



# Outline of coverage

## Medicare Supplement Insurance

---

Benefit plans: Basic Plan

**Wisconsin**

Underwritten by  
**Aetna Health and Life  
Insurance Company**

[aetnaseniorproducts.com](http://aetnaseniorproducts.com)



**AETNA HEALTH AND LIFE INSURANCE COMPANY**  
1021 Reams Fleming Blvd., Franklin, Tennessee, 37064  
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 BENEFIT PERIOD**

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> </ul> <ul style="list-style-type: none"> <li>• Beyond the additional 365 days</li> </ul>	<p>All but \$1,556</p> <p>All but \$389 a day</p> <p>All but \$778 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$0 or Part A Deductible Rider **</p> <p>\$389 a day</p> <p>\$778 a day</p> <p>100% of Medicare Eligible Expenses*</p> <p>\$0</p>	<p>\$1,556 (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 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 \$194.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$194.50 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 \$233 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 \$233 of Medicare-approved amounts</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0 or</p> <p>Optional Part B Deductible Rider***</p> <p>Generally 20%</p> <p>Optional Medicare Copayment or Coinsurance Rider**</p> <p>Optional Medicare Part B Excess Charges Rider**</p>	<p>\$233 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 \$233 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>Optional Part B Deductible Rider***</p> <p>20%</p>	<p>\$0</p> <p>\$233 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.

\*\*\*The Part B Deductible is only available if you were eligible to Medicare prior to January 1<sup>st</sup>, 2020

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

	<b>MEDICARE PAYS</b>	<b>THIS POLICY PAYS</b>	<b>YOU PAY</b>
<p><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</p> <p>Additional charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$120</p> <p>\$0</p>	<p>Charges not covered by policy or Medicare</p>
<p><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</p> <p>Remainder of charges</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$0 or Optional Foreign Travel Emergency Rider** (80% to a lifetime maximum benefit of \$50,000)</p>	<p>\$250</p> <p>All costs or 20% and amounts over the \$50,000 lifetime maximum</p>

\*\*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 made 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.

**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 (only available if you are eligible for Medicare prior to January 1, 2020)

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

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 02/01/2022

Attained Age	Preferred				Attained Age	Standard			
	Basic Policy with Part B Copayment		Part A Deductible	Part B Excess		Basic Policy with Part B Copayment		Part A Deductible	Part B Excess
	Basic Policy	Rider	Rider	Rider		Basic Policy	Rider	Rider	Rider
Under 65	8,052	5,493	1,192	378	Under 65	8,947	6,104	1,326	420
65	1,726	1,302	286	89	65	1,919	1,447	315	100
66	1,726	1,302	286	89	66	1,919	1,447	315	100
67	1,726	1,302	286	89	67	1,919	1,447	315	100
68	1,755	1,319	288	90	68	1,948	1,467	319	101
69	1,795	1,346	294	91	69	1,997	1,496	327	103
70	1,851	1,383	301	97	70	2,054	1,538	333	105
71	1,912	1,425	309	99	71	2,125	1,584	343	110
72	1,978	1,468	320	101	72	2,198	1,631	356	113
73	2,053	1,517	329	104	73	2,281	1,686	367	116
74	2,131	1,571	341	110	74	2,369	1,745	378	119
75	2,217	1,627	355	112	75	2,461	1,809	395	124
76	2,303	1,684	367	116	76	2,559	1,871	406	129
77	2,391	1,743	378	118	77	2,655	1,935	420	133
78	2,477	1,798	392	124	78	2,752	1,998	434	138
79	2,563	1,857	404	127	79	2,847	2,063	448	143
80	2,650	1,915	415	132	80	2,945	2,129	461	145
81	2,742	1,974	431	137	81	3,047	2,192	478	151
82	2,833	2,034	444	140	82	3,148	2,261	492	155
83	2,928	2,099	457	144	83	3,250	2,332	509	160
84	3,024	2,163	471	149	84	3,359	2,404	523	165
85	3,133	2,237	486	153	85	3,483	2,485	542	170
86	3,231	2,301	500	158	86	3,588	2,557	556	176
87	3,326	2,367	516	163	87	3,697	2,629	571	183
88	3,428	2,431	530	169	88	3,808	2,701	590	188
89	3,531	2,500	545	172	89	3,920	2,778	604	191
90	3,634	2,569	559	177	90	4,036	2,854	623	196
91	3,743	2,640	573	183	91	4,157	2,932	640	201
92	3,847	2,710	590	188	92	4,275	3,013	655	210
93	3,958	2,782	604	191	93	4,397	3,090	673	214
94	4,071	2,857	621	196	94	4,525	3,174	690	218
95	4,182	2,931	638	201	95	4,647	3,257	709	224
96	4,296	3,007	654	209	96	4,774	3,342	727	230
97	4,412	3,083	671	214	97	4,901	3,427	746	237
98	4,531	3,161	687	217	98	5,033	3,513	763	241
99+	4,649	3,240	706	223	99+	5,167	3,600	785	248

