The following is a summary of certain 2012 projected financial information and metrics provided by Aetna on February 1, 2012. This information is provided for reference only, and has not been updated since February 1, 2012. You should consider the information to speak only as of February 1, 2012. Aetna does not assume any responsibility to update the information to reflect subsequent events. Please also refer to the Cautionary Statement below for additional information regarding important risk factors that may affect the forward looking and other information in this document.

You should read this information in conjunction with Aetna's earnings press release issued February 1, 2012 and should review the replay of the related investor call in full, since the press release provides further discussion of Aetna's results, and the investor call provides important context for the forward looking information.

	Aetna Inc. 2012 Guidance at February 1, 2012 (Full-year unless otherwise noted)
Aetna Inc.	
Operating Earnings [1]	~$1.75 billion
Weighted-Average Diluted Shares	~353 million
Operating Earnings Per Share [1]	~$5.00
Pre-Tax Operating Margin [2]	8.5% to 9.0%
Revenue [3]	Increase of ~6% compared to 2011
Business Segment Operating Expense Ratio[4]	~18.5% - 19.0%
Debt-to-Capitalization Ratio	~30%
Operating Cash Flow	Greater than 2012 operating earnings [1]
Net Dividends from Subsidiaries	~$1.7 billion
Excess Cash Flow to the Parent [5]	~$1.35 billion

Health Care Segment	
Medical Membership	~17.9 million at the end of 1Q12 and projected to grow over the remainder of 2012, driven by commercial insured and Medicare
Commercial Medical Benefit Ratio	81.5% +/- 50bp
Medicare Medical Benefit Ratio	Mid 80%'s
Premium Yield	Pricing to an appropriate margin to reflect underlying medical cost trend
Medical Cost Trend	6.5% +/- 50bp

Note: The symbol "~" means "approximately".

Footnotes

(1) Projected operating earnings and projected operating earnings per share exclude from net income any future net realized capital gains or losses and other items, if any, that neither relate to the ordinary course of our business nor reflect our underlying business performance. Aetna is not able to project the amount of future net realized capital gains or losses or any such other items and therefore cannot reconcile projected operating earnings to projected net income in any period. Although the excluded items may recur, management believes that operating earnings and operating earnings per share provide a more useful comparison of Aetna's underlying business performance from period to period. Net realized capital gains and losses arise from various types of transactions, primarily in the course of managing a portfolio of assets that support the payment of liabilities. However, these transactions do not directly relate to the underwriting or servicing of products for customers and are not directly related to the core performance of Aetna's business operations. In addition, management uses operating earnings to assess business performance and to make decisions regarding Aetna's operations and allocation of resources among Aetna's businesses. Operating earnings is also the measure reported to the Chief Executive Officer for these purposes.

(2) In order to provide useful information regarding Aetna's profitability on a basis comparable to others in the industry, without regard to financing decisions, income taxes or amortization of other acquired intangible assets (each of which may vary for reasons not directly related to the performance of the underlying business), Aetna's projected pretax operating margin is based on projected operating earnings, as described in (1), excluding interest expense, income taxes and amortization of other acquired intangible assets. Management also uses pretax operating margin to assess Aetna's performance, including performance versus competitors.

(3) Projected revenue excludes any future net realized capital gains or losses and other items, if any, from total revenue. Aetna is not able to project the amount of future net realized capital gains or losses or any such other items and therefore cannot reconcile projected revenue to projected total revenue or to a projected change in total revenue in any period.

(4) The projected business segment operating expense ratio is calculated by dividing operating expenses, excluding other items, by revenue, as described in (3), for our business segments, Health Care, Group Insurance and Large Case Pensions. Aetna is not able to project the amount of future net realized capital gains or losses or any such other items and therefore cannot reconcile the projected business segment operating expense ratio to a comparable GAAP measure.

(5) Excess cash flow available to the parent after payment of estimated fixed charges, shareholder dividends, issuance and/or maturity of debt, and inclusive of estimated available cash from employee stock programs.

