healthier outcomes

2:1 ROI

projected with average savings of

47.95 PEPM**

End-to-end support

- Single nurse model
- Case management and utilization management
- Chronic condition support for targeted members
- Multidisciplinary team: pharmacist, dietitian, social worker, behavioral health specialist and nurse care managers
- Readmission prevention
- Treatment options and health decision support
- Digital content and tools via Aetna Health Your Way®, Aetna Health℠ app and member self-scheduler
- 24-Hour Nurse Line*
- Aetna Advice®
- Gaps-in-care closure (MedQuery®)
- Hospice and end-of-life support
- Transplant and specialty case management
- Local care and support at CVS Health® locations and other providers

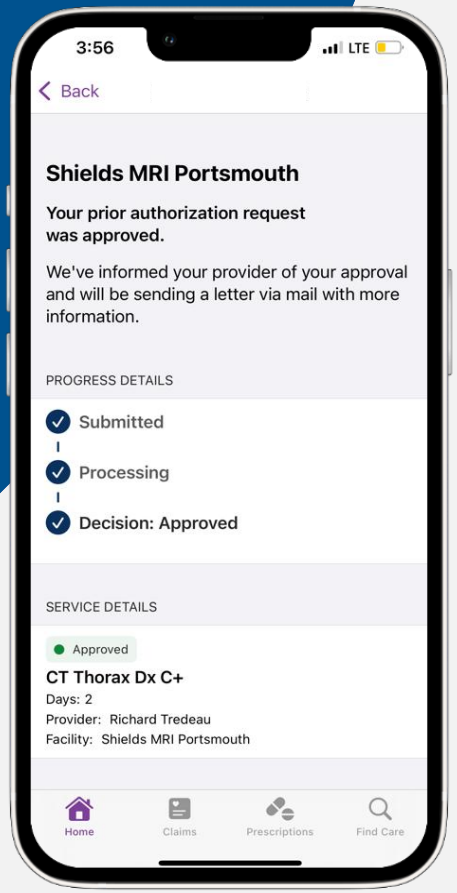
*While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

**Aetna internal analysis using 2024 book of business results and inclusive of precertification, concurrent review, case management, and MedQuery. Savings can vary by customer.

Committed to a better prior authorization process

"The American health care system must work better for people, and we will improve it in distinctive ways that truly matter. We support the industry's commitments to streamline, simplify and reduce prior authorization. We will go beyond prior authorization, building a health care experience for people we serve, and introducing solutions that improve navigation and advocacy for Aetna members."

– Steve Nelson, Aetna CEO
Aetna Press Release
June 23, 2025



Making it easier for members and providers

- Aetna® has **fewer services on its National Precertification List** than other carriers, so prior authorization is required less often
- Enhanced automation capabilities and a streamlined process enable us to **increase the speed of our approvals**
- We **guide members to the best care options**, using embedded guidelines for site-of-care policies, anesthesia coverage and cost-effective pharmacy benefits
- Members can **check the authorization status** and receive alerts on the Aetna Health℠ website or app
- In the event of a medical necessity determination, we are **transparent in sharing** the rationale, appeal information and an offer for the provider to talk with a licensed clinician
- We continue to look for ways to **take friction out of the process** for providers, including an approach to bundling authorizations

Our comprehensive approach to payment integrity

Our payment integrity programs provide solutions throughout the entire claim journey. Working together, they ensure appropriate checks are in place to **identify, address and mitigate** claim issues on behalf of our plan sponsors.

Pre Claim

Provider Education
Engages with providers to help facilitate accurate coding and claims submission.

Rate Negotiations
Delivers claim savings by negotiating rates with network and non-network providers.

Pre-Cert and Utilization Management
Ensures services provided are medically necessary, appropriate, and efficient.

Pre-Payment[1]

Claim Coding Edits[2]
Deploys automated claim edits and certified coders to review medical records to ensure coding aligns to national standards

High Dollar Claim Review
Evaluates high dollar claims to identify opportunities for negotiation and single case contracting.

Fraud, Waste, and Abuse Detection[2]
Detects fraudulent activity and takes appropriate action leveraging proprietary algorithms, machine learning, and expert staff.

Provider Audits[2]
Validates billed charges (incl. facility, IBR, and DRG) alongside medical records and clinical data leveraging clinical resources.

Coordination of Benefits
Coordinates across plans to avoid duplicate payments and reduce out-of-pocket costs.

National Advantage Program[3]
Delivers claim savings using contracted rates for out-of-network (OON) claims, facility costs and hospital billing irregularities.

Post-Payment

Subrogation[2]
Recovers costs on behalf of a member from a third-party responsible for injury or loss.

Overpayment Recovery[2]
Recoups funds paid in error due to a variety of factors like duplicate billing, miscoding, and more.

Customer Audits
Provides annual audit rights for self-funded plan sponsors to review and validate claims handling.

1 Aetna's pre-payment services include post-payment reviews when applicable, but Aetna's goal is to pay a claim once and pay it correctly.
2 Aetna partners with industry-leading vendors to provide additional review, advanced IT infrastructure, proprietary algorithms, and more.
3 On certain large claims. Not available for indemnity medical plans

Cost management* strategies amplify savings

PrudentRx® delivers up to 22% savings and $0 copay for eligible prescriptions[1]

Intelligent Medication Monitoring**
confirms medication is working as intended, saving >$4K per patient[2]

Supply Management Optimization***
prevents oversupply, saving ~$1,3K per patient[3]

Formulary and utilization management integration accelerates benefit strategies, leads the market with Prescriber Foresight and simplifies PAs

Exclusive specialty simplifies access for better support, clinical and financial outcomes

*Cost management, including PrudentRx, formulary and utilization management refers to CVS Caremark offerings.
**CVS Specialty patients only.
***A specialty pharmacy service performed by CVS Specialty pharmacy for members of select contracted PBM and CVS Specialty standalone payor clients who fill specialty prescriptions through CVS Specialty and is included as a core service in the payor agreement. Targeted utilizers make up <2% of all specialty utilizers.
1 PrudentRx Analytics, 2024. Based on data from PrudentRx Analytics, January-December 2023. Data represents specialty gross savings for commercial clients that had PrudentRx for the full-year 2023.
2 CVS Health Analytics, 2024. Data from 2021-2024. Savings are a result from intervention by pharmacist or nurse after the patient completed symptom tracker assessment and met certain qualifications. Savings mature after the changed or discontinued prescription has satisfied prescription fill exhaust plus an additional 60 days post exhaust.
3 CVS Health Analytics, 2025.

Member Experience

Getting the most from digital tools: Aetna Health℠ app and Aetna® member website

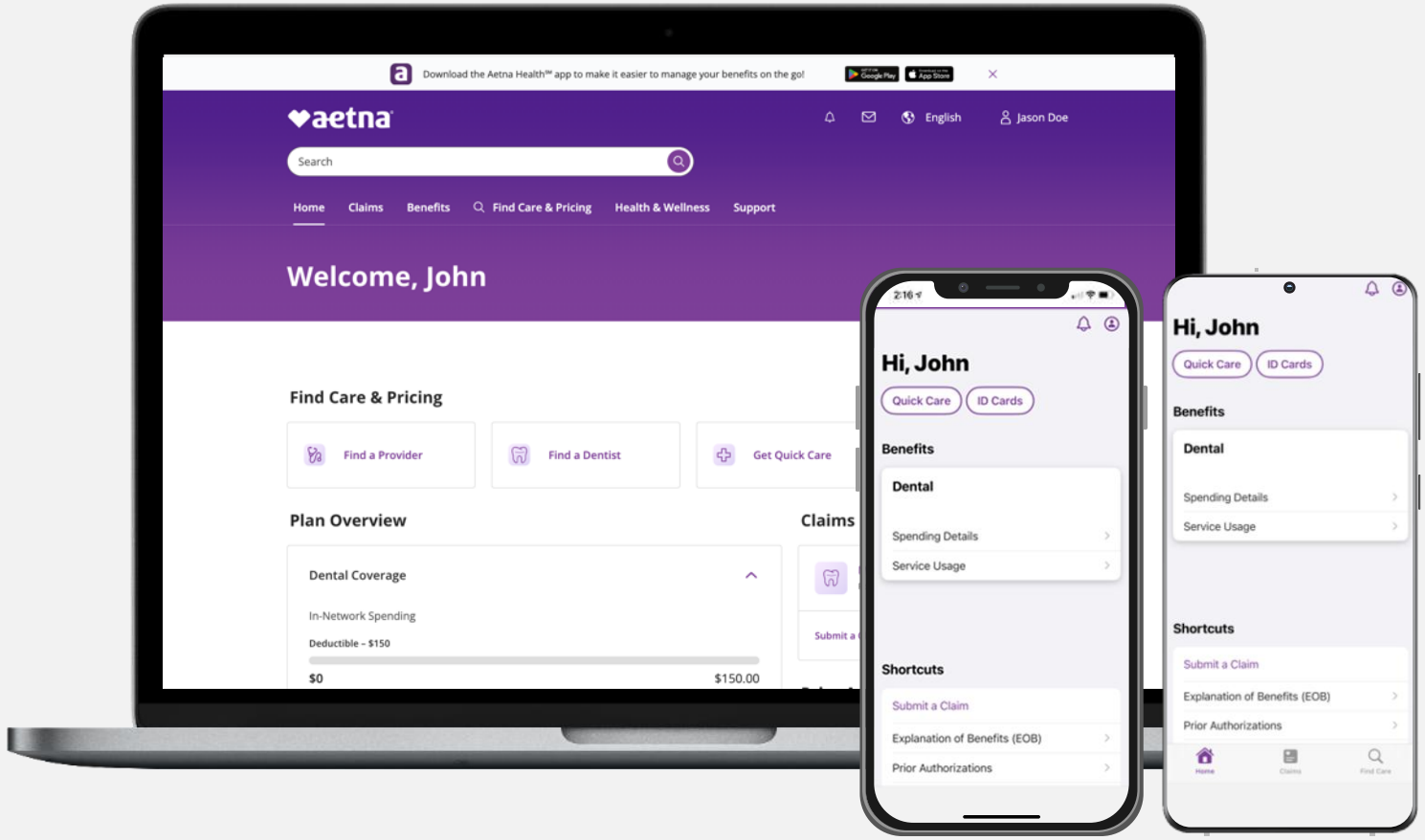
Reduce out-of-pocket costs, better manage oral health care and easily connect with network providers

