



Outline of coverage

Medicare Supplement Insurance

Benefit plans A, B, F, High Deductible F, G, N

Underwritten by

Aetna Health Insurance Company

Colorado

aetnaseniorproducts.com

AHCMS04514CO

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Rates effective: 10/2018 B

Aetna Health Insurance Company

Annual Premiums

For Use in ZIP Codes: 800-802

Female Rates

Rates Effective 10/1/2018

Questions call 916-682-1117

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	2,236	2,427	3,094	853	2,342	1,823
65	1,490	1,618	2,062	568	1,562	1,215
66	1,490	1,618	2,062	568	1,562	1,215
67	1,490	1,618	2,062	568	1,562	1,215
68	1,506	1,635	2,085	575	1,579	1,259
69	1,538	1,670	2,130	588	1,613	1,309
70	1,577	1,712	2,183	602	1,652	1,356
71	1,626	1,766	2,251	620	1,704	1,406
72	1,677	1,820	2,322	641	1,757	1,454
73	1,732	1,880	2,397	661	1,815	1,503
74	1,790	1,944	2,478	684	1,876	1,553
75	1,855	2,015	2,568	709	1,945	1,605
76	1,921	2,085	2,659	733	2,013	1,655
77	1,989	2,158	2,752	759	2,084	1,711
78	2,055	2,232	2,845	784	2,154	1,768
79	2,123	2,304	2,938	810	2,225	1,827
80	2,190	2,378	3,031	836	2,295	1,888
81	2,259	2,452	3,127	862	2,367	1,948
82	2,329	2,529	3,224	889	2,441	2,009
83	2,401	2,607	3,323	916	2,517	2,071
84	2,475	2,686	3,425	945	2,593	2,135
85	2,557	2,776	3,539	976	2,679	2,206
86	2,631	2,856	3,641	1,005	2,756	2,268
87	2,705	2,936	3,744	1,033	2,834	2,332
88	2,781	3,018	3,849	1,062	2,914	2,398
89	2,858	3,102	3,956	1,092	2,995	2,465
90	2,937	3,188	4,065	1,121	3,077	2,532
91	3,017	3,275	4,175	1,151	3,161	2,601
92	3,098	3,363	4,288	1,182	3,246	2,671
93	3,181	3,452	4,402	1,214	3,332	2,743
94	3,265	3,544	4,519	1,246	3,421	2,815
95	3,350	3,636	4,636	1,278	3,510	2,888
96	3,436	3,730	4,756	1,312	3,601	2,964
97	3,524	3,825	4,877	1,345	3,693	3,040
98	3,614	3,922	5,001	1,379	3,787	3,117
99+	3,704	4,021	5,126	1,414	3,880	3,193

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	2,485	2,697	3,437	948	2,604	2,024
65	1,657	1,798	2,292	632	1,736	1,349
66	1,657	1,798	2,292	632	1,736	1,349
67	1,657	1,798	2,292	632	1,736	1,349
68	1,674	1,817	2,317	640	1,754	1,399
69	1,709	1,855	2,366	653	1,792	1,454
70	1,753	1,902	2,426	669	1,835	1,506
71	1,807	1,963	2,501	689	1,894	1,562
72	1,863	2,023	2,580	712	1,953	1,616
73	1,924	2,089	2,663	735	2,016	1,670
74	1,989	2,159	2,754	759	2,084	1,726
75	2,061	2,239	2,854	788	2,161	1,783
76	2,135	2,317	2,954	815	2,236	1,840
77	2,210	2,398	3,058	844	2,315	1,901
78	2,284	2,479	3,162	871	2,393	1,965
79	2,359	2,561	3,265	901	2,472	2,031
80	2,433	2,642	3,367	929	2,550	2,098
81	2,510	2,724	3,474	958	2,631	2,165
82	2,588	2,810	3,582	988	2,712	2,233
83	2,668	2,896	3,693	1,018	2,796	2,302
84	2,749	2,984	3,806	1,050	2,882	2,372
85	2,841	3,085	3,932	1,085	2,976	2,451
86	2,923	3,173	4,045	1,116	3,062	2,520
87	3,006	3,262	4,160	1,148	3,149	2,591
88	3,089	3,354	4,276	1,180	3,239	2,665
89	3,175	3,447	4,396	1,212	3,327	2,738
90	3,263	3,541	4,517	1,245	3,419	2,814
91	3,353	3,639	4,640	1,279	3,512	2,891
92	3,443	3,737	4,765	1,313	3,607	2,969
93	3,535	3,835	4,892	1,348	3,703	3,048
94	3,627	3,937	5,021	1,385	3,800	3,128
95	3,722	4,041	5,152	1,420	3,900	3,209
96	3,818	4,145	5,285	1,458	4,001	3,293
97	3,917	4,250	5,419	1,494	4,103	3,378
98	4,015	4,358	5,557	1,532	4,207	3,462
99+	4,115	4,467	5,695	1,571	4,312	3,548