CAUTIONARY STATEMENT; ADDITIONAL INFORMATION – Certain information in this document is forward-looking, including our projections as to operating earnings, weighted-average diluted shares, operating earnings per share, pre-tax operating margin, revenue, business segment operating expense ratio, debt-to-capitalization ratio, operating cash flow, net dividends from subsidiaries, excess cash flow to the parent, medical membership, commercial medical benefit ratio, Medicare medical benefit ratio, premium yield and medical cost trend. Forward-looking information is based on management's estimates, assumptions and projections, and is subject to significant uncertainties and other factors, many of which are beyond Aetna's control. Important risk factors could cause actual future results and other future events to differ materially from those currently estimated by management, particularly the implementation of health care reform legislation and changes in Aetna's future cash requirements, capital requirements, results of operations, financial condition and/or cash flows. Health care reform will significantly impact our business operations and financial results, including our medical benefit ratios. Components of the legislation will be phased in over the next six years, and we will be required to dedicate material resources and incur material expenses during that time to implement health care reform. Many significant parts of the legislation, including health insurance exchanges and the implementation of medical loss ratios, require further guidance and clarification both at the federal level and in the form of regulations and actions by state legislatures to implement the law. As a result, many of the impacts of health care reform will not be known for the next several years. Other important risk factors include adverse and less predictable economic conditions in the U.S. and abroad (including unanticipated levels of or rate of increase in the unemployment rate); adverse changes in health care reform and/or other federal or state government policies or regulations as a result of health care reform, changes in health care reform or otherwise (including legislative, judicial or regulatory measures that would affect our business model, restrict funding for various aspects of health care reform, limit our ability to price for the risk we assume and/or reflect reasonable costs or profits in our pricing, such as mandated minimum medical benefit ratios, eliminate or reduce ERISA pre-emption of state laws (increasing our potential litigation exposure) or mandate coverage of certain health benefits); our ability to differentiate our products and solutions from those offered by our competitors and demonstrate that our products lead to access to better quality of care by our members; unanticipated increases in medical costs (including increased intensity or medical utilization as a result of flu, increased COBRA participation rates or otherwise; changes in membership mix to higher cost or lower-premium products or membership-adverse selection; changes in medical cost estimates due to the necessary extensive judgment that is used in the medical cost estimation process, the considerable variability inherent in such estimates, and the sensitivity of such estimates to changes in medical claims payment patterns and changes in medical cost trends; increases resulting from unfavorable changes in contracting or re-contracting with providers, and increased pharmacy costs); failure to achieve and/or delays in achieving desired rate increases and/or profitable membership growth due to regulatory review or other regulatory restrictions, the difficult economy and/or significant competition, especially in key geographic areas where membership is concentrated; adverse changes in size, product mix or medical cost experience of membership; our ability to diversify our sources of revenue and earnings; adverse program, pricing or funding actions by federal or state government payors; the ability to reduce administrative expenses while maintaining targeted levels of service and operating performance; the ability to successfully implement our agreement with CVS Caremark Corporation on a timely basis and in a cost-efficient manner and to achieve projected operating efficiencies for the agreement; our ability to integrate, simplify, and enhance our existing information technology systems and platforms to keep pace with changing customer and regulatory needs; the success of our health information technology initiatives; the ability to successfully integrate our businesses (including Medicity, Prodigy Health Group, PayFlex, and Genworth Financial Inc.'s Medicare Supplement business and other businesses we acquire in the future) and implement multiple strategic and operational initiatives simultaneously; managing executive succession and key talent retention, recruitment and development; the outcome of various litigation and regulatory matters, including the CMS risk adjustment audits of certain of our Medicare contracts, guaranty fund assessments and litigation concerning, and ongoing reviews by various regulatory authorities of, certain of our payment practices with respect to out-of-network providers and/or life insurance policies; reputational issues arising from our social media activities, data security breaches, other cybersecurity risks or other causes; the ability to develop and maintain relations with providers while taking actions to reduce medical costs and/or expand the services we offer; our ability to maintain our relationships with third party brokers, consultants and agents who sell our products; increases in medical costs or Group Insurance claims resulting from any epidemics, acts of terrorism or other extreme events; and a downgrade in our financial ratings. For more discussion of important risk factors that may materially affect Aetna, please see the risk factors contained in Aetna's 2010 Annual Report on Form 10-K and Aetna’s Quarterly Reports on Form 10-Q for the quarters ended June 30, 2011 and September 30, 2011 (Aetna’s “Quarterly Reports”), each on file with the Securities and Exchange Commission (the “SEC”). You also should read Aetna’s 2010 Annual Report and Aetna’s 2011 Quarterly Reports on file with the SEC and Aetna's 2011 Annual Report on Form 10-K when filed with the SEC for a discussion of Aetna’s historical results of operations and financial condition.

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