

**AETNA HEALTH AND LIFE INSURANCE COMPANY**  
800 Crescent Centre Dr., Suite 200, Franklin, Tennessee, 37067  
Telephone: 800 264.4000

**OUTLINE OF MEDICARE SUPPLEMENT INSURANCE**  
**OUTLINE OF COVERAGE FOR POLICY FORM AHLMS17BC WI**

## **MEDICARE SUPPLEMENT INSURANCE**

**The Wisconsin Insurance Commissioner has set standards for Medicare Supplement Insurance. This policy meets these standards. It, along with Medicare, may not cover all your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see *Wisconsin Guide to Health Insurance for People with Medicare*, given to you when you applied for the policy. Do not buy the policy if you did not get this guide.**

**PREMIUM INFORMATION** - We, Aetna Health and Life Insurance Company can only raise your premium if we raise the premium for all policies like yours in the same geographic area in this state. Your premium will change each year. The new premium will be based on your age.

**DISCLOSURES** - Use this outline to compare benefits and premiums among policies.

**READ YOUR POLICY VERY CAREFULLY** - This is only an Outline of Coverage describing your policy's most important features. This is not your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

**RIGHT TO RETURN POLICY** - If you find you are not satisfied with your policy, you may return it to Aetna Health and Life Insurance Company, P.O. Box 14770, Lexington, KY 40512-4770. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

**POLICY REPLACEMENT** - If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

**NOTICE** - The policy may not fully cover all of your medical costs.

**NEITHER AETNA HEALTH AND LIFE INSURANCE  
COMPANY NOR ITS AGENTS ARE CONNECTED WITH  
MEDICARE.**

**THIS OUTLINE OF COVERAGE DOES NOT GIVE ALL THE DETAILS OF MEDICARE COVERAGE. CONTACT YOUR LOCAL SOCIAL SECURITY OFFICE OR CONSULT "MEDICARE AND YOU" FOR MORE DETAILS.**



**AETNA HEALTH AND LIFE INSURANCE COMPANY  
OUTLINE OF MEDICARE SUPPLEMENT INSURANCE**

**BASIC PLAN**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER CALENDAR YEAR**

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the issuer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

<b>MEDICARE PART A BENEFITS</b>	<b>MEDICARE PAYS</b>	<b>THIS POLICY PAYS</b>	<b>YOU PAY</b>
<p><b>HOSPITALIZATION</b> Semiprivate room and board, general nursing and miscellaneous hospital services and supplies (Does not include personal items) First 60 days</p> <p>61<sup>st</sup> through 90<sup>th</sup> day 91<sup>st</sup> day and after</p> <ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:</li> <li>• Additional 365 days</li> <li>• Beyond the additional 365 days</li> </ul>	<p>All but \$1364</p> <p>All but \$341 a day</p> <p>All but \$682 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$0 or [ ] Part A Deductible Rider **</p> <p>\$341 a day</p> <p>\$682 a day</p> <p>100% of Medicare Eligible Expenses*</p> <p>\$0</p>	<p>\$1364 (Part A Deductible) or \$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>All costs</p>
<p><b>SKILLED NURSING FACILITY CARE</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital</p> <p>First 20 days</p> <p>21<sup>st</sup> through 100<sup>th</sup> day</p> <p>101<sup>st</sup> day and after</p>	<p>All approved amounts</p> <p>All but \$170.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$170.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All Costs</p>

<b>MEDICARE PART A BENEFITS</b>	<b>MEDICARE PAYS</b>	<b>THIS POLICY PAYS</b>	<b>YOU PAY</b>
<b>INPATIENT PSYCHIATRIC CARE</b> Inpatient psychiatric care in a participating psychiatric hospital	190 days per lifetime	175 days per lifetime	All charges not covered by policy nor by Medicare
<b>BLOOD</b> First 3 pints Additional Amounts	\$0 100%	First 3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance or copayment for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$0

**BASIC PLAN**

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

Once you have been billed \$185 of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