Understand and manage benefits

- Review plan benefits and coverage details
- View out-of-pocket costs and remaining deductibles
- View claims for entire family
- Access ID card, 24/7

Connect to care and stay healthy

- Search for dentists by name, specialty or procedure
- Get cost estimates before receiving care*
- View provider ratings and reviews
- Access additional service and product discounts



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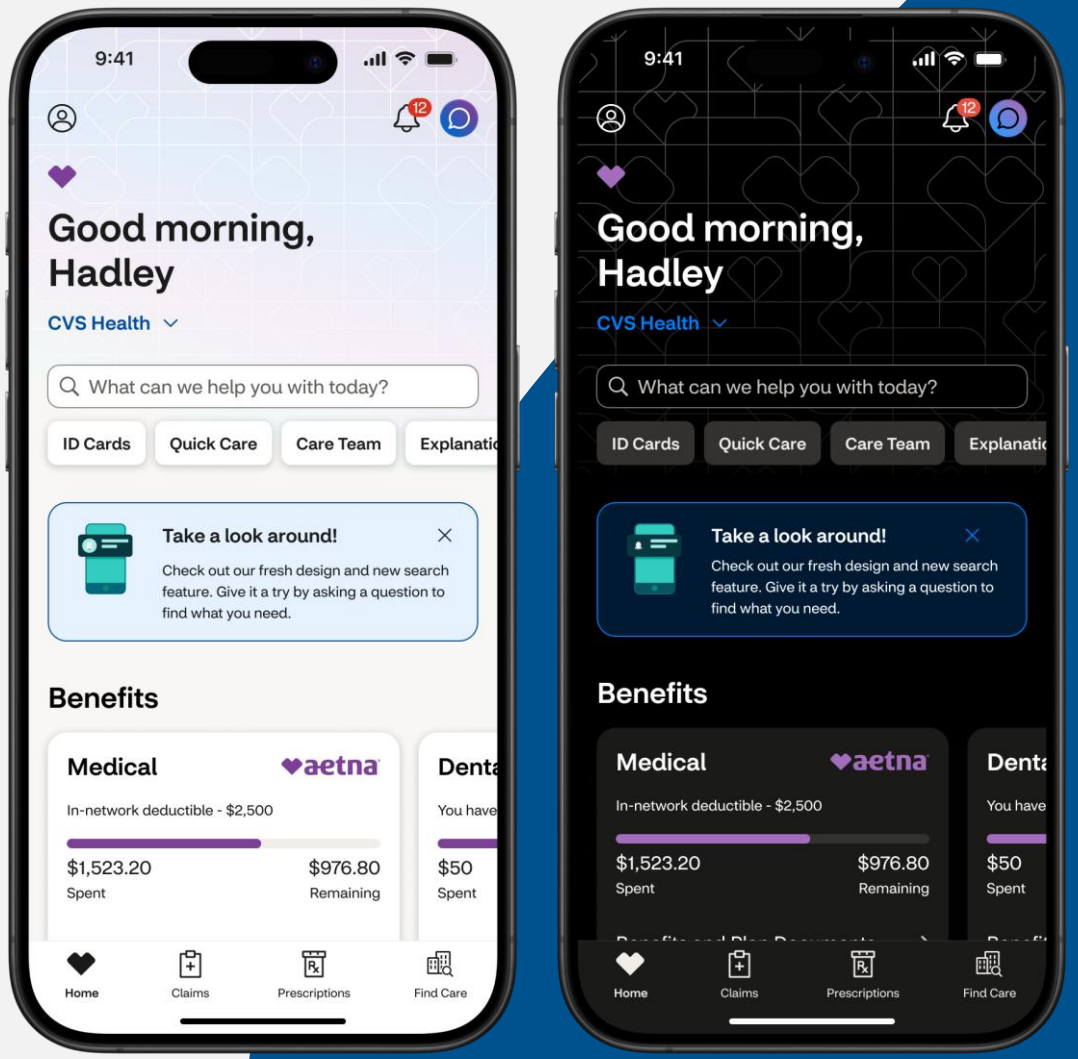
*Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan.

Simplified access to what matters most

Offering an elevated design, with engaging content and new digital features

- **View** deductible, plan documents, prior authorization status and ID cards
- **Receive** clear guidance on claims with new visualizations
- **Compare** provider bills against claims by taking a quick photo of the bill
- **Use** an AI-powered chatbot and live agent chat for quick, personalized support
- **Schedule** vaccine appointments with CVS Health
- **Switch** to dark mode for improved accessibility and visual comfort

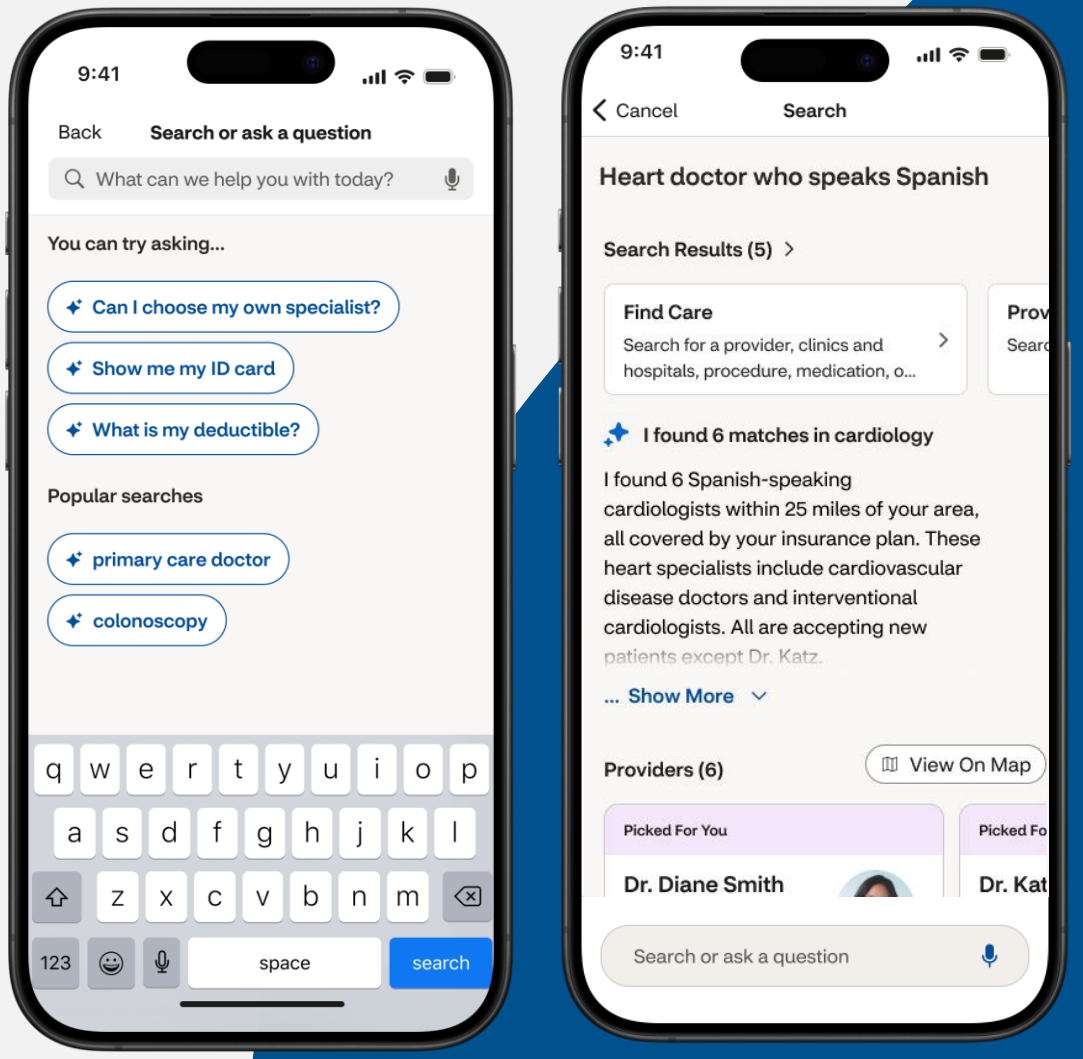


2026 design is not final.