Modal Factors: Semi-Annual: 0.5200

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 Insurance Company

Annual Premiums

For Use in ZIP Codes: 800-802

Male Rates

Rates Effective 10/1/2018

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N		Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	2,572	2,792	3,558	980	2,694	2,095	Under 65	2,858	3,102	3,953	1,090	2,993	2,328
65	1,714	1,861	2,372	653	1,796	1,397	65	1,905	2,068	2,635	727	1,996	1,551
66	1,714	1,861	2,372	653	1,796	1,397	66	1,905	2,068	2,635	727	1,996	1,551
67	1,714	1,861	2,372	653	1,796	1,397	67	1,905	2,068	2,635	727	1,996	1,551
68	1,732	1,880	2,398	661	1,816	1,448	68	1,924	2,089	2,665	736	2,017	1,609
69	1,768	1,921	2,450	676	1,854	1,505	69	1,965	2,133	2,721	751	2,061	1,672
70	1,814	1,968	2,511	693	1,900	1,559	70	2,016	2,187	2,790	770	2,111	1,732
71	1,870	2,031	2,589	713	1,959	1,617	71	2,078	2,258	2,876	793	2,178	1,796
72	1,929	2,094	2,670	737	2,020	1,672	72	2,142	2,327	2,966	819	2,245	1,859
73	1,992	2,163	2,756	760	2,087	1,729	73	2,213	2,402	3,063	845	2,319	1,921
74	2,059	2,235	2,850	786	2,157	1,785	74	2,287	2,484	3,167	873	2,397	1,984
75	2,133	2,317	2,954	815	2,236	1,845	75	2,371	2,574	3,283	906	2,485	2,051
76	2,209	2,398	3,058	843	2,314	1,904	76	2,454	2,665	3,397	937	2,572	2,115
77	2,287	2,483	3,164	873	2,397	1,967	77	2,541	2,757	3,517	971	2,662	2,185
78	2,364	2,566	3,272	902	2,477	2,034	78	2,626	2,851	3,636	1,002	2,753	2,260
79	2,442	2,650	3,379	932	2,558	2,102	79	2,713	2,945	3,754	1,036	2,843	2,336
80	2,519	2,735	3,485	962	2,640	2,172	80	2,798	3,039	3,873	1,068	2,933	2,414
81	2,598	2,820	3,596	991	2,722	2,241	81	2,886	3,133	3,995	1,102	3,025	2,489
82	2,678	2,909	3,708	1,023	2,807	2,311	82	2,976	3,232	4,120	1,136	3,119	2,567
83	2,762	2,998	3,822	1,054	2,894	2,382	83	3,068	3,330	4,247	1,171	3,215	2,648
84	2,846	3,089	3,939	1,086	2,982	2,454	84	3,162	3,432	4,376	1,207	3,314	2,728
85	2,940	3,193	4,070	1,123	3,082	2,537	85	3,267	3,548	4,522	1,248	3,423	2,818
86	3,025	3,284	4,187	1,155	3,170	2,608	86	3,362	3,649	4,652	1,284	3,522	2,898
87	3,111	3,376	4,305	1,188	3,259	2,683	87	3,457	3,752	4,783	1,320	3,622	2,980
88	3,198	3,471	4,426	1,222	3,352	2,757	88	3,553	3,857	4,918	1,357	3,724	3,065
89	3,286	3,567	4,549	1,255	3,444	2,834	89	3,652	3,964	5,056	1,394	3,826	3,148
90	3,378	3,666	4,675	1,289	3,538	2,912	90	3,753	4,073	5,195	1,432	3,932	3,236
91	3,470	3,766	4,801	1,324	3,635	2,991	91	3,856	4,184	5,336	1,471	4,039	3,324
92	3,563	3,867	4,931	1,359	3,734	3,072	92	3,960	4,297	5,481	1,510	4,148	3,414
93	3,658	3,970	5,062	1,396	3,832	3,154	93	4,065	4,410	5,625	1,550	4,259	3,505
94	3,754	4,075	5,197	1,433	3,934	3,237	94	4,172	4,528	5,773	1,593	4,370	3,597
95	3,853	4,182	5,331	1,470	4,036	3,321	95	4,280	4,647	5,925	1,634	4,485	3,691
96	3,952	4,289	5,469	1,509	4,141	3,408	96	4,391	4,766	6,078	1,677	4,601	3,787
97	4,053	4,399	5,608	1,547	4,247	3,496	97	4,504	4,887	6,232	1,718	4,719	3,884
98	4,156	4,511	5,752	1,585	4,355	3,584	98	4,617	5,013	6,391	1,762	4,838	3,982
99+	4,260	4,624	5,894	1,626	4,462	3,673	99+	4,732	5,137	6,549	1,807	4,958	4,080

