ISSUE AGE	PLAN HI F	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
65		777	64.72	864	71.97
66		777	64.72	864	71.97
67		777	64.72	864	71.97
68		798	66.47	888	73.97
69		820	68.31	912	75.97
70		838	69.81	931	77.55
71		855	71.22	951	79.22
72		873	72.72	970	80.80
73		887	73.89	984	81.97
74		897	74.72	998	83.13
75		908	75.64	1,010	84.13
76		915	76.22	1,016	84.63
77		920	76.64	1,023	85.22
78		928	77.30	1,028	85.63
79		932	77.64	1,036	86.30
80		937	78.05	1,041	86.72
81		944	78.64	1,048	87.30
82		951	79.22	1,057	88.05
83		957	79.72	1,064	88.63
84		963	80.22	1,070	89.13
85		970	80.80	1,077	89.71
86		975	81.22	1,083	90.21
87		980	81.63	1,088	90.63
88		989	82.38	1,098	91.46
89		996	82.97	1,107	92.21
90		1,003	83.55	1,115	92.88

ISSUE AGE	PLAN G	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
65		1,392	115.95	1,547	128.87
66		1,392	115.95	1,547	128.87
67		1,392	115.95	1,547	128.87
68		1,432	119.29	1,590	132.45
69		1,477	123.03	1,641	136.70
70		1,516	126.28	1,685	140.36
71		1,553	129.36	1,726	143.78
72		1,587	132.20	1,764	146.94
73		1,618	134.78	1,798	149.77
74		1,645	137.03	1,828	152.27
75		1,669	139.03	1,853	154.35
76		1,687	140.53	1,874	156.10
77		1,705	142.03	1,894	157.77
78		1,722	143.44	1,914	159.44
79		1,738	144.78	1,930	160.77
80		1,754	146.11	1,949	162.35
81		1,768	147.27	1,964	163.60
82		1,783	148.52	1,982	165.10
83		1,797	149.69	1,996	166.27
84		1,810	150.77	2,012	167.60
85		1,823	151.86	2,025	168.68
86		1,834	152.77	2,038	169.77
87		1,843	153.52	2,048	170.60
88		1,861	155.02	2,068	172.26
89		1,878	156.44	2,087	173.85
90		1,894	157.77	2,106	175.43

ISSUE AGE	PLAN N	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
65		1,202	100.13	1,336	111.29
66		1,202	100.13	1,336	111.29
67		1,202	100.13	1,336	111.29
68		1,237	103.04	1,375	114.54
69		1,275	106.21	1,417	118.04
70		1,309	109.04	1,455	121.20
71		1,341	111.71	1,489	124.03
72		1,371	114.20	1,524	126.95
73		1,398	116.45	1,551	129.20
74		1,419	118.20	1,579	131.53
75		1,440	119.95	1,601	133.36
76		1,456	121.28	1,618	134.78
77		1,473	122.70	1,637	136.36
78		1,488	123.95	1,653	137.69
79		1,500	124.95	1,667	138.86
80		1,515	126.20	1,682	140.11
81		1,526	127.12	1,695	141.19
82		1,539	128.20	1,711	142.53
83		1,551	129.20	1,724	143.61
84		1,564	130.28	1,737	144.69
85		1,573	131.03	1,748	145.61
86		1,583	131.86	1,758	146.44
87		1,591	132.53	1,769	147.36
88		1,607	133.86	1,786	148.77
89		1,622	135.11	1,801	150.02
90		1,636	136.28	1,817	151.36

Continental Life Insurance Company
of Brentwood, Tennessee
An Aetna Company
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MEDICARE SUPPLEMENT RATES

IDAHO

Effective October 2015

Policy Form CLIMSP10A ID, CLIMSP10B ID, CLIMSP10F ID, CLIMSP10G ID, CLIMSP10HF ID, CLIMSP10N ID

Application Form CLIMS01078ID

Continental Life Insurance Company of Brentwood, Tennessee
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CLIMS01214ID