<b>MEDICARE PART B BENEFITS</b>	<b>MEDICARE PAYS</b>	<b>THIS POLICY PAYS</b>	<b>YOU PAY</b>
<p><b>MEDICAL EXPENSES</b> Eligible expense for physician’s services, in-patient and out-patient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$185 of Medicare-approved amounts</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0 or</p> <p><input type="checkbox"/> Optional Part B Deductible Rider**</p> <p>Generally 20%</p> <p><input type="checkbox"/> Optional Medicare Copayment or Coinsurance Rider**</p> <p><input type="checkbox"/> Optional Medicare Part B Excess Charges Rider**</p>	<p>\$185 or</p> <p>\$0</p> <p>Charges in excess of 20% up to the limiting charge</p> <p>Up to \$20 per office visit and up to \$50 per emergency room visit.</p> <p>Balance, if any, or expenses if not covered by Medicare or this policy</p>
<p><b>BLOOD</b> First 3 pints Next \$185 of Medicare-approved amounts</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0 or</p> <p><input type="checkbox"/> Optional Part B Deductible Rider**</p> <p>20%</p>	<p>\$0</p> <p>\$185 or</p> <p>\$0</p> <p>Charges not covered by the policy or Medicare</p>

MEDICARE PART B BENEFITS	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	\$0
<b>HOME HEALTH CARE</b>	100% of charges for visits considered medically necessary by Medicare	40 visits or [ ] Optional Additional Home Health Care Rider**	Charges not covered by policy or Medicare

\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

**BASIC PLAN**  
**OTHER BENEFITS – NOT COVERED BY MEDICARE**

	<b>MEDICARE PAYS</b>	<b>THIS POLICY PAYS</b>	<b>YOU PAY</b>
<b>PREVENTIVE MEDICAL CARE BENEFIT- NOT COVERED BY MEDICARE</b> Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare First \$120 each calendar year  Additional charges	\$0  \$0	\$120  \$0	Charges not covered by policy or Medicare
<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside of the USA First \$250 each calendar year  Remainder of charges	\$0  \$0	\$0  \$0 or [ ] Optional Foreign Travel Emergency Rider** (80% to a lifetime maximum benefit of \$50,000)	\$250  All costs or 20% and amounts over the \$50,000 lifetime maximum

\*\*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

**THE FOLLOWING BENEFITS ARE MANDATED BY YOUR STATE:**

**SKILLED NURSING FACILITY BENEFITS FOR NON-MEDICARE ELIGIBLE CONFINEMENT** - We will pay the expenses you incur during any Medicare benefit period for confinement in a Wisconsin state licensed Skilled Nursing Facility, up to a maximum of 30 days. The daily rate payable shall be no less than the maximum daily rate established for skilled nursing care in that facility by the Department of Health and Social Services. Your confinement must be certified initially as Medically Necessary by the attending Physician and recertified every 7 days.

Benefits are not payable for services provided by or paid for by the Veterans Administration or Custodial Care or Skilled Nursing Facility confinement certified by Medicare.

**KIDNEY DISEASE BENEFITS** - We will pay the expenses you incur for treatment of kidney Disease by dialysis, transplantation and/or donor related services as defined by the Wisconsin Department of Health and Social Services, up to a maximum of \$30,000 each calendar year. We will not pay for charges covered by another policy covering kidney disease expenses or for charges covered by Medicare.

**DIABETES BENEFITS** - We will pay the usual and customary charges for expenses incurred, and not covered by Medicare, for the installation and use of an insulin infusion pump or other equipment or supplies, including insulin or any other prescription medication, used in the treatment of diabetes and coverage of diabetic self-management education programs. Coverage for an insulin infusion pump is limited to one pump per year and is subject to a 30 day trial period prior to purchase.

Benefits are not payable under clause (1) if the equipment and supplies are covered under the Medicare Part D Prescription Drug program, whether or not the insured person is enrolled in a Medicare Part D plan.

