

aetna™

MEDICARE SUPPLEMENT RATES

VERMONT

Effective July 2013

Household discount now available

*Policy Form CLIMSP10A VT,
CLIMSP10B VT, CLIMSP10C VT,
CLIMSP10D VT, CLIMSP10N VT*

Application Form CLIMS01873VT

**Continental Life Insurance Company
of Brentwood, Tennessee**
An Aetna Company

Continental Life Insurance Company
of Brentwood, Tennessee
An Aetna Company
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CLIMS01879VT

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AGES 65-99	PLAN	ALL ZIP CODES	
	A	COMMUNITY RATE	
		ANNUAL	EFT
All		1,380	114.95

AGES 65-99	PLAN	ALL ZIP CODES	
	B	COMMUNITY RATE	
		ANNUAL	EFT
All		1,739	144.86

AGES 65-99	PLAN	ALL ZIP CODES	
	C	COMMUNITY RATE	
		ANNUAL	EFT
All		1,920	159.94

AGES 65-99	PLAN	ALL ZIP CODES	
	D	COMMUNITY RATE	
		ANNUAL	EFT
All		1,756	146.27

AGES 65-99	PLAN	ALL ZIP CODES	
	N	COMMUNITY RATE	
		ANNUAL	EFT
All		1,440	119.95

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.

MODAL PREMIUM OPTIONS

Semi-Annual.....	Annual x .52
Quarterly	Annual x .265
Monthly Electronic Funds Transfer (EFT)	Annual x .0833

CALCULATING RATES

Follow this step for each applicant.

Begin here if using the agent rate sheet:

Annual premium (found on agent rate card)
 x Modal factor
 = **Modal premium** (round to nearest whole cent)

Example: \$1889 x .0833 = **\$157.3537 (\$157.35)**

STEP 1: Calculate modal premium with 5% household discount

Modal premium
 x Discount (.95)
 = **Modal premium with discount** (round to nearest whole cent)

Example: \$157.35 x .95 = **\$149.4825 (\$149.48)**

Add application fee to determine total initial premium collected/draft

Modal premium (with discount if discount applies)
 + Application fee
 = **Total initial premium** (amount of check with application or initial bank draft)

Example: \$149.48 + \$20 = **\$169.48**

- All Plans: A one time only \$20 policy fee required at time of application
- Use age last birthday on effective date of coverage
- For rates under age 65 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).