Modal Factors:

Semi-Annual: 0.5200

Quarterly: 0.2650

Monthly: 0.0833

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

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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.

Questions call 916-682-1117

Aetna Health Insurance Company

Annual Premiums
For Use in: Rest of State
Female Rates

Rates Effective 10/1/2018

Attained Age	Preferred						Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N		Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	1,979	2,148	2,738	755	2,073	1,613	Under 65	2,199	2,387	3,042	839	2,304	1,791
65	1,319	1,432	1,825	503	1,382	1,075	65	1,466	1,591	2,028	559	1,536	1,194
66	1,319	1,432	1,825	503	1,382	1,075	66	1,466	1,591	2,028	559	1,536	1,194
67	1,319	1,432	1,825	503	1,382	1,075	67	1,466	1,591	2,028	559	1,536	1,194
68	1,333	1,447	1,845	509	1,397	1,114	68	1,481	1,608	2,050	566	1,552	1,238
69	1,361	1,478	1,885	520	1,427	1,158	69	1,512	1,642	2,094	578	1,586	1,287
70	1,396	1,515	1,932	533	1,462	1,200	70	1,551	1,683	2,147	592	1,624	1,333
71	1,439	1,563	1,992	549	1,508	1,244	71	1,599	1,737	2,213	610	1,676	1,382
72	1,484	1,611	2,055	567	1,555	1,287	72	1,649	1,790	2,283	630	1,728	1,430
73	1,533	1,664	2,121	585	1,606	1,330	73	1,703	1,849	2,357	650	1,784	1,478
74	1,584	1,720	2,193	605	1,660	1,374	74	1,760	1,911	2,437	672	1,844	1,527
75	1,642	1,783	2,273	627	1,721	1,420	75	1,824	1,981	2,526	697	1,912	1,578
76	1,700	1,845	2,353	649	1,781	1,465	76	1,889	2,050	2,614	721	1,979	1,628
77	1,760	1,910	2,435	672	1,844	1,514	77	1,956	2,122	2,706	747	2,049	1,682
78	1,819	1,975	2,518	694	1,906	1,565	78	2,021	2,194	2,798	771	2,118	1,739
79	1,879	2,039	2,600	717	1,969	1,617	79	2,088	2,266	2,889	797	2,188	1,797
80	1,938	2,104	2,682	740	2,031	1,671	80	2,153	2,338	2,980	822	2,257	1,857
81	1,999	2,170	2,767	763	2,095	1,724	81	2,221	2,411	3,074	848	2,328	1,916
82	2,061	2,238	2,853	787	2,160	1,778	82	2,290	2,487	3,170	874	2,400	1,976
83	2,125	2,307	2,941	811	2,227	1,833	83	2,361	2,563	3,268	901	2,474	2,037
84	2,190	2,377	3,031	836	2,295	1,889	84	2,433	2,641	3,368	929	2,550	2,099
85	2,263	2,457	3,132	864	2,371	1,952	85	2,514	2,730	3,480	960	2,634	2,169
86	2,328	2,527	3,222	889	2,439	2,007	86	2,587	2,808	3,580	988	2,710	2,230
87	2,394	2,598	3,313	914	2,508	2,064	87	2,660	2,887	3,681	1,016	2,787	2,293
88	2,461	2,671	3,406	940	2,579	2,122	88	2,734	2,968	3,784	1,044	2,866	2,358
89	2,529	2,745	3,501	966	2,650	2,181	89	2,810	3,050	3,890	1,073	2,944	2,423
90	2,599	2,821	3,597	992	2,723	2,241	90	2,888	3,134	3,997	1,102	3,026	2,490
91	2,670	2,898	3,695	1,019	2,797	2,302	91	2,967	3,220	4,106	1,132	3,108	2,558
92	2,742	2,976	3,795	1,046	2,873	2,364	92	3,047	3,307	4,217	1,162	3,192	2,627
93	2,815	3,055	3,896	1,074	2,949	2,427	93	3,128	3,394	4,329	1,193	3,277	2,697
94	2,889	3,136	3,999	1,103	3,027	2,491	94	3,210	3,484	4,443	1,226	3,363	2,768
95	2,965	3,218	4,103	1,131	3,106	2,556	95	3,294	3,576	4,559	1,257	3,451	2,840
96	3,041	3,301	4,209	1,161	3,187	2,623	96	3,379	3,668	4,677	1,290	3,541	2,914
97	3,119	3,385	4,316	1,190	3,268	2,690	97	3,466	3,761	4,796	1,322	3,631	2,989
98	3,198	3,471	4,426	1,220	3,351	2,758	98	3,553	3,857	4,918	1,356	3,723	3,064
99+	3,278	3,558	4,536	1,251	3,434	2,826	99+	3,642	3,953	5,040	1,390	3,816	3,140