Attained Age	Preferred		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	9	233	6

Modal Factors:                      Semi-Annual:                      0.5200

Attained Age	Standard		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	11	233	8

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 02/01/2022

Attained Age	Preferred				Attained Age	Standard			
	Basic Policy with Part B Copayment		Part A Deductible	Part B Excess		Basic Policy with Part B Copayment		Part A Deductible	Part B Excess
	Basic Policy	Rider	Rider	Rider		Basic Policy	Rider	Rider	Rider
Under 65	9,261	6,318	1,371	434	Under 65	10,290	7,020	1,525	483
65	1,986	1,497	328	103	65	2,205	1,664	362	114
66	1,986	1,497	328	103	66	2,205	1,664	362	114
67	1,986	1,497	328	103	67	2,205	1,664	362	114
68	2,018	1,517	330	104	68	2,241	1,686	367	116
69	2,064	1,548	339	105	69	2,295	1,720	375	117
70	2,126	1,591	345	111	70	2,361	1,768	384	123
71	2,198	1,639	356	113	71	2,443	1,820	398	125
72	2,274	1,689	368	116	72	2,530	1,875	409	129
73	2,360	1,746	378	119	73	2,623	1,940	422	135
74	2,453	1,805	392	125	74	2,725	2,006	434	139
75	2,548	1,871	408	127	75	2,832	2,080	453	142
76	2,648	1,938	422	135	76	2,943	2,154	468	149
77	2,749	2,004	434	138	77	3,055	2,225	483	152
78	2,845	2,069	451	142	78	3,164	2,297	500	158
79	2,948	2,135	463	146	79	3,275	2,373	516	163
80	3,049	2,203	480	151	80	3,388	2,447	532	169
81	3,153	2,270	494	157	81	3,503	2,522	549	172
82	3,259	2,341	511	160	82	3,619	2,600	568	181
83	3,367	2,413	525	166	83	3,739	2,682	584	185
84	3,477	2,487	542	171	84	3,865	2,764	601	190
85	3,604	2,571	559	176	85	4,005	2,858	621	195
86	3,717	2,647	573	183	86	4,129	2,941	640	201
87	3,827	2,721	592	189	87	4,249	3,024	658	210
88	3,941	2,797	610	194	88	4,381	3,106	676	216
89	4,059	2,874	627	197	89	4,510	3,195	697	219
90	4,178	2,954	643	204	90	4,644	3,283	716	225
91	4,302	3,034	662	210	91	4,779	3,372	734	232
92	4,427	3,116	676	216	92	4,917	3,463	754	240
93	4,552	3,199	697	219	93	5,056	3,555	774	244
94	4,681	3,285	714	225	94	5,203	3,650	791	253
95	4,810	3,371	733	232	95	5,344	3,745	814	260
96	4,942	3,459	753	238	96	5,491	3,842	834	263
97	5,073	3,545	773	244	97	5,636	3,941	858	271
98	5,210	3,636	789	251	98	5,789	4,040	880	276
99+	5,347	3,726	812	258	99+	5,942	4,141	902	287

Attained Age	Preferred		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	9	233	6

Modal Factors:                      Semi-Annual:              0.5200

Attained Age	Standard		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	11	233	8

