ATTAINED AGE	PLAN HI F	ALL ZIP CODES							
		PREFERRED				STANDARD			
		FEMALE		MALE		FEMALE		MALE	
		ANN.	EFT	ANN.	EFT	ANN.	EFT	ANN.	EFT
65		600	49.98	690	57.48	666	55.48	768	63.97
66		600	49.98	690	57.48	666	55.48	768	63.97
67		600	49.98	690	57.48	666	55.48	768	63.97
68		625	52.06	719	59.89	694	57.81	799	66.56
69		650	54.15	748	62.31	723	60.23	830	69.14
70		673	56.06	774	64.47	749	62.39	860	71.64
71		698	58.14	801	66.72	773	64.39	890	74.14
72		719	59.89	826	68.81	799	66.56	919	76.55
73		738	61.48	849	70.72	821	68.39	944	78.64
74		757	63.06	870	72.47	841	70.06	968	80.63
75		773	64.39	890	74.14	860	71.64	989	82.38
76		790	65.81	907	75.55	878	73.14	1,010	84.13
77		802	66.81	923	76.89	892	74.30	1,028	85.63
78		816	67.97	939	78.22	906	75.47	1,040	86.63
79		826	68.81	950	79.14	919	76.55	1,057	88.05
80		838	69.81	963	80.22	930	77.47	1,069	89.05
81		849	70.72	977	81.38	943	78.55	1,085	90.38
82		860	71.64	988	82.30	954	79.47	1,099	91.55
83		869	72.39	999	83.22	966	80.47	1,111	92.55
84		880	73.30	1,013	84.38	977	81.38	1,124	93.63
85		890	74.14	1,022	85.13	988	82.30	1,136	94.63
86		898	74.80	1,033	86.05	999	83.22	1,149	95.71
87		907	75.55	1,044	86.97	1,009	84.05	1,157	96.38
88		917	76.39	1,054	87.80	1,018	84.80	1,169	97.38
89		923	76.89	1,062	88.46	1,028	85.63	1,180	98.29
90		931	77.55	1,069	89.05	1,034	86.13	1,189	99.04

ATTAINED AGE	PLAN G	ALL ZIP CODES							
		PREFERRED				STANDARD			
		FEMALE		MALE		FEMALE		MALE	
		ANN.	EFT	ANN.	EFT	ANN.	EFT	ANN.	EFT
65		1,152	95.96	1,324	110.29	1,281	106.71	1,472	122.62
66		1,152	95.96	1,324	110.29	1,281	106.71	1,472	122.62
67		1,152	95.96	1,324	110.29	1,281	106.71	1,472	122.62
68		1,199	99.88	1,380	114.95	1,333	111.04	1,534	127.78
69		1,255	104.54	1,444	120.29	1,393	116.04	1,602	133.45
70		1,304	108.62	1,499	124.87	1,448	120.62	1,666	138.78
71		1,353	112.70	1,556	129.61	1,504	125.28	1,729	144.03
72		1,401	116.70	1,611	134.20	1,556	129.61	1,789	149.02
73		1,445	120.37	1,661	138.36	1,605	133.70	1,846	153.77
74		1,485	123.70	1,708	142.28	1,651	137.53	1,899	158.19
75		1,523	126.87	1,751	145.86	1,692	140.94	1,946	162.10
76		1,559	129.86	1,793	149.36	1,733	144.36	1,992	165.93
77		1,592	132.61	1,830	152.44	1,769	147.36	2,034	169.43
78		1,623	135.20	1,866	155.44	1,803	150.19	2,073	172.68
79		1,651	137.53	1,899	158.19	1,833	152.69	2,111	175.85
80		1,677	139.69	1,930	160.77	1,863	155.19	2,144	178.60
81		1,702	141.78	1,958	163.10	1,890	157.44	2,174	181.09
82		1,726	143.78	1,983	165.18	1,917	159.69	2,205	183.68
83		1,747	145.53	2,009	167.35	1,941	161.69	2,231	185.84
84		1,769	147.36	2,034	169.43	1,966	163.77	2,260	188.26
85		1,791	149.19	2,057	171.35	1,989	165.68	2,286	190.42
86		1,810	150.77	2,081	173.35	2,011	167.52	2,312	192.59
87		1,829	152.36	2,103	175.18	2,033	169.35	2,337	194.67
88		1,847	153.86	2,125	177.01	2,053	171.01	2,359	196.50
89		1,863	155.19	2,145	178.68	2,072	172.60	2,383	198.50
90		1,880	156.60	2,163	180.18	2,090	174.10	2,403	200.17