**CHIROPRACTIC BENEFITS** - When Medicare Part B does not pay for Medically Necessary Services received from a Chiropractor, we will 100% of the usual and customary charges for chiropractor services. Benefits are not payable for that portion of expense for which benefits were paid by Medicare or under any other part of this policy.

**HOSPITAL AND AMBULATORY SURGICAL CENTER CHARGES** - We will pay the usual and customary charges incurred, and anesthetics provided, in conjunction with dental care that is provided to a covered individual in a Hospital or Ambulatory Surgical Center, if any of the Following applies:

- a. you have a chronic disability that is attributable to a mental or physical impairment which results in a substantial functional limitation in an area of your major life activity, and the disability is likely to continue indefinitely.
- b. you have a medical condition that requires hospitalization or general anesthesia for dental care.

**BREAST RECONSTRUCTION BENEFITS** - We will pay the usual and customary charges Incurred, not payable under Medicare, in the manner recommended by the attending Physician or Oncologist for breast reconstruction of the affected tissue incident to a mastectomy.



**COLORECTAL EXAMS** – We will pay your expense incurred for colorectal screening exams and lab tests if you are over 50 years of age or if you are under 50 years of age and are symptomatic or in a high-risk category. This coverage is subject to any deductible, coinsurance, co-payment, or other limitation on coverage applicable to other coverages under this policy. Benefits are not payable for that portion of expense for which benefits were paid by Medicare or under any other part of this policy.

**CANCER CLINICAL TRIAL** - We will provide coverage for the cost of any routine patient care that is administered to an insured in a cancer clinical trial satisfying the following criteria and would be covered under the policy, plan, or contract if the insured were not enrolled in the cancer clinical trial:

- a. The purpose of the trial is to test whether the intervention potentially improves the trial participants' health outcomes.
- b. The treatment provided as part of the trial is given with the intention of improving the trial participants' health outcomes.
- c. The trial has therapeutic intent and is not designed exclusively to test toxicity or disease pathophysiology.
- d. The trial does one of the following:
  1. Tests how to administer a health care service, item, or drug for the treatment of cancer.
  2. Tests responses to a health care service, item, or drug for the treatment of cancer.
  3. Compares the effectiveness of health care services, items, or drugs for the treatment of cancer with that of other health care services, items, or drugs for the treatment of cancer.
  4. Studies new uses of health care services, items, or drugs for the treatment of cancer.
- e. The trial is approved by one of the following:
  1. A National Institute of Health, or one of its cooperative groups or centers, under the federal department of health and human services.
  2. The Federal Food and Drug Administration.
  3. The Federal Department of Defense.
  4. The Federal Department of Veterans Affairs.

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE POLICY** - We will not pay benefits for:

- (1) expenses deemed unnecessary or unreasonable by Medicare, except in the Benefit Provisions and in Optional Riders, if any;
- (2) expenses incurred prior to the coverage effective date;
- (3) drugs (other than prescription drugs furnished during a hospital or skilled nursing facility stay);
- (4) custodial care, dental care (except as provided in the mandated benefits) eye or ear examinations to prescribe or fit eyeglasses or hearing aids, routine immunizations, cosmetic surgery or routine foot care;
- (5) services for which a charge is normally not make when there is no insurance;
- (6) nursing home care costs (beyond what is covered by Medicare and the Wisconsin 30-day skilled nursing mandated by Wisconsin 632.895(3));
- (7) home health care above the number of visits covered by Medicare and the 40-visits mandated by Wisconsin 632.895(2), unless you select the Additional Home Health Care Rider;
- (8) care received outside the USA

Benefits will be increased to match any increases in Medicare deductible amounts or co-payment charges. The premium may automatically increase to correspond with these increases.

**Renewability of the Policy** - We will renew the policy each time you send us the premium. It must be paid on or before the date it is due or during the 31 days that follow.

Your premium will change on the first renewal date that coincides with or follows the anniversary date of the policy.