Modal Factors: Semi-Annual: 0.5200 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 Insurance Company

Annual Premiums
For Use in: Rest of State
Male Rates

Rates Effective 10/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	2,276	2,471	3,149	867	2,384	1,854
65	1,517	1,647	2,099	578	1,589	1,236
66	1,517	1,647	2,099	578	1,589	1,236
67	1,517	1,647	2,099	578	1,589	1,236
68	1,533	1,664	2,122	585	1,607	1,281
69	1,565	1,700	2,168	598	1,641	1,332
70	1,605	1,742	2,222	613	1,681	1,380
71	1,655	1,797	2,291	631	1,734	1,431
72	1,707	1,853	2,363	652	1,788	1,480
73	1,763	1,914	2,439	673	1,847	1,530
74	1,822	1,978	2,522	696	1,909	1,580
75	1,888	2,050	2,614	721	1,979	1,633
76	1,955	2,122	2,706	746	2,048	1,685
77	2,024	2,197	2,800	773	2,121	1,741
78	2,092	2,271	2,896	798	2,192	1,800
79	2,161	2,345	2,990	825	2,264	1,860
80	2,229	2,420	3,084	851	2,336	1,922
81	2,299	2,496	3,182	877	2,409	1,983
82	2,370	2,574	3,281	905	2,484	2,045
83	2,444	2,653	3,382	933	2,561	2,108
84	2,519	2,734	3,486	961	2,639	2,172
85	2,602	2,826	3,602	994	2,727	2,245
86	2,677	2,906	3,705	1,022	2,805	2,308
87	2,753	2,988	3,810	1,051	2,884	2,374
88	2,830	3,072	3,917	1,081	2,966	2,440
89	2,908	3,157	4,026	1,111	3,048	2,508
90	2,989	3,244	4,137	1,141	3,131	2,577
91	3,071	3,333	4,249	1,172	3,217	2,647
92	3,153	3,422	4,364	1,203	3,304	2,719
93	3,237	3,513	4,480	1,235	3,391	2,791
94	3,322	3,606	4,599	1,268	3,481	2,865
95	3,410	3,701	4,718	1,301	3,572	2,939
96	3,497	3,796	4,840	1,335	3,665	3,016
97	3,587	3,893	4,963	1,369	3,758	3,094
98	3,678	3,992	5,090	1,403	3,854	3,172
99+	3,770	4,092	5,216	1,439	3,949	3,250