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ISSUE AGE	PLAN A ALL ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
65	1,350	112.46	1,500	124.95
66	1,350	112.46	1,500	124.95
67	1,350	112.46	1,500	124.95
68	1,389	115.70	1,542	128.45
69	1,431	119.20	1,590	132.45
70	1,470	122.45	1,632	135.95
71	1,506	125.45	1,672	139.28
72	1,540	128.28	1,710	142.44
73	1,568	130.61	1,743	145.19
74	1,595	132.86	1,771	147.52
75	1,618	134.78	1,795	149.52
76	1,635	136.20	1,818	151.44
77	1,653	137.69	1,836	152.94
78	1,669	139.03	1,855	154.52
79	1,685	140.36	1,872	155.94
80	1,702	141.78	1,889	157.35
81	1,714	142.78	1,905	158.69
82	1,728	143.94	1,920	159.94
83	1,743	145.19	1,935	161.19
84	1,754	146.11	1,949	162.35
85	1,766	147.11	1,961	163.35
86	1,777	148.02	1,975	164.52
87	1,787	148.86	1,985	165.35
88	1,805	150.36	2,004	166.93
89	1,821	151.69	2,023	168.52
90	1,836	152.94	2,041	170.02

ISSUE AGE	PLAN B ALL ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
65	1,702	141.78	1,891	157.52
66	1,702	141.78	1,891	157.52
67	1,702	141.78	1,891	157.52
68	1,749	145.69	1,944	161.94
69	1,805	150.36	2,003	166.85
70	1,852	154.27	2,057	171.35
71	1,896	157.94	2,108	175.60
72	1,940	161.60	2,157	179.68
73	1,975	164.52	2,197	183.01
74	2,010	167.43	2,233	186.01
75	2,038	169.77	2,264	188.59
76	2,062	171.76	2,290	190.76
77	2,081	173.35	2,313	192.67
78	2,103	175.18	2,336	194.59
79	2,122	176.76	2,359	196.50
80	2,143	178.51	2,379	198.17
81	2,159	179.84	2,399	199.84
82	2,178	181.43	2,420	201.59
83	2,197	183.01	2,439	203.17
84	2,211	184.18	2,457	204.67
85	2,226	185.43	2,473	206.00
86	2,240	186.59	2,489	207.33
87	2,252	187.59	2,500	208.25
88	2,273	189.34	2,525	210.33
89	2,294	191.09	2,549	212.33
90	2,313	192.67	2,573	214.33

ISSUE AGE	PLAN F ALL ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
65	1,947	162.19	2,162	180.09
66	1,947	162.19	2,162	180.09
67	1,947	162.19	2,162	180.09
68	1,998	166.43	2,222	185.09
69	2,051	170.85	2,279	189.84
70	2,097	174.68	2,330	194.09
71	2,143	178.51	2,379	198.17
72	2,182	181.76	2,424	201.92
73	2,211	184.18	2,456	204.58
74	2,240	186.59	2,488	207.25
75	2,264	188.59	2,515	209.50
76	2,285	190.34	2,537	211.33
77	2,303	191.84	2,559	213.16
78	2,324	193.59	2,581	215.00
79	2,345	195.34	2,603	216.83
80	2,358	196.42	2,619	218.16
81	2,376	197.92	2,642	220.08
82	2,395	199.50	2,661	221.66
83	2,414	201.09	2,683	223.49
84	2,434	202.75	2,705	225.33
85	2,455	204.50	2,728	227.24
86	2,472	205.92	2,746	228.74
87	2,489	207.33	2,765	230.32
88	2,511	209.17	2,790	232.41
89	2,532	210.92	2,813	234.32
90	2,552	212.58	2,835	236.16

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 10 working days from the date of application. Applications submitted by fax result in faster service. Fax applications where payment method selected is:

- Monthly (EFT required) and include a blank voided check for the account to be drafted and EFT authorization, or
- Any payment mode that includes an Electronic (FAX) Check Authorization form. Fax initial premium paid by a signed (live) check and authorizes recurring premiums to be paid by EFT.

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 Issue Age, 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).