Smart navigation and care experience

Introducing Next Gen Conversation Navigation, a paradigm shift for how members get answers

- **Ask** questions in plain language at any stage of the health journey
- **Receive** a synthesized and personalized response based on plan details, benefits, providers* and programs
- **Anticipate** cost of care to support decision making
- **Feel** confident in decision making, with relevant guidance that is easy to understand and visually dynamic



2026 design is not final.
*Tailored recommendations are offered as a buy-up program.

Helping your employees make smarter care choices

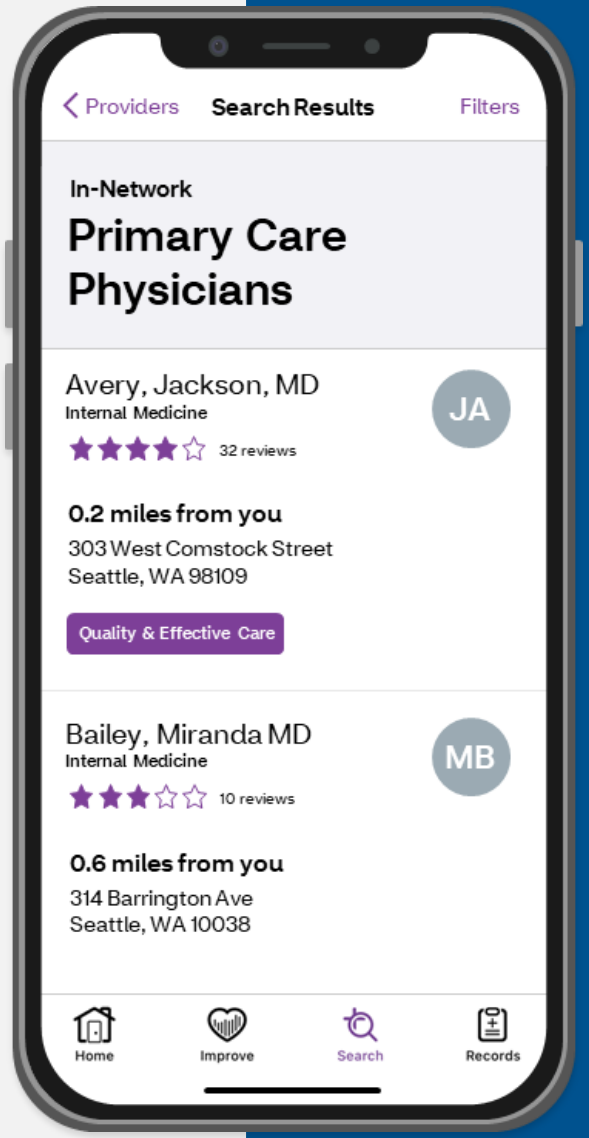
Aetna Smart Compare identifies providers* who deliver quality and effective care.

Seeing providers with a designation may result in:

- Better adherence to preventive screening guidelines
- Reduction of emergency room visits and complications
- Better management of chronic conditions

91% member satisfaction

with Aetna Smart Compare primary care providers[3]



11% fewer emergency room visits[1]

18% fewer inpatient hospitalization[1]

12% fewer unneeded testing services[1]

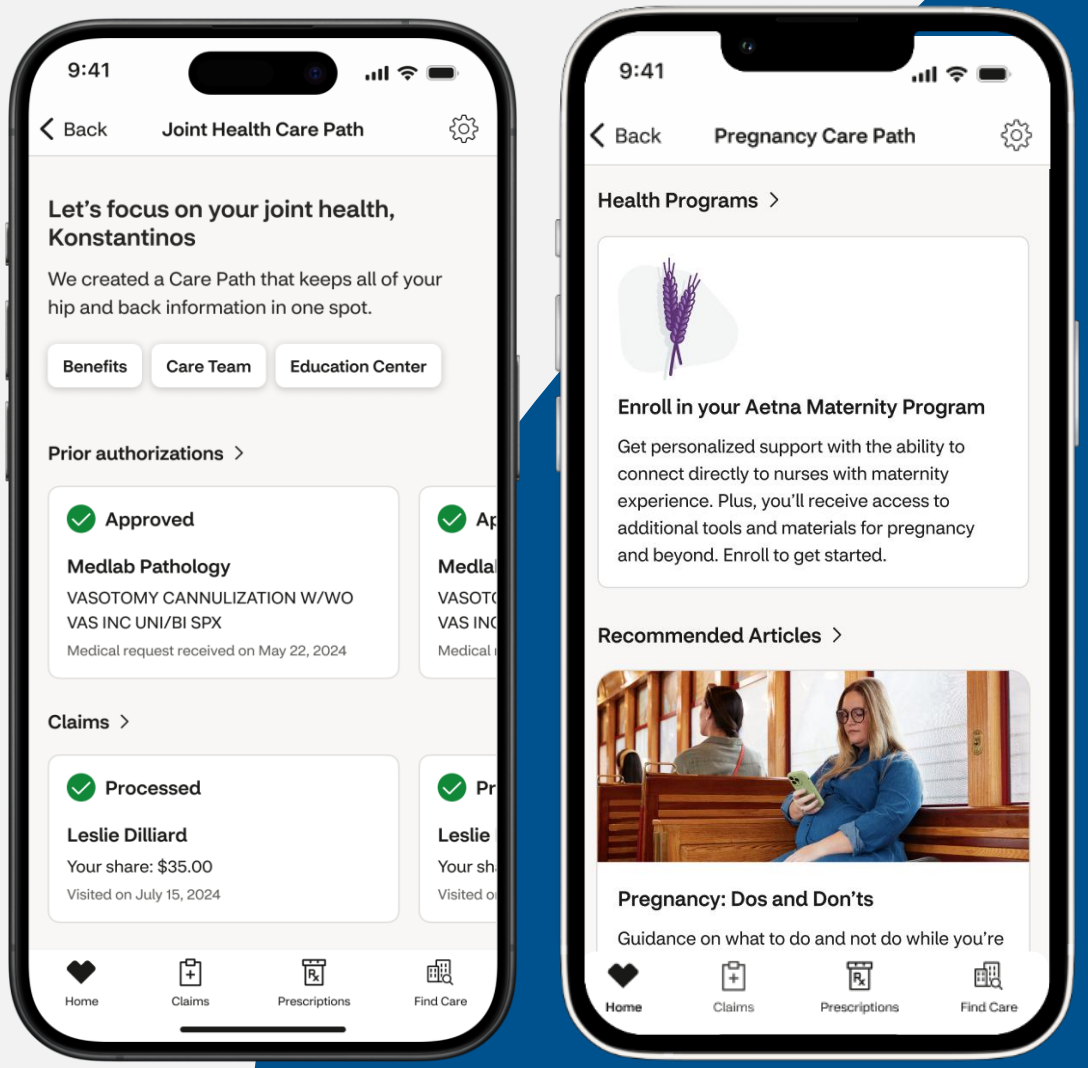
Up to $1,032 in cost savings per member per year[2]

*Specialties include Behavioral Health – psychiatrist, cardiologist, cardiothoracic surgery, endocrinologist, gastroenterology, general surgeon, medical oncologist, neurology, neurosurgeon, obstetrician and gynecologist, orthopedist (all conditions), otolaryngology, plastic surgery, primary care provider (internist, family practice provider and pediatrician), pulmonologist, urology and vascular surgeon. New specialties being added January 2026 include dermatology, allergy and immunology, nephrology and rheumatology.
Program is not available in states with rental networks (HI, MN, MT, ND, SD) and for members in JV, and health care vertical plans.
1 Primary care providers; data based on full-year 2020-2021 commercial data and calculation based on 2023 designation result.
2 Based on 2025 designation status and 2024 Commercial member claims data.
3 91% satisfied with their ASC PCP visit after receiving ASC information from Aetna; 2023 PCPv4.0 NBA Recently Converted Cohort survey.

