ATTAINED AGE	PLAN HI F	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
65		606	50.48	673	56.06
66		625	52.06	694	57.81
67		645	53.73	717	59.73
68		664	55.31	738	61.48
69		685	57.06	761	63.39
70		704	58.64	782	65.14
71		722	60.14	803	66.89
72		742	61.81	824	68.64
73		761	63.39	845	70.39
74		780	64.97	867	72.22
75		799	66.56	888	73.97
76		817	68.06	908	75.64
77		837	69.72	930	77.47
78		855	71.22	950	79.14
79		873	72.72	970	80.80
80		890	74.14	989	82.38
81		908	75.64	1,009	84.05
82		927	77.22	1,029	85.72
83		942	78.47	1,046	87.13
84		956	79.63	1,061	88.38
85		970	80.80	1,079	89.88
86		987	82.22	1,096	91.30
87		1,002	83.47	1,113	92.71
88		1,018	84.80	1,131	94.21
89		1,034	86.13	1,148	95.63
90		1,049	87.38	1,165	97.04

ATTAINED AGE	PLAN G	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
65		1,170	97.46	1,300	108.29
66		1,210	100.79	1,344	111.96
67		1,249	104.04	1,388	115.62
68		1,288	107.29	1,431	119.20
69		1,327	110.54	1,474	122.78
70		1,364	113.62	1,516	126.28
71		1,402	116.79	1,558	129.78
72		1,440	119.95	1,600	133.28
73		1,479	123.20	1,643	136.86
74		1,517	126.37	1,686	140.44
75		1,556	129.61	1,729	144.03
76		1,594	132.78	1,771	147.52
77		1,632	135.95	1,813	151.02
78		1,670	139.11	1,856	154.60
79		1,708	142.28	1,898	158.10
80		1,745	145.36	1,939	161.52
81		1,782	148.44	1,980	164.93
82		1,819	151.52	2,021	168.35
83		1,852	154.27	2,058	171.43
84		1,886	157.10	2,095	174.51
85		1,919	159.85	2,132	177.60
86		1,953	162.68	2,170	180.76
87		1,987	165.52	2,208	183.93
88		2,023	168.52	2,248	187.26
89		2,057	171.35	2,286	190.42
90		2,093	174.35	2,325	193.67

ATTAINED AGE	PLAN N	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
65		1,020	84.97	1,133	94.38
66		1,056	87.96	1,173	97.71
67		1,091	90.88	1,212	100.96
68		1,126	93.80	1,251	104.21
69		1,160	96.63	1,289	107.37
70		1,194	99.46	1,327	110.54
71		1,227	102.21	1,363	113.54
72		1,261	105.04	1,401	116.70
73		1,297	108.04	1,441	120.04
74		1,332	110.96	1,480	123.28
75		1,367	113.87	1,519	126.53
76		1,402	116.79	1,558	129.78
77		1,436	119.62	1,596	132.95
78		1,472	122.62	1,636	136.28
79		1,507	125.53	1,674	139.44
80		1,542	128.45	1,713	142.69
81		1,577	131.36	1,752	145.94
82		1,612	134.28	1,791	149.19
83		1,644	136.95	1,827	152.19
84		1,677	139.69	1,863	155.19
85		1,710	142.44	1,900	158.27
86		1,744	145.28	1,938	161.44
87		1,778	148.11	1,976	164.60
88		1,813	151.02	2,014	167.77
89		1,848	153.94	2,053	171.01
90		1,882	156.77	2,091	174.18