ATTAINED AGE	PLAN N	ALL ZIP CODES							
		PREFERRED				STANDARD			
		FEMALE		MALE		FEMALE		MALE	
		ANN.	EFT	ANN.	EFT	ANN.	EFT	ANN.	EFT
65		1,022	85.13	1,175	97.88	1,135	94.55	1,305	108.71
66		1,022	85.13	1,175	97.88	1,135	94.55	1,305	108.71
67		1,022	85.13	1,175	97.88	1,135	94.55	1,305	108.71
68		1,064	88.63	1,225	102.04	1,183	98.54	1,361	113.37
69		1,112	92.63	1,279	106.54	1,237	103.04	1,421	118.37
70		1,156	96.29	1,331	110.87	1,286	107.12	1,479	123.20
71		1,202	100.13	1,381	115.04	1,334	111.12	1,535	127.87
72		1,242	103.46	1,429	119.04	1,381	115.04	1,588	132.28
73		1,281	106.71	1,473	122.70	1,424	118.62	1,637	136.36
74		1,318	109.79	1,517	126.37	1,465	122.03	1,686	140.44
75		1,354	112.79	1,554	129.45	1,502	125.12	1,726	143.78
76		1,382	115.12	1,589	132.36	1,535	127.87	1,768	147.27
77		1,414	117.79	1,624	135.28	1,571	130.86	1,804	150.27
78		1,440	119.95	1,657	138.03	1,600	133.28	1,841	153.36
79		1,464	121.95	1,686	140.44	1,627	135.53	1,871	155.85
80		1,489	124.03	1,713	142.69	1,655	137.86	1,904	158.60
81		1,510	125.78	1,737	144.69	1,679	139.86	1,929	160.69
82		1,531	127.53	1,759	146.52	1,700	141.61	1,955	162.85
83		1,551	129.20	1,783	148.52	1,723	143.53	1,980	164.93
84		1,571	130.86	1,804	150.27	1,743	145.19	2,005	167.02
85		1,588	132.28	1,825	152.02	1,764	146.94	2,028	168.93
86		1,605	133.70	1,846	153.77	1,785	148.69	2,051	170.85
87		1,621	135.03	1,866	155.44	1,804	150.27	2,073	172.68
88		1,640	136.61	1,886	157.10	1,821	151.69	2,095	174.51
89		1,655	137.86	1,904	158.60	1,840	153.27	2,112	175.93
90		1,670	139.11	1,918	159.77	1,854	154.44	2,132	177.60

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

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An Aetna Company
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MEDICARE SUPPLEMENT RATES

WYOMING

Effective March 2016

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

Application Form ACIMS01062WY

American Continental Insurance Company
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ACIMS01191WY 010516

ATTAINED AGE	PLAN A	ALL ZIP CODES							
		PREFERRED				STANDARD			
		FEMALE		MALE		FEMALE		MALE	
		ANN.	EFT	ANN.	EFT	ANN.	EFT	ANN.	EFT
65		1,042	86.80	1,198	99.79	1,157	96.38	1,332	110.96
66		1,042	86.80	1,198	99.79	1,157	96.38	1,332	110.96
67		1,042	86.80	1,198	99.79	1,157	96.38	1,332	110.96
68		1,087	90.55	1,249	104.04	1,209	100.71	1,388	115.62
69		1,134	94.46	1,307	108.87	1,261	105.04	1,450	120.79
70		1,180	98.29	1,356	112.95	1,310	109.12	1,508	125.62
71		1,227	102.21	1,409	117.37	1,362	113.45	1,565	130.36
72		1,266	105.46	1,458	121.45	1,409	117.37	1,619	134.86
73		1,308	108.96	1,505	125.37	1,454	121.12	1,672	139.28
74		1,347	112.21	1,546	128.78	1,496	124.62	1,719	143.19
75		1,381	115.04	1,587	132.20	1,531	127.53	1,763	146.86
76		1,413	117.70	1,624	135.28	1,567	130.53	1,805	150.36
77		1,442	120.12	1,656	137.94	1,605	133.70	1,842	153.44
78		1,469	122.37	1,690	140.78	1,634	136.11	1,877	156.35
79		1,496	124.62	1,719	143.19	1,661	138.36	1,911	159.19
80		1,521	126.70	1,748	145.61	1,688	140.61	1,941	161.69
81		1,542	128.45	1,772	147.61	1,714	142.78	1,968	163.93
82		1,561	130.03	1,794	149.44	1,734	144.44	1,994	166.10
83		1,583	131.86	1,819	151.52	1,758	146.44	2,022	168.43
84		1,601	133.36	1,841	153.36	1,780	148.27	2,047	170.52
85		1,619	134.86	1,862	155.10	1,800	149.94	2,072	172.60
86		1,638	136.45	1,883	156.85	1,820	151.61	2,093	174.35
87		1,654	137.78	1,904	158.60	1,841	153.36	2,115	176.18
88		1,673	139.36	1,923	160.19	1,858	154.77	2,138	178.10
89		1,688	140.61	1,941	161.69	1,876	156.27	2,157	179.68
90		1,704	141.94	1,959	163.18	1,894	157.77	2,175	181.18