Proactive support through Care Paths

Moving beyond transactions with end-to-end support for diabetes, maternity and joint health

- **Receive** contextual guidance along the care journey
- **Access** benefit details, prior authorizations, claims and care team information
- **Get** educational content, program recommendations, and more



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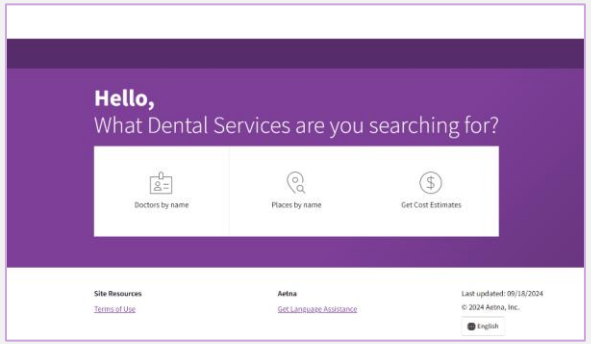
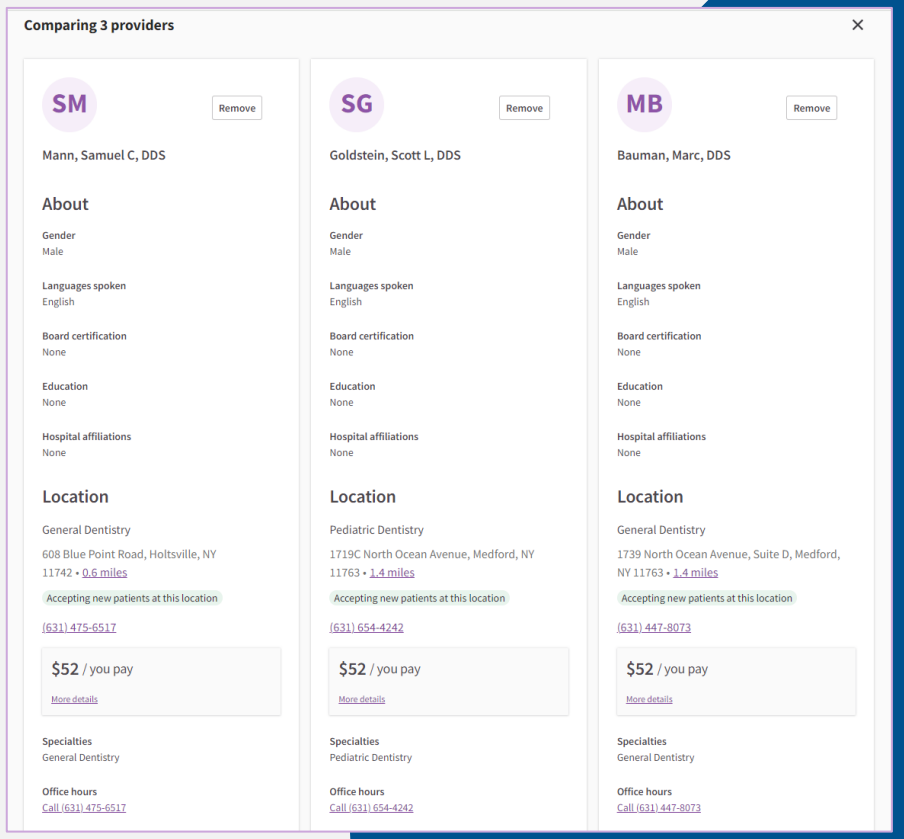
A better shopping experience

With our **Dental Cost Estimator Tool,** members can easily search for a provider, place or procedure and see estimated costs.*

Dental Cost Estimator Tool





Find a dental provider based on location and network status.

See out-of-pocket cost estimates for included or out-of-network services.

Compare costs by searching for an available service by name or code.

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Your Concierge team in action

Reinforcing your benefits strategy through personalized guidance

Reliable support

- Multi-channel access by phone, email, webchat and virtual assistant tools
- Warm transfers and referrals to internal and external programs
- Guidance on Aetna® benefits and third-party vendors
- AI-powered support
- Proactive outreach

Enhanced service

- Dedicated toll-free number for medical benefit support
- Tailored messaging and support team trained on your benefits strategy and culture
- Expanded referral capabilities

Quality service[1]

97%
member satisfaction

10%
warm transfer rate

96%
first-call resolution

74.5
net promoter score

98%
call and chat quality

1 Aetna® Service Operations Core Commercial Call Dashboard as of 10/1/2025.

One unified hub for well-being

Aetna Health Your Way® well-being platform

A simplified member experience through our website and mobile app

Holistic support addressing physical, emotional and financial health

Personalized, data-driven whole health pathways

Omnichannel engagement and local support at MinuteClinic® locations*

Enhancing the member experience with Aetna Health Your Way®

AETNA HEALTH℠

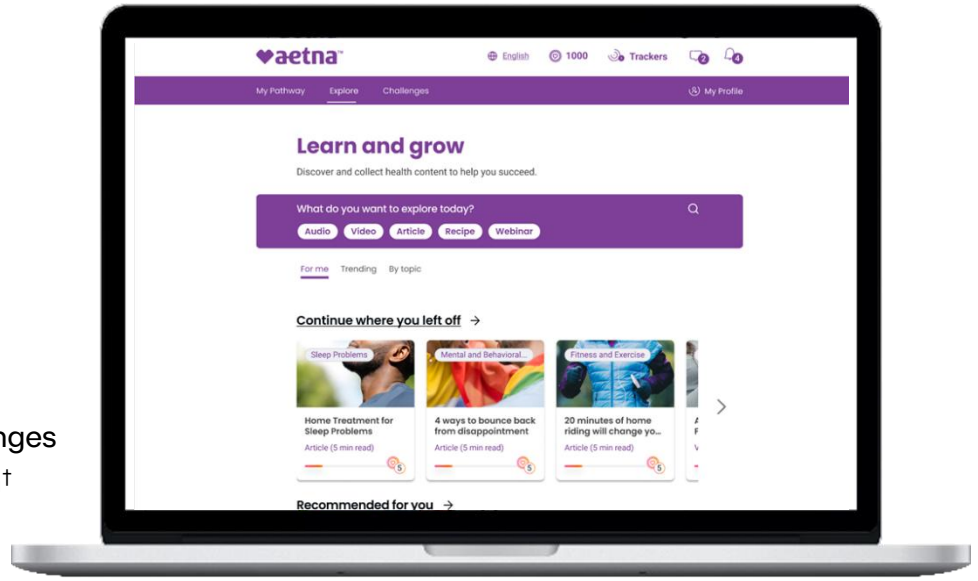
Personalized, on-the-go tools and guidance 24/7

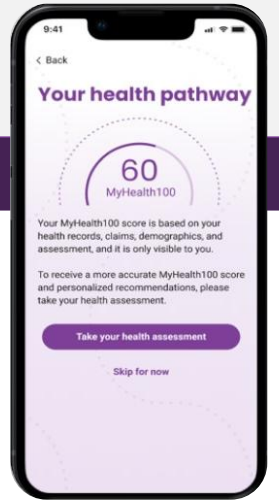
- Find a doctor
- Estimate costs*
- Schedule an appointment
- Access ID card
- Engage in a telemedicine visit
- See FSA and HSA balances
- Read patient reviews
- View claims

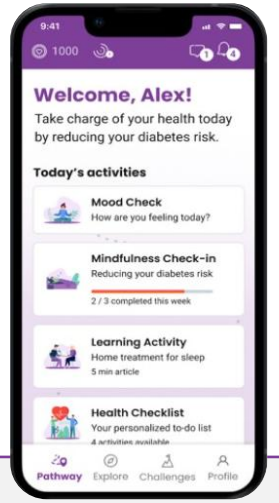
AETNA HEALTH YOUR WAY

Easy access to our well-being platform through Aetna Health

- Health assessment
- Dynamic MyHealth100 health score
- Personalized, curated health pathways
- Well-being content
- Digital Health Actions**
- Health Record***
- Digital health content
- Device integration
- Personal activity challenges
- Rewards administration†
- Biometric screenings†
- Available in Spanish
- Activity tracking







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**Included within Aetna Health Your Way Plus platform when purchased with Medquery (a required capability for select care management programs).
***Included within Aetna Health Your Way Plus platform when purchased with Health Record (a required capability for select care management programs).
†Optional plan sponsor funded buy-up options, integrated rewards administration, and member-level incentive reporting available.