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

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AHLMS02832MT 112515

ATTAINED AGE	PLAN A	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
65		1,157	96.38	1,285	107.04
66		1,189	99.04	1,320	109.96
67		1,220	101.63	1,356	112.95
68		1,252	104.29	1,391	115.87
69		1,282	106.79	1,424	118.62
70		1,313	109.37	1,458	121.45
71		1,343	111.87	1,492	124.28
72		1,373	114.37	1,526	127.12
73		1,397	116.37	1,553	129.36
74		1,422	118.45	1,580	131.61
75		1,447	120.54	1,607	133.86
76		1,471	122.53	1,635	136.20
77		1,495	124.53	1,661	138.36
78		1,510	125.78	1,678	139.78
79		1,524	126.95	1,693	141.03
80		1,539	128.20	1,710	142.44
81		1,553	129.36	1,725	143.69
82		1,566	130.45	1,741	145.03
83		1,580	131.61	1,756	146.27
84		1,595	132.86	1,773	147.69
85		1,609	134.03	1,788	148.94
86		1,624	135.28	1,805	150.36
87		1,638	136.45	1,820	151.61
88		1,653	137.69	1,837	153.02
89		1,668	138.94	1,853	154.35
90		1,683	140.19	1,870	155.77

ATTAINED AGE	PLAN B	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
65		1,301	108.37	1,446	120.45
66		1,343	111.87	1,492	124.28
67		1,384	115.29	1,538	128.12
68		1,424	118.62	1,583	131.86
69		1,464	121.95	1,626	135.45
70		1,503	125.20	1,670	139.11
71		1,543	128.53	1,714	142.78
72		1,581	131.70	1,757	146.36
73		1,620	134.95	1,800	149.94
74		1,657	138.03	1,841	153.36
75		1,696	141.28	1,884	156.94
76		1,732	144.28	1,925	160.35
77		1,770	147.44	1,967	163.85
78		1,803	150.19	2,003	166.85
79		1,837	153.02	2,042	170.10
80		1,870	155.77	2,078	173.10
81		1,902	158.44	2,114	176.10
82		1,936	161.27	2,151	179.18
83		1,959	163.18	2,176	181.26
84		1,983	165.18	2,203	183.51
85		2,006	167.10	2,229	185.68
86		2,031	169.18	2,257	188.01
87		2,055	171.18	2,283	190.17
88		2,080	173.26	2,311	192.51
89		2,105	175.35	2,339	194.84
90		2,128	177.26	2,365	197.00

ATTAINED AGE	PLAN F	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
65		1,513	126.03	1,681	140.03
66		1,563	130.20	1,737	144.69
67		1,614	134.45	1,793	149.36
68		1,663	138.53	1,848	153.94
69		1,711	142.53	1,901	158.35
70		1,759	146.52	1,955	162.85
71		1,806	150.44	2,007	167.18
72		1,853	154.35	2,059	171.51
73		1,902	158.44	2,114	176.10
74		1,950	162.44	2,166	180.43
75		1,998	166.43	2,219	184.84
76		2,045	170.35	2,272	189.26
77		2,091	174.18	2,323	193.51
78		2,137	178.01	2,374	197.75
79		2,182	181.76	2,425	202.00
80		2,227	185.51	2,474	206.08
81		2,272	189.26	2,524	210.25
82		2,315	192.84	2,572	214.25
83		2,353	196.00	2,614	217.75
84		2,389	199.00	2,655	221.16
85		2,428	202.25	2,697	224.66
86		2,465	205.33	2,739	228.16
87		2,505	208.67	2,783	231.82
88		2,543	211.83	2,826	235.41
89		2,583	215.16	2,870	239.07
90		2,622	218.41	2,913	242.65

- All Plans: A one time only $20 policy fee required at time of application
- Rates are Attained Age, unisex, 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 under age 65 and 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).

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.

MODAL PREMIUM OPTIONS

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

CALCULATING RATES

Follow these steps for each applicant.

STEP 1: Calculate modal premium

Begin here if using the Outline of Coverage rates:

Base rate (found in the Outline of Coverage)
x area factor (based on applicant's zip code)
= **Annual premium** (round to nearest whole dollar)

Example: $1511 x 1.25 = **$1888.750 ($1889)**

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 2: Calculate modal premium with 7% household discount

Modal premium
x Discount (.93)
= **Modal premium with discount** (round to nearest whole cent)

Example: $157.35 x .93 = **$146.3355 ($146.34)**

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: $146.34 + $20 = **$166.34**