**Material Misrepresentation** - in the event of a material misrepresentation, the coverage will be cancelled as of the coverage effective date. A “material misrepresentation” occurs when a condition or combination of conditions you were requested to name on the application was not named and which, if named, would have caused us to deny issuing the coverage. This limitation for material misrepresentation is subject to the Time Limit for Certain defenses provision.

**Review and Appeal** - In the event of the denial of a claim under the Policy, You may appeal such denial by submitting a written request, which may be in any form and which may include supporting material, for our review. We will provide a description of the review and notification to you regarding the results of the review within 30 days after receiving your request.

**Grievance** - A grievance may be made by you or on your behalf in writing to us. A grievance is any dissatisfaction regarding our services, decision to rescind a policy, or claims practices.

**IN ADDITION TO THIS OUTLINE OF COVERAGE, AETNA HEALTH AND LIFE INSURANCE COMPANY WILL SEND AN ANNUAL NOTICE TO YOU, 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES, WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.**

**MEDICARE SUPPLEMENT PREMIUM INFORMATION**

**ANNUAL PREMIUM**

\$ \_\_\_\_\_

BASIC MEDICARE SUPPLEMENT COVERAGE

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY - Each of these riders may be purchased separately.

\$ \_\_\_\_\_

MEDICARE PART A DEDUCTIBLE RIDER - 100% of Part A Deductible

\$ \_\_\_\_\_

MEDICARE PART B DEDUCTIBLE RIDER - 100% of Part B Deductible

\$ \_\_\_\_\_

MEDICARE PART B EXCESS CHARGES RIDER - Difference between what Medicare pays and the amount charged by the provider which shall be no greater than the actual charge or the limiting charge allowed by Medicare, whichever is less.

\$ \_\_\_\_\_

ADDITIONAL HOME HEALTH CARE RIDER - An aggregate of 365 visits per year including those covered by Medicare.

\$ \_\_\_\_\_

FOREIGN TRAVEL EMERGENCY RIDER - After a deductible of not greater than \$250, covers at least 80% of expenses associated with emergency medical care received outside the United States during the first 60 days of a trip with a maximum of at least \$50,000.

\$ \_\_\_\_\_

MEDICARE PART B COPAYMENT OR COINSURANCE RIDER - Pays the Part B coinsurance subject to a copayment or coinsurance of no more than \$20 per office visit and no more than \$50 per emergency room visit or the Medicare Part B coinsurance that is in addition to the Medicare Part B medical deductible and in addition to out-of-pocket maximums.

\$ \_\_\_\_\_

TOTAL FOR BASIC POLICY, POLICY FEE AND SELECTED  
OPTIONAL RIDERS

Total Premium, if other than Annual Mode (at time of application), including premium for any Optional Rider selected above:

\$ \_\_\_\_\_ EFT \$ \_\_\_\_\_ Quarterly \$ \_\_\_\_\_ Semi-annual

**Aetna Health and Life Insurance Company**

Annual Premiums  
For Use in ZIP Codes: 530-534  
Female Rates

Rates Effective 02/01/2019

Attained Age	Preferred			
	Basic Policy with			Part B
	Basic Policy	Part B Copayment Rider	Part A Deductible Rider	Excess Rider
Under 65	6,638	4,800	983	312
65	1,423	1,138	235	73
66	1,423	1,138	235	73
67	1,423	1,138	235	73
68	1,446	1,153	237	74
69	1,480	1,176	242	76
70	1,525	1,208	248	79
71	1,575	1,245	255	81
72	1,631	1,283	264	84
73	1,692	1,326	271	86
74	1,757	1,372	281	90
75	1,828	1,422	293	92
76	1,899	1,471	302	96
77	1,971	1,522	312	98
78	2,041	1,571	323	101
79	2,113	1,623	333	105
80	2,185	1,673	343	109
81	2,260	1,725	355	112
82	2,335	1,778	366	116
83	2,413	1,834	376	119
84	2,492	1,890	388	123
85	2,583	1,954	401	126
86	2,663	2,011	412	130
87	2,742	2,067	425	135
88	2,825	2,124	437	139
89	2,910	2,184	450	143
90	2,996	2,244	461	146
91	3,085	2,306	473	150
92	3,172	2,368	486	155
93	3,262	2,431	499	158
94	3,355	2,496	512	162
95	3,447	2,561	525	166
96	3,541	2,628	539	171
97	3,637	2,694	553	176
98	3,735	2,762	566	179
99+	3,833	2,831	582	184