Reporting, Analytics & Transparency

Creating the right action plan

Efficient

PLAN COST

PMPM and trend

Understand the drivers of your results today and empower strategic actions.

Effective

POPULATION HEALTH

Utilization and engagement

Offer data-driven insights to help you invest your time and energy wisely.

Equitable

HEALTH ENGAGEMENT

Fair and just opportunities

Identify social determinants your employees face and the financial impact of interventions.

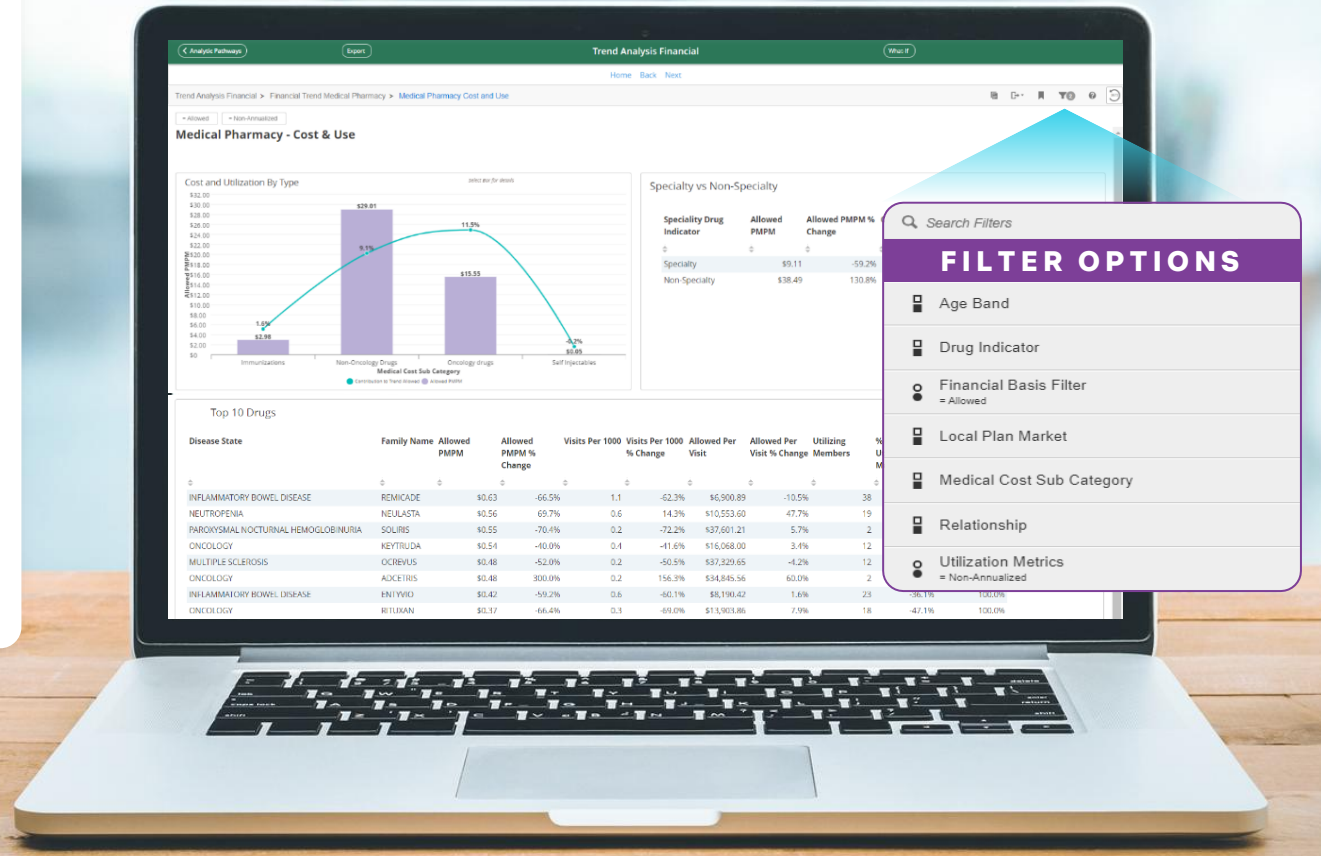
Enhanced reporting at your fingertips

Secure access to our self-service and interactive data analytics and reporting tool

Comprehensive view of integrated, automated reporting for medical and dental including utilization, claim expenses, networks, social determinants of health and clinical data

Analysis reports including:

- Specialty and non-specialty medication analysis
- High-cost claimant analysis
- Total cost-of-care analysis
- Automated medical claims and specialty drugs adherence analysis
- Overall trend analysis and benchmarking combining medical and pharmacy data



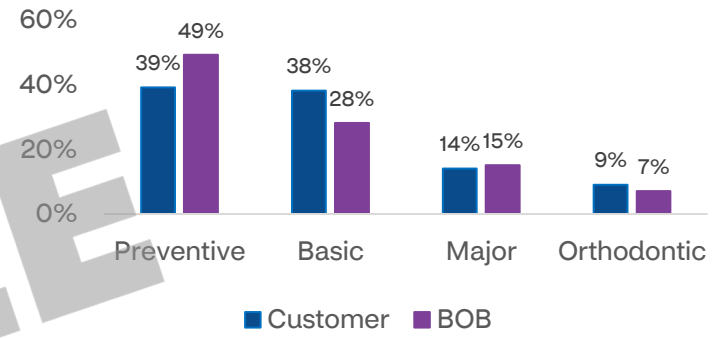
Dental Preferred Provider Organization (DPPO) key statistics

Observations

- Utilization increased in Preventive, Major and Ortho Services
- Preventive and Ortho services above book of business (BOB)
- Top 5 services all preventive

	Prior	Current	%Change	BOB[1]
Preventive Paid Amount per Member	$150	$161	7.4%	$181
Preventive Number of Services/1000 Members	3,180	**3,312**	4.1%	3,271
Basic Paid Amount per Member	$99	$99	-0.5%	$104
Basic Number of Services/1000 Members	751	741	-1.3%	858
Major Paid Amount per Member	$44	$46	3.9%	$55
Major Number of Services/1000 Members	139	141	1.2%	165
Orthodontic Paid Amount per Member	$31	$32	2.1%	$27
Orthodontic Number of Services/1000 Members	272	**283**	4.1%	180

Percentage of paid amount by dental cost category



Top 5 services

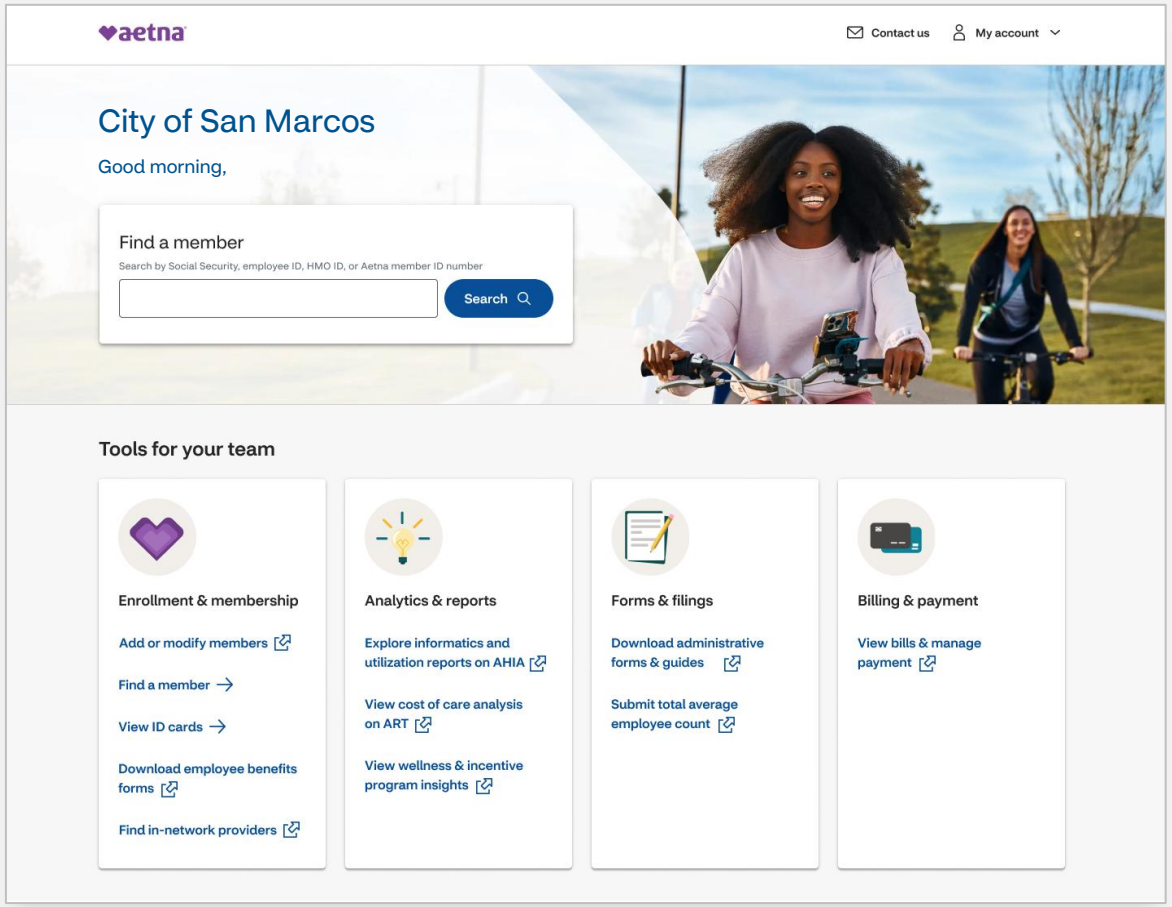
PERIODIC ORAL EVALUATION
PROPHYLAXIS - ADULT
DENTAL BITEWINGS FOUR RADIOG
PROPHYLAXIS-CHILD
COMPREHENSIVE ORAL EVALUATIO