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 02/01/2022

Attained Age	Preferred				Attained Age	Standard			
	Basic Policy with Part B Copayment		Part A Deductible	Part B Excess		Basic Policy with Part B Copayment		Part A Deductible	Part B Excess
	Basic Policy	Rider	Rider	Rider		Basic Policy	Rider	Rider	Rider
Under 65	6,824	4,655	1,010	320	Under 65	7,582	5,173	1,124	356
65	1,463	1,103	242	75	65	1,626	1,226	267	85
66	1,463	1,103	242	75	66	1,626	1,226	267	85
67	1,463	1,103	242	75	67	1,626	1,226	267	85
68	1,487	1,118	244	76	68	1,651	1,243	270	86
69	1,521	1,141	249	77	69	1,692	1,268	277	87
70	1,569	1,172	255	82	70	1,741	1,303	282	89
71	1,620	1,208	262	84	71	1,801	1,342	291	93
72	1,676	1,244	271	86	72	1,863	1,382	302	96
73	1,740	1,286	279	88	73	1,933	1,429	311	98
74	1,806	1,331	289	93	74	2,008	1,479	320	101
75	1,879	1,379	301	95	75	2,086	1,533	335	105
76	1,952	1,427	311	98	76	2,169	1,586	344	109
77	2,026	1,477	320	100	77	2,250	1,640	356	113
78	2,099	1,524	332	105	78	2,332	1,693	368	117
79	2,172	1,574	342	108	79	2,413	1,748	380	121
80	2,246	1,623	352	112	80	2,496	1,804	391	123
81	2,324	1,673	365	116	81	2,582	1,858	405	128
82	2,401	1,724	376	119	82	2,668	1,916	417	131
83	2,481	1,779	387	122	83	2,754	1,976	431	136
84	2,563	1,833	399	126	84	2,847	2,037	443	140
85	2,655	1,896	412	130	85	2,952	2,106	459	144
86	2,738	1,950	424	134	86	3,041	2,167	471	149
87	2,819	2,006	437	138	87	3,133	2,228	484	155
88	2,905	2,060	449	143	88	3,227	2,289	500	159
89	2,992	2,119	462	146	89	3,322	2,354	512	162
90	3,080	2,177	474	150	90	3,420	2,419	528	166
91	3,172	2,237	486	155	91	3,523	2,485	542	170
92	3,260	2,297	500	159	92	3,623	2,553	555	178
93	3,354	2,358	512	162	93	3,726	2,619	570	181
94	3,450	2,421	526	166	94	3,835	2,690	585	185
95	3,544	2,484	541	170	95	3,938	2,760	601	190
96	3,641	2,548	554	177	96	4,046	2,832	616	195
97	3,739	2,613	569	181	97	4,153	2,904	632	201
98	3,840	2,679	582	184	98	4,265	2,977	647	204
99+	3,940	2,746	598	189	99+	4,379	3,051	665	210

Attained Age	Preferred		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	8	233	5

Modal Factors:                      Semi-Annual:      0.5200

Attained Age	Standard		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	9	233	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  
Male Rates

Rates Effective 02/01/2022

Attained Age	Preferred				Attained Age	Standard			
	Basic Policy with Part B Copayment		Part A Deductible	Part B Excess		Basic Policy with Part B Copayment		Part A Deductible	Part B Excess
	Basic Policy	Rider	Rider	Rider		Basic Policy	Rider	Rider	Rider
Under 65	7,848	5,354	1,162	368	Under 65	8,720	5,949	1,292	409
65	1,683	1,269	278	87	65	1,869	1,410	307	97
66	1,683	1,269	278	87	66	1,869	1,410	307	97
67	1,683	1,269	278	87	67	1,869	1,410	307	97
68	1,710	1,286	280	88	68	1,899	1,429	311	98
69	1,749	1,312	287	89	69	1,945	1,458	318	99
70	1,802	1,348	292	94	70	2,001	1,498	325	104
71	1,863	1,389	302	96	71	2,070	1,542	337	106
72	1,927	1,431	312	98	72	2,144	1,589	347	109
73	2,000	1,480	320	101	73	2,223	1,644	358	114
74	2,079	1,530	332	106	74	2,309	1,700	368	118
75	2,159	1,586	346	108	75	2,400	1,763	384	120
76	2,244	1,642	358	114	76	2,494	1,825	397	126
77	2,330	1,698	368	117	77	2,589	1,886	409	129
78	2,411	1,753	382	120	78	2,681	1,947	424	134
79	2,498	1,809	392	124	79	2,775	2,011	437	138
80	2,584	1,867	407	128	80	2,871	2,074	451	143
81	2,672	1,924	419	133	81	2,969	2,137	465	146
82	2,762	1,984	433	136	82	3,067	2,203	481	153
83	2,853	2,045	445	141	83	3,169	2,273	495	157
84	2,947	2,108	459	145	84	3,275	2,342	509	161
85	3,054	2,179	474	149	85	3,394	2,422	526	165
86	3,150	2,243	486	155	86	3,499	2,492	542	170
87	3,243	2,306	502	160	87	3,601	2,563	558	178
88	3,340	2,370	517	164	88	3,713	2,632	573	183
89	3,440	2,436	531	167	89	3,822	2,708	591	186
90	3,541	2,503	545	173	90	3,936	2,782	607	191
91	3,646	2,571	561	178	91	4,050	2,858	622	197
92	3,752	2,641	573	183	92	4,167	2,935	639	203
93	3,858	2,711	591	186	93	4,285	3,013	656	207
94	3,967	2,784	605	191	94	4,409	3,093	670	214
95	4,076	2,857	621	197	95	4,529	3,174	690	220
96	4,188	2,931	638	202	96	4,653	3,256	707	223
97	4,299	3,004	655	207	97	4,776	3,340	727	230
98	4,415	3,081	669	213	98	4,906	3,424	746	234
99+	4,531	3,158	688	219	99+	5,036	3,509	764	243

Attained Age	Preferred		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	8	233	5

Modal Factors:                      Semi-Annual:      0.5200

Attained Age	Standard		
	Additional Home Health Care Rider	Part B Deductible Rider	Foreign Travel Rider
All	9	233	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.