Attained Age	Standard			
	Basic Policy with			Part B
	Basic Policy	Part B Copayment Rider	Part A Deductible Rider	Excess Rider
Under 65	7,375	5,334	1,093	346
65	1,582	1,264	260	83
66	1,582	1,264	260	83
67	1,582	1,264	260	83
68	1,606	1,281	263	84
69	1,645	1,307	269	85
70	1,693	1,343	275	87
71	1,751	1,383	283	90
72	1,812	1,425	294	93
73	1,880	1,474	302	96
74	1,953	1,525	312	99
75	2,030	1,580	325	101
76	2,110	1,635	335	106
77	2,189	1,691	346	110
78	2,268	1,745	359	113
79	2,348	1,803	369	118
80	2,428	1,860	381	120
81	2,511	1,916	394	124
82	2,595	1,975	406	127
83	2,680	2,038	419	132
84	2,769	2,100	431	136
85	2,871	2,171	446	140
86	2,958	2,234	458	145
87	3,047	2,297	471	150
88	3,139	2,360	486	155
89	3,232	2,427	499	158
90	3,328	2,493	513	162
91	3,427	2,562	526	166
92	3,525	2,631	540	172
93	3,624	2,701	555	176
94	3,729	2,773	569	181
95	3,830	2,845	584	185
96	3,935	2,919	599	189
97	4,040	2,994	615	195
98	4,149	3,069	630	198
99+	4,259	3,146	647	205

Attained Age	Preferred		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
	All	8	185

Modal Factors: Semi-Annual: 0.5200

Attained Age	Standard		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
	All	9	185

Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the \$20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .93 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

**Aetna Health and Life Insurance Company**  
 Annual Premiums  
 For Use in ZIP Codes: 530-534  
 Male Rates

Rates Effective 02/01/2019

Attained Age	Preferred				Attained Age	Standard			
	Basic Policy with			Part B Excess Rider		Basic Policy with			Part B Excess Rider
	Basic Policy	Part B Copayment Rider	Part A Deductible Rider			Basic Policy	Part B Copayment Rider	Part A Deductible Rider	
Under 65	7,633	5,520	1,130	359	Under 65	8,482	6,134	1,257	398
65	1,637	1,309	270	85	65	1,818	1,454	300	94
66	1,637	1,309	270	85	66	1,818	1,454	300	94
67	1,637	1,309	270	85	67	1,818	1,454	300	94
68	1,663	1,326	273	86	68	1,847	1,474	302	96
69	1,702	1,353	278	87	69	1,892	1,503	309	97
70	1,752	1,390	284	91	70	1,947	1,545	316	100
71	1,812	1,431	294	93	71	2,014	1,591	327	103
72	1,875	1,475	303	96	72	2,085	1,639	337	106
73	1,946	1,526	312	99	73	2,162	1,694	347	111
74	2,021	1,578	323	103	74	2,246	1,753	359	114
75	2,100	1,635	336	105	75	2,334	1,817	373	117
76	2,183	1,692	347	111	76	2,426	1,881	386	123
77	2,267	1,751	359	113	77	2,518	1,945	398	125
78	2,346	1,807	371	117	78	2,608	2,007	412	130
79	2,430	1,866	382	122	79	2,700	2,073	425	135
80	2,513	1,925	395	124	80	2,793	2,138	439	139
81	2,598	1,984	407	129	81	2,887	2,204	453	143
82	2,686	2,045	421	132	82	2,983	2,272	467	148
83	2,774	2,109	433	137	83	3,082	2,343	481	152
84	2,866	2,174	446	142	84	3,186	2,415	496	157
85	2,971	2,247	461	145	85	3,302	2,497	512	160
86	3,063	2,313	473	150	86	3,403	2,569	526	166
87	3,154	2,378	489	156	87	3,503	2,642	543	172
88	3,249	2,443	502	159	88	3,611	2,714	558	178
89	3,346	2,512	517	163	89	3,717	2,792	575	182
90	3,444	2,581	530	168	90	3,828	2,867	590	186
91	3,547	2,651	545	172	91	3,940	2,946	605	191
92	3,649	2,723	558	178	92	4,053	3,027	621	197
93	3,751	2,795	575	182	93	4,168	3,106	638	202
94	3,859	2,870	589	186	94	4,288	3,190	653	208
95	3,964	2,945	604	191	95	4,405	3,272	671	214
96	4,073	3,022	620	196	96	4,526	3,357	688	217
97	4,181	3,098	637	202	97	4,646	3,443	707	224
98	4,294	3,177	651	207	98	4,772	3,529	725	228
99+	4,407	3,256	669	212	99+	4,898	3,618	743	236