1 Aetna BOB demographic metrics are specific to the plan sponsor's product. Aetna BOB financial and utilization metrics are further adjusted for the plan sponsor's age and gender mix. All BOB metrics are based on a 12-month incurred time period with a two-month lag.

Working hard to make your work easier

Convenient features of the employer portal

- **Central portal** - Landing page for employer tasks and resources
- **Member search** - Streamlined access to member details and coverage
- **ID cards** - Self-service ID card printing and viewing
- **Permissions** - Registration and permission settings through Access Hub
- **Eligibility and enrollment** - Near real-time eligibility and enrollment tasks within the same platform
- **Billing** - Billing management is integrated with other key capabilities
- **Reporting** - Expanded access to reporting and analytics*



*Coming soon. Functionality to be introduced in 2026.

Implementation & Account Management

Proven pathway to a successful and seamless implementation

Go live 1/1/2027

Discover

Gather information

Review plans and programs

Define

Determine team roles and responsibility

Identify technical resources

Implement

Develop milestones timeline

Create project plan

Monitor status

Setup

Finalize plan design, account structure, eligibility

Train teams

Support open enrollment and communications

Go-live

Plan testing

Load eligibility/ enroll members

Mail ID cards

Monitor

Track billing, banking, claim processing

Conduct signoff and transition to account team

96% overall customer satisfaction with Aetna®[1]

1 Aetna year-to-date performance tracking as of August, 2025.

Surrounding you with people you can trust

Core account team

Olga Robledo
Account Executive
Public and Labor

Louwanna Ward
Senior Account Manager
Public and Labor

Rheno Haddock
Well-being Consultant

Pharmacy Account Executive

Pharmacy Clinical Advisor

Plan Sponsor Liaison
Claims

Plan Sponsor Consultant
Billing

Eligibility Consultant
Eligibility

Leadership support

Darren Bruton
Executive Director & Market Head
Public and Labor

Becky Chmielewski
Director of Sales and Account Management
Public and Labor

Vanessa Kimbrough
Senior Manager of Client Services
Public and Labor

Subject matter experts

Clinical, advocacy, analytics, communication, network

Specialists

Senior Implementation Manager

Financial Overview

You can take it to the bank

Guarantees and Credits for City of San Marcos[1]

20%
of admin fees at risk

Medical Performance Guarantee

25%
of admin fee at risk

71.59% Medical Discount Guarantee

2 Month
year 1
1 Month
year 2

Medical Fee Credit

$90,000
year 1
$65,000
years 2-5

Health Plan Allowance

10%
of admin fee at risk

Dental Performance Guarantee

$8.00
PEPM

Integrated Rx Claim Credit Guarantee

$15,000
Year 1

Pharmacy Implementation Credit

$15,000
Year 1

Pharmacy Communication Credit

$1,000
Year 1

Inspira Implementation Credit

1. Based on proposals released 5/29/2026

The true value of total cost of care

Claims payment integrity

Lowered employer total cost of care by 3.8%[1]

Network solutions

Delivered an average of 10.6% medical cost savings[2]

Care management and engagement

Resulted in 4%-5% cost savings[3]

Pharmacy integration

Achieved a sustainable 2% – 4% decrease in medical cost growth[4]

Dental medical integration

Reduced condition-specific medical costs by 26%[5]

4.0%
average trend[6]

1 Average savings compared to employer-paid claims. Based on Aetna® self-funded 2022 book of business data. Based on a customer having 2,500 employees (about 5,000 members). Savings will vary depending on the size of the customer.

2 Dollars savings per episode normalized to per-member-per-year savings; calculation based on members with specialty utilization within a given year, as of August 2025.
Based on Aetna pricing factors for APCN+ by market, weighted up by Aetna membership to a national average.

3 Savings can vary. Most clients see at least a 2:1 ROI. Based on internal analysis using Aetna book of business results, 2024.

4 CVS Health/Aetna Clinical Analytics Integrated Value 2024. Actual savings may vary by and depend on products purchased by plan sponsor.

5 Data is taken from a 2024 internal Aetna analysis and is associated with DMI Program members who have diabetes or cardiovascular disease.

6 Aetna self-funded book of business, 2010-2024.

Evolving the health care experience for you

Legal disclaimer

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna Behavioral Health refers to an internal business unit of Aetna. Plans are administered by Aetna Life Insurance Company (Aetna). This message is for informational purposes only. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna® plans.

All plans are subject to applicable state law. Some laws restrict the range of health care services a provider may perform under certain circumstances or in a particular state. When this happens, the services are not covered by the plan. Not all services are covered by every plan. If you have questions, please contact the number on your ID card or consult your plan documents for a full list of exclusions and limitations.

Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Refer to **Aetna.com** for more information about Aetna® plans. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a health care professional. For a complete list of other participating pharmacies, log in to Aetna.com and use our provider search tool. Vision care providers are contracted through EyeMed Vision Care. LASIK surgery discounts are offered by the U.S. Laser Network and Qualsight.

DISCOUNT OFFERS ARE NOT INSURANCE. They are not benefits under your insurance plan. You get access to discounts off the regular charge on products and services offered by third party vendors and providers. Aetna makes no payment to the third parties — you are responsible for the full cost. Check any insurance plan benefits you have before using these discount offers, as those benefits may give you lower costs than these discounts.

This material does not contain legal or tax advice. You should contact your legal counsel or tax advisor if you have any questions or need additional information. For more information about PayFlex, go to payflex.com. There may be fees associated with a Health Savings Account (HSA). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

All EAP calls are confidential, except as required by law. EAP instructors, educators and participating providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Refer to **Aetna.com** for more information about Aetna® plans.

Subject to benefits and eligibility verification. CVS Virtual Care services are only available in the USA. Limitations may apply based on services and location. CVS Virtual Care services are only available in the USA. Limitations may apply based on services and location. Controlled substances not prescribed. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive services at no cost-share. Adolescent mental health services are limited to Counseling only; Mental Health Medication Management and Psychiatry services remain available only for adults 18+. For California Residents Only: Telehealth services are also available with your Dentist, Primary Care Provider (PCP) or Specialist. If you use services from [name of telehealth vendor], your medical records will be shared with your Dentist, PCP or Specialist. If you want to opt-out, please notify [name of telehealth vendor] during your visit. In-network cost sharing will apply for all services received through the Third-Party Corporate Telehealth Provider and all out-of-pocket costs will accrue to the applicable deductible and/or out-of-pocket maximum.