ATTAINED AGE	PLAN B	ALL ZIP CODES							
		PREFERRED				STANDARD			
		FEMALE		MALE		FEMALE		MALE	
		ANN.	EFT	ANN.	EFT	ANN.	EFT	ANN.	EFT
65		1,316	109.62	1,510	125.78	1,460	121.62	1,679	139.86
66		1,316	109.62	1,510	125.78	1,460	121.62	1,679	139.86
67		1,316	109.62	1,510	125.78	1,460	121.62	1,679	139.86
68		1,367	113.87	1,576	131.28	1,522	126.78	1,749	145.69
69		1,431	119.20	1,646	137.11	1,589	132.36	1,827	152.19
70		1,488	123.95	1,710	142.44	1,652	137.61	1,900	158.27
71		1,544	128.62	1,775	147.86	1,716	142.94	1,973	164.35
72		1,597	133.03	1,838	153.11	1,775	147.86	2,044	170.27
73		1,649	137.36	1,895	157.85	1,832	152.61	2,105	175.35
74		1,696	141.28	1,950	162.44	1,883	156.85	2,167	180.51
75		1,739	144.86	1,998	166.43	1,931	160.85	2,221	185.01
76		1,779	148.19	2,046	170.43	1,977	164.68	2,272	189.26
77		1,815	151.19	2,089	174.01	2,018	168.10	2,321	193.34
78		1,852	154.27	2,129	177.35	2,056	171.26	2,365	197.00
79		1,883	156.85	2,167	180.51	2,093	174.35	2,408	200.59
80		1,913	159.35	2,202	183.43	2,127	177.18	2,446	203.75
81		1,941	161.69	2,232	185.93	2,157	179.68	2,480	206.58
82		1,967	163.85	2,264	188.59	2,187	182.18	2,514	209.42
83		1,993	166.02	2,293	191.01	2,214	184.43	2,546	212.08
84		2,017	168.02	2,319	193.17	2,243	186.84	2,578	214.75
85		2,044	170.27	2,347	195.51	2,269	189.01	2,609	217.33
86		2,065	172.01	2,374	197.75	2,294	191.09	2,640	219.91
87		2,087	173.85	2,401	200.00	2,317	193.01	2,666	222.08
88		2,107	175.51	2,423	201.84	2,341	195.01	2,692	224.24
89		2,127	177.18	2,448	203.92	2,363	196.84	2,718	226.41
90		2,145	178.68	2,469	205.67	2,384	198.59	2,741	228.33

ATTAINED AGE	PLAN F	ALL ZIP CODES							
		PREFERRED				STANDARD			
		FEMALE		MALE		FEMALE		MALE	
		ANN.	EFT	ANN.	EFT	ANN.	EFT	ANN.	EFT
65		1,526	127.12	1,756	146.27	1,696	141.28	1,950	162.44
66		1,526	127.12	1,756	146.27	1,696	141.28	1,950	162.44
67		1,526	127.12	1,756	146.27	1,696	141.28	1,950	162.44
68		1,590	132.45	1,827	152.19	1,765	147.02	2,031	169.18
69		1,652	137.61	1,899	158.19	1,836	152.94	2,111	175.85
70		1,714	142.78	1,969	164.02	1,904	158.60	2,188	182.26
71		1,772	147.61	2,038	169.77	1,968	163.93	2,264	188.59
72		1,827	152.19	2,102	175.10	2,030	169.10	2,336	194.59
73		1,877	156.35	2,158	179.76	2,085	173.68	2,399	199.84
74		1,924	160.27	2,214	184.43	2,140	178.26	2,459	204.83
75		1,968	163.93	2,264	188.59	2,188	182.26	2,516	209.58
76		2,008	167.27	2,309	192.34	2,228	185.59	2,563	213.50
77		2,044	170.27	2,347	195.51	2,269	189.01	2,609	217.33
78		2,073	172.68	2,384	198.59	2,302	191.76	2,649	220.66
79		2,102	175.10	2,419	201.50	2,336	194.59	2,686	223.74
80		2,128	177.26	2,449	204.00	2,365	197.00	2,719	226.49
81		2,156	179.59	2,479	206.50	2,396	199.59	2,756	229.57
82		2,184	181.93	2,512	209.25	2,426	202.09	2,789	232.32
83		2,210	184.09	2,542	211.75	2,454	204.42	2,824	235.24
84		2,237	186.34	2,570	214.08	2,485	207.00	2,857	237.99
85		2,260	188.26	2,599	216.50	2,512	209.25	2,888	240.57
86		2,282	190.09	2,626	218.75	2,539	211.50	2,918	243.07
87		2,309	192.34	2,652	220.91	2,561	213.33	2,946	245.40
88		2,327	193.84	2,678	223.08	2,587	215.50	2,975	247.82
89		2,347	195.51	2,700	224.91	2,609	217.33	3,001	249.98
90		2,368	197.25	2,721	226.66	2,629	219.00	3,026	252.07

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

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 (if applicable); 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.

- All Plans: A one time only $20 policy fee required at time of application
- Rates are Attained Age, male/female, preferred and standard
- Use age last birthday on effective date of coverage
- Tobacco users use standard rates
- Non-tobacco users use preferred rates
- OE and GI use preferred rates
- For rates over age 90, refer to Outline of Coverage
- 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).