Attained Age	Preferred		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	8	185	6

Modal Factors:                      Semi-Annual:    0.5200

Attained Age	Standard		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	9	185	7

Quarterly:                      0.2650                      Monthly:                      0.0833

The above rates do not include the \$20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .93 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

**Aetna Health and Life Insurance Company**

Annual Premiums  
For Use in: Rest of State  
Female Rates

Rates Effective 02/01/2019

Attained Age	Preferred			
	Basic Policy with Part B			Part B Excess
	Basic Policy	Copayment Rider	Part A Deductible Rider	Rider
Under 65	5,625	4,068	833	264
65	1,206	964	199	62
66	1,206	964	199	62
67	1,206	964	199	62
68	1,225	977	201	63
69	1,254	997	205	64
70	1,292	1,024	210	67
71	1,335	1,055	216	69
72	1,382	1,087	224	71
73	1,434	1,124	230	73
74	1,489	1,163	238	76
75	1,549	1,205	248	78
76	1,609	1,247	256	81
77	1,670	1,290	264	83
78	1,730	1,331	274	86
79	1,791	1,375	282	89
80	1,852	1,418	291	92
81	1,915	1,462	301	95
82	1,979	1,507	310	98
83	2,045	1,554	319	101
84	2,112	1,602	329	104
85	2,189	1,656	340	107
86	2,257	1,704	349	110
87	2,324	1,752	360	114
88	2,394	1,800	370	118
89	2,466	1,851	381	121
90	2,539	1,902	391	124
91	2,614	1,954	401	127
92	2,688	2,007	412	131
93	2,764	2,060	423	134
94	2,843	2,115	434	137
95	2,921	2,170	445	141
96	3,001	2,227	457	145
97	3,082	2,283	469	149
98	3,165	2,341	480	152
99+	3,248	2,399	493	156

Attained Age	Standard			
	Basic Policy with Part B			Part B Excess
	Basic Policy	Copayment Rider	Part A Deductible Rider	Rider
Under 65	6,250	4,520	926	293
65	1,341	1,071	220	70
66	1,341	1,071	220	70
67	1,341	1,071	220	70
68	1,361	1,086	223	71
69	1,394	1,108	228	72
70	1,435	1,138	233	74
71	1,484	1,172	240	76
72	1,536	1,208	249	79
73	1,593	1,249	256	81
74	1,655	1,292	264	84
75	1,720	1,339	275	86
76	1,788	1,386	284	90
77	1,855	1,433	293	93
78	1,922	1,479	304	96
79	1,990	1,528	313	100
80	2,058	1,576	323	102
81	2,128	1,624	334	105
82	2,199	1,674	344	108
83	2,271	1,727	355	112
84	2,347	1,780	365	115
85	2,433	1,840	378	119
86	2,507	1,893	388	123
87	2,582	1,947	399	127
88	2,660	2,000	412	131
89	2,739	2,057	423	134
90	2,820	2,113	435	137
91	2,904	2,171	446	141
92	2,987	2,230	458	146
93	3,071	2,289	470	149
94	3,160	2,350	482	153
95	3,246	2,411	495	157
96	3,335	2,474	508	160
97	3,424	2,537	521	165
98	3,516	2,601	534	168
99+	3,609	2,666	548	174