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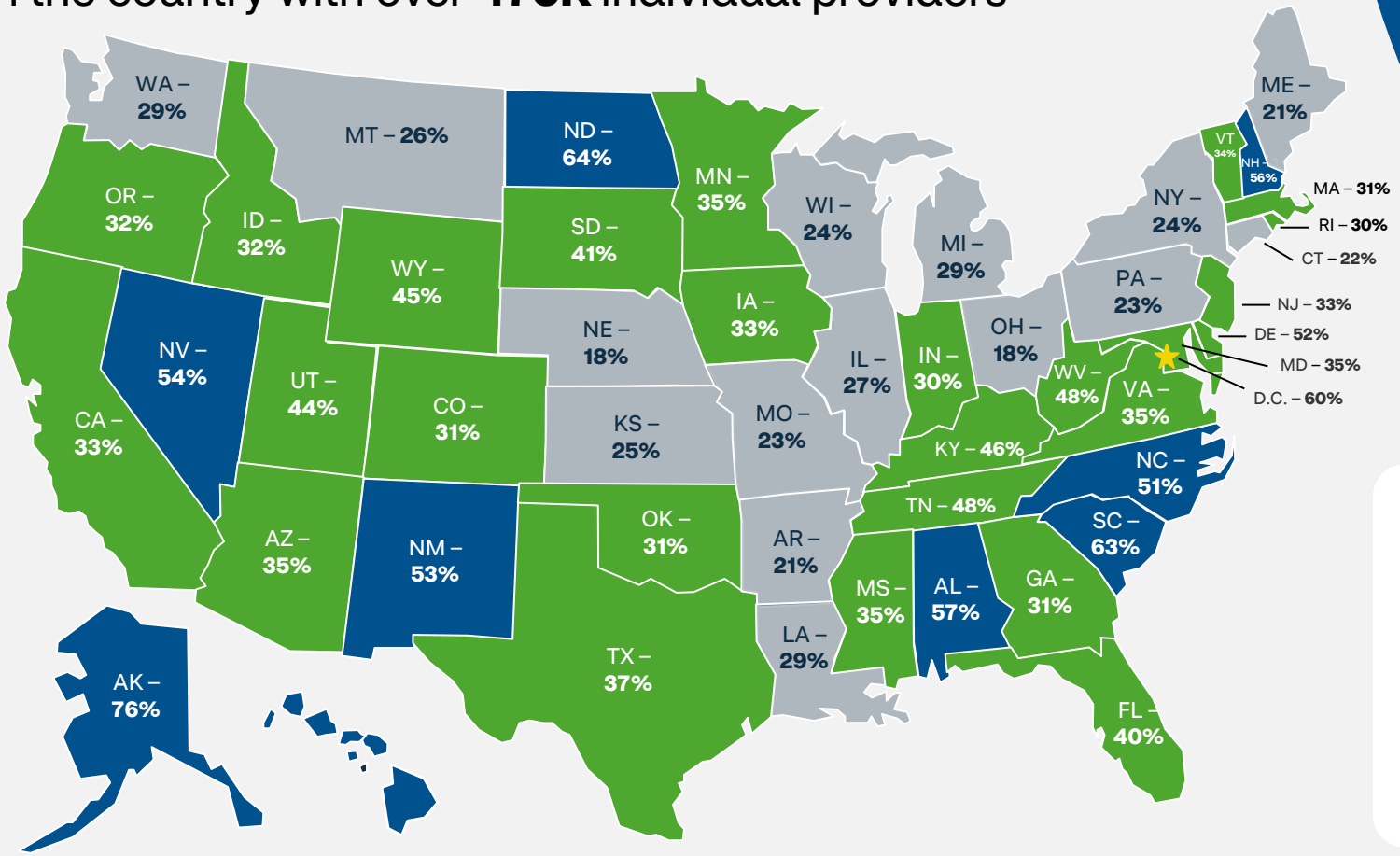
Appendix

A growing behavioral health (BH) network

Aetna has one of the largest and fastest growing BH networks in the country with over **475K** individual providers*



Growth and expansion

Aetna national BH network has grown by **30% or more in 35 states** and by **44% overall** since 2024*

Percent growth by state:

- **>50%**
- **30-49%**
- **0-29%**

*Aetna internal provider data as of 4/1/2025.

Better health outcomes and lower medical costs

Aetna Smart Compare®

1%-3% behavior change[1]

- **Provider performance measurement**
  - **20+ specialties** for **95%** of the eligible medical spend*
- **Digital navigation**
  - Providers are **labeled and prioritized** in search results
  - **38% more likely** to see an Aetna Smart Compare PCP when using Aetna® digital tools[3]

Aetna Smart Compare with Intelligent Matching

6% behavior change[2]

- **Provider performance measurement**
  - **20+ specialties** for **95%** of eligible medical spend and ongoing quality metric enhancements
- **Digital navigation**
  - **Personalized provider search** tailored to the member's unique needs
- **Call centers**
  - **Provider search tools** for service and clinical teams
- **Proactive outreach**
  - **Member and provider outreach** via email and text

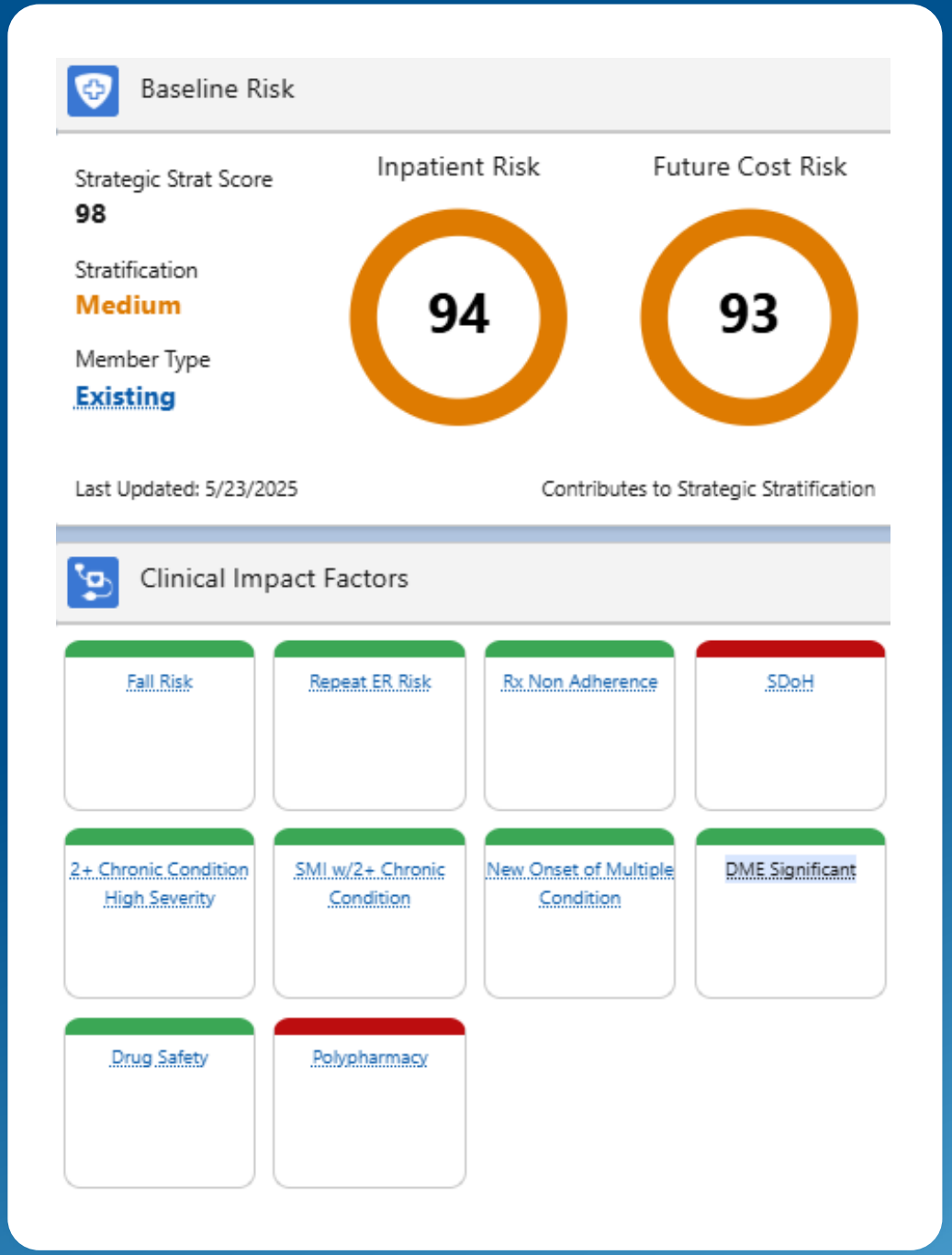
*Eligible medical spend is determined by members' ability to choose a physician within a provider group (excluding chiropractors and emergency room providers) and the availability of quality metrics to assess physician performance.

1 Aetna Next Best Action Campaigns. Behavior change observed with proactive member outreach using Next Best Action campaigns during 2023-2024 time-period (without intelligently matched recommendations).

2 Aetna Next Best Action Campaigns. Behavior change observed as part of a limited study with proactive member outreach using Next Best Action campaigns during 2023 time-period where members were recommended an intelligently matched Smart Compare PCP.

3 Aetna Smart Compare internal reporting based on 2024/2025 Smart Compare new PCP visit rate comparison for searchers vs. non-searching population.

What insights and action look like



Aetna Institutes® program

Access to top care*

Our program looks at utilization and cost for common and often costly procedures such as transplants, infertility, hip and knee replacement, heart surgery and gastric bypass.

