ISSUE AGE	PLAN A ZIP CODES 722			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,177	181.34	2,420	201.59

ISSUE AGE	PLAN A ALL OTHER ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	1,741	145.03	1,936	161.27

ISSUE AGE	PLAN B ZIP CODES 722			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,744	228.58	3,049	253.98

ISSUE AGE	PLAN B ALL OTHER ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,195	182.84	2,439	203.17

ISSUE AGE	PLAN F ZIP CODES 722			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	3,105	258.65	3,451	287.47

ISSUE AGE	PLAN F ALL OTHER ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,484	206.92	2,761	229.99

ISSUE AGE	PLAN HI F ZIP CODES 722			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	1,222	101.79	1,356	112.95

ISSUE AGE	PLAN HI F ALL OTHER ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	978	81.47	1,084	90.30

ISSUE AGE	PLAN G ZIP CODES 722			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,791	232.49	3,100	258.23

ISSUE AGE	PLAN G ALL OTHER ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,233	186.01	2,480	206.58

ISSUE AGE	PLAN N ZIP CODES 722			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,214	184.43	2,462	205.08

ISSUE AGE	PLAN N ALL OTHER ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	1,772	147.61	1,970	164.10

To use the Mobile Rate Quote tool, scan the QR code below with your smartphone (iPhone or Android).

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MEDICARE SUPPLEMENT RATES

ARKANSAS

Effective May 2016

Policy Form ACIMSP10A AR, ACIMSP10B AR, ACIMSP10F AR, ACIMSP10G AR, ACIMSP10HF AR, ACIMSP10N AR

Application Form ACIMS01032AR

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ACIMS01182AR

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ISSUE AGE	PLAN A — ZIP CODES 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,177	181.34	2,420	201.59

ISSUE AGE	PLAN B — ZIP CODES 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,744	228.58	3,049	253.98

ISSUE AGE	PLAN F — ZIP CODES 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	3,105	258.65	3,451	287.47

ISSUE AGE	PLAN HI F — ZIP CODES 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	1,222	101.79	1,356	112.95

ISSUE AGE	PLAN G — ZIP CODES 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,791	232.49	3,100	258.23

ISSUE AGE	PLAN N — ZIP CODES 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,214	184.43	2,462	205.08

ISSUE AGE	PLAN A — ALL OTHER ZIP CODES 720, 721			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	1,845	153.69	2,051	170.85

ISSUE AGE	PLAN B — ALL OTHER ZIP CODES 720, 721			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,326	193.76	2,585	215.33

ISSUE AGE	PLAN F — ALL OTHER ZIP CODES 720, 721			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,632	219.25	2,925	243.65

ISSUE AGE	PLAN HI F — ALL OTHER ZIP CODES 720, 721			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	1,036	86.30	1,149	95.71

ISSUE AGE	PLAN G — ALL OTHER ZIP CODES 720, 721			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	2,366	197.09	2,627	218.83

ISSUE AGE	PLAN N — ALL OTHER ZIP CODES 720, 721			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
All	1,877	156.35	2,087	173.85

EFFECTIVE DATE

The effective date must be on or after the date of the application. If an existing Medicare Supplement policy is being replaced, the date must coordinate with the expiration date of the existing policy.

An application must be received in the Home Office within 30 calendar days from the date of signature.

Applications submitted by E-Application result in faster service. E-Applications must have first premium deducted by monthly EFT. Changes to payment mode can be made after the first premium has been drafted by contacting Policyholder Services.

Applications with a live check must be mailed and not faxed.

PAYMENT MODES

Semi-Annual..... Annual x .52

Quarterly ..... Annual x .265

Monthly Electronic Funds Transfer (EFT) .... Annual x .0833

EFT Mode requires one month's premium, a blank voided check for the account to be drafted, and the completed Bank Authorization form signed exactly the same way as the applicant would sign a check.

CALCULATING RATES

Use this rate guide to quote rates. When using the Outline of Coverage, multiply the appropriate base rate and the rating area factor; round the result to the nearest whole dollar. Then, multiply by the mode factor; round the result to the nearest cent. If there is no rating area factor, then multiply the rate and the mode factor; round the result to the nearest cent.

- Rates are Issue Age, preferred and standard
- Tobacco users use standard rates
- Non-tobacco users use preferred rates
- OE and GI use preferred rates
- 12-month rate guarantee

Refer to the Field Guide and Drug List for important underwriting information.

Need Help?
Contact the Agent Services team at 800 264.4000, or go to aetnaseniorproducts.com (agent side).