Attained Age	Preferred		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
	All	7	185

Modal Factors:                                      Semi-Annual:                      0.5200

Attained Age	Standard		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
	All	8	185

Quarterly:                      0.2650                      Monthly:                      0.0833

The above rates do not include the \$20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .93 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

**Aetna Health and Life Insurance Company**

Annual Premiums  
For Use in: Rest of State  
Male Rates

Rates Effective 02/01/2019

Attained Age	Preferred				Attained Age	Standard			
	Basic Policy with			Part B		Basic Policy with			Part B
	Basic Policy	Copayment Rider	Part A Deductible Rider	Excess Rider		Basic Policy	Copayment Rider	Part A Deductible Rider	Excess Rider
Under 65	6,469	4,678	958	304	Under 65	7,188	5,198	1,065	337
65	1,387	1,109	229	72	65	1,541	1,232	254	80
66	1,387	1,109	229	72	66	1,541	1,232	254	80
67	1,387	1,109	229	72	67	1,541	1,232	254	80
68	1,409	1,124	231	73	68	1,565	1,249	256	81
69	1,442	1,147	236	74	69	1,603	1,274	262	82
70	1,485	1,178	241	77	70	1,650	1,309	268	85
71	1,536	1,213	249	79	71	1,707	1,348	277	87
72	1,589	1,250	257	81	72	1,767	1,389	286	90
73	1,649	1,293	264	84	73	1,832	1,436	294	94
74	1,713	1,337	274	87	74	1,903	1,486	304	97
75	1,780	1,386	285	89	75	1,978	1,540	316	99
76	1,850	1,434	294	94	76	2,056	1,594	327	104
77	1,921	1,484	304	96	77	2,134	1,648	337	106
78	1,988	1,531	314	99	78	2,210	1,701	349	110
79	2,059	1,581	324	103	79	2,288	1,757	360	114
80	2,130	1,631	335	105	80	2,367	1,812	372	118
81	2,202	1,681	345	109	81	2,447	1,868	384	121
82	2,276	1,733	357	112	82	2,528	1,925	396	125
83	2,351	1,787	367	116	83	2,612	1,986	408	129
84	2,429	1,842	378	120	84	2,700	2,047	420	133
85	2,518	1,904	391	123	85	2,798	2,116	434	136
86	2,596	1,960	401	127	86	2,884	2,177	446	141
87	2,673	2,015	414	132	87	2,969	2,239	460	146
88	2,753	2,070	425	135	88	3,060	2,300	473	151
89	2,836	2,129	438	138	89	3,150	2,366	487	154
90	2,919	2,187	449	142	90	3,244	2,430	500	158
91	3,006	2,247	462	146	91	3,339	2,497	513	162
92	3,092	2,308	473	151	92	3,435	2,565	526	167
93	3,179	2,369	487	154	93	3,532	2,632	541	171
94	3,270	2,432	499	158	94	3,634	2,703	553	176
95	3,359	2,496	512	162	95	3,733	2,773	569	181
96	3,452	2,561	525	166	96	3,836	2,845	583	184
97	3,543	2,625	540	171	97	3,937	2,918	599	190
98	3,639	2,692	552	175	98	4,044	2,991	614	193
99+	3,735	2,759	567	180	99+	4,151	3,066	630	200

Attained Age	Preferred		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
	All	7	185

Modal Factors: Semi-Annual: 0.5200

Attained Age	Standard		
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