Our goals

- Provide access to quality, cost-effective surgical care
- Help members make informed choices about facilities with distinguished performance

Institutes of Excellence® program

Transplants
Infertility
Pediatric congenital heart surgery
Chimeric Antigen Receptor Therapy (CAR-T)

Institutes of Quality® program

Bariatric surgery
Cardiac surgery (CABG and valve)
Orthopedic surgery (knee, hip and spine)

Gene-based, Cellular and other Innovative Therapies (GCIT®)

Duchenne muscular dystrophy
Hemophilia A and B
Retinal dystrophy
ALS
Cerebral adrenoleukodystrophy
Spinal muscular atrophy
Pediatric spinal muscular atrophy
Beta thalassemia

Institutes of Quality for Applied Behavioral Analysis

Autism care

*Infertility and bariatric services are not included as a part of our standard benefit package. May be included via state mandate.

Safeguarding your spend and easing your administrative burden

	Aetna Comprehensive Centers of Excellence™
Plan administration	Simplified contracting and account management through Aetna®
Pre-negotiated bundled rates	All-inclusive rates with price transparency
Assurances of appropriate care	Eliminate unnecessary treatments and associated costs
Provider-held warranties	$0 out-of-pocket costs in the rare case of complications
Claims billing and reporting	Integrated billing, unified reporting and visibility into spend

Leading the way with condition-specific programs

Advancing care with innovation and cost-savings

Aetna Second Opinion™ powered by 2nd.MD

Medical insights to help interpret test results and conditions

Alternative care recommendations when appropriate

Clinical consultations averaging 30 minutes***

Fast access to national physician experts via video or phone in 3–5 days***

$6K+ average savings per consult[2]

Aetna Back and Joint Care™ program

Surgery prevention

Chronic pain management

Musculoskeletal injury prevention

Increased targeted utilization

Improved productivity

50% less pain in the first 90 days[2]

Maven Maternity Foundation

Integrated monitoring

Enhanced personalization and insights

In-app education, nudges and calls to action

NICU support program

Digital-first women's and family health support providing tailored, technology enabled car solutions for members

Aetna Healthy Chapters™

Robust care beyond maternity

Personalized support across age and gender

24/7 virtual access and expanded network

Seamless integration with Aetna® programs

Maternity algorithm that detects pregnancy and then anticipates risk ahead of traditional signs.[4]

*For commercial members not achieving good blood pressure control with hypertension (Grade 1 or 2) requiring medical therapy - SBP > 140 or DBP > 90. All data sharing complies with applicable law, our information firewall and any applicable contractual limitations. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request.

1 Average annual savings per patient successfully redirected to clinically appropriate, lower cost sites for infusion care. Aetna Transform Oncology Site of Care program analysis, March 31, 2025.

For a complete list of other participating pharmacies, log in to **Aetna.com** and use our provider search tool.

2 Based on Aetna 2024 book of business.

3 CVS Health® Analytics, as of year-end 2024. Actual results may vary.

4 Aetna Healthy Chapters™ Analytics, 2025.

AI innovation elevates member health, experience and savings

Enhancing the care journey

Improved care management

Identification of members with most clinical need

Enhanced engagement

Tailored recommendations

Personalized care navigation

Personalized outreach

Self-service decision support

Higher quality, lower cost care recommendations

Streamlined customer service

Intelligent call routing

Support for faster, higher quality responses to questions

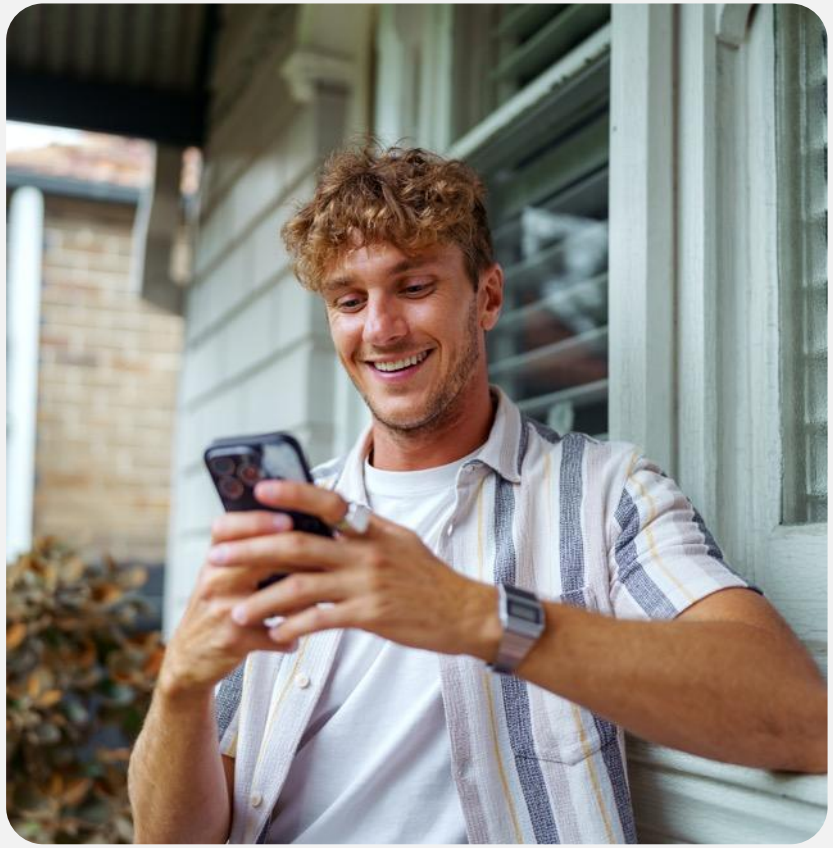
50%+
increase in engagement[1]

Up to 90%
increase in savings per engaged member[2]

8.2
nudges per member[3]

5-10%+
behavior change towards better fit care[4]

20-30%
reduction in average handle time for complex benefits and coverage questions[5]



1 Aetna Data Science analysis across fully insured members, 2024.
2 Refers to medical cost savings achieved from engaging a member in case management. Aetna Data Science analysis, 2024.
3 Aetna Data Science analysis as of 7/1/24-7/1/25. Counts average communications received by a member over the course of time sent via NBA program (i.e., sum of emails, texts, direct mail, etc.). Includes CFI and Medicare members.
4 Results from a range of campaigns measured between 2022-October 2024. Aetna Data Science analysis.
5 Aetna Data Science analysis measured impact, 2024. Specifically related to 'benefits' calls-i.e., if a member calls about benefits, in +90% of cases the benefit they are calling about has been predicted as one of the 5 benefits highlighted in GPS for that member. No prediction is made about other call reasons, such as billing, claims or coverage.

Supporting members every step of the way

Assisting members with **transition-of-care** needs prior to the effective date

Transition members who are working with a case manager

Determine owner for authorizations and claim payments

Establish continuity of care for members in active treatment

Identify cases for engagement from the Aetna transplant team

Create prior authorization transition for medical and pharmacy

Offer proactive outreach to members on specialty medications

Dental transition of care/work in progress

Takeover issue	Standard rules
Deductible (annual and lifetime)	Amounts satisfied by prior carrier are credited towards our deductible (subject to conditions below).
Deductible carryover amounts	Carryover amounts applied by the prior carrier, in the prior benefit year, are not credited towards the annual deductible in the current year.
Maximums annual and lifetime	Amounts paid by the prior carrier will be applied to our maximums in the same fashion as deductibles.
Charges for transfer of deductible/maximum accumulator history	1. If accumulator history can be provided electronically and can be loaded into ACAS (using standard transfer program), there is no charge for the above. 2. If accumulator history can't be provided electronically, there will be an additional cost based on the number of members requiring manual deductible/maximum accumulator updates.
Tooth missing but not replaced rule (missing tooth exclusion)	Expenses to replace missing teeth will be covered if they would have been eligible under the prior plan (i.e., if teeth were extracted while the prior plan was in force).
Work in progress non-orthodontic procedures*	Work in progress (crowns, bridges, dentures, root canals) is contractually excluded under all new products. However, we will cover the charges for work in progress in takeover situations for individuals who were covered under the prior plan on the day immediately prior to our plan's effective date. But only to the extent that the prior carrier's extension of benefit provisions don't cover these services.
Orthodontia in progress*	Orthodontic treatment in progress is contractually excluded under all new products. We will cover orthodontia-in-progress at the takeover up to our maximum, reduced by any payments made by the prior carrier.
Waiting periods	The waiting period provision is waived in takeover situations for members who had dental coverage with the prior plan. It is NOT waived for new hires or members effective with dental when the case begins coverage with us (e.g., the member did not have dental coverage with the prior carrier).

*Work-in-progress and orthodontia-in-progress rules apply only to members who were covered under the prior plan and had treatment in progress on the date of the takeover. Work-in-progress and ortho-in-progress are not covered for new hires and/or members first becoming insured under the dental plan.