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	2,529	2,745	3,498	965	2,649	2,060
65	1,686	1,830	2,332	643	1,766	1,373
66	1,686	1,830	2,332	643	1,766	1,373
67	1,686	1,830	2,332	643	1,766	1,373
68	1,703	1,849	2,358	651	1,785	1,424
69	1,739	1,888	2,408	665	1,824	1,480
70	1,784	1,935	2,469	681	1,868	1,533
71	1,839	1,998	2,545	702	1,927	1,589
72	1,896	2,059	2,625	725	1,987	1,645
73	1,958	2,126	2,711	748	2,052	1,700
74	2,024	2,198	2,803	773	2,121	1,756
75	2,098	2,278	2,905	802	2,199	1,815
76	2,172	2,358	3,006	829	2,276	1,872
77	2,249	2,440	3,112	859	2,356	1,934
78	2,324	2,523	3,218	887	2,436	2,000
79	2,401	2,606	3,322	917	2,516	2,067
80	2,476	2,689	3,427	945	2,596	2,136
81	2,554	2,773	3,535	975	2,677	2,203
82	2,634	2,860	3,646	1,005	2,760	2,272
83	2,715	2,947	3,758	1,036	2,845	2,343
84	2,798	3,037	3,873	1,068	2,933	2,414
85	2,891	3,140	4,002	1,104	3,029	2,494
86	2,975	3,229	4,117	1,136	3,117	2,565
87	3,059	3,320	4,233	1,168	3,205	2,637
88	3,144	3,413	4,352	1,201	3,296	2,712
89	3,232	3,508	4,474	1,234	3,386	2,786
90	3,321	3,604	4,597	1,267	3,480	2,864
91	3,412	3,703	4,722	1,302	3,574	2,942
92	3,504	3,803	4,850	1,336	3,671	3,021
93	3,597	3,903	4,978	1,372	3,769	3,102
94	3,692	4,007	5,109	1,410	3,867	3,183
95	3,788	4,112	5,243	1,446	3,969	3,266
96	3,886	4,218	5,379	1,484	4,072	3,351
97	3,986	4,325	5,515	1,520	4,176	3,437
98	4,086	4,436	5,656	1,559	4,281	3,524
99+	4,188	4,546	5,796	1,599	4,388	3,611

Modal Factors: Semi-Annual: 0.5200

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.

Questions call 916-682-1117

PREMIUM INFORMATION

Aetna Health Insurance Company can only raise your premium if we raise the premium for all policies like yours in this state. Premiums for this policy will increase due to the increase in your age. Upon attainment of an age requiring a rate increase, the renewal premium for the policy will be the renewal premium then in effect for your attained age. Other policies may be provided with Issue Age rating and do not increase with age. You should compare Issue Age with Attained Age policies.

Premiums payable other than annually will be determined according to the following factors:

Semi-annual: 0.5200 Quarterly: 0.2650 Monthly
EFT: 0.0833.

HOUSEHOLD DISCOUNT

In order to be eligible for the Household discount under an Aetna Health Insurance Company Medicare supplement plan, you must apply for a Medicare supplement plan at the same time as another Medicare eligible adult or the other Medicare eligible adult must currently be covered by an Aetna Company Medicare supplement policy. The Medicare eligible adult must be either (a) your spouse; (b) someone with whom you are in a civil union partnership; and (c) someone with whom you have continuously resided for the past 12 months. The household discount will only be applicable if a policy for each applicant is issued. The discounted rate will be 7 percent lower than the individual rates and will apply as long as both policies remain in force.

DISCLOSURES

Use this outline to compare benefits and premium among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is 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 that you are not satisfied with your policy, you may return it to Aetna Health 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 your payments.

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 cover all of your medical costs.

Neither Aetna Health 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 & You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

THE FOLLOWING CHARTS DESCRIBE PLANS A, B, F, HIGH DEDUCTIBLE F, G and N OFFERED BY AETNA HEALTH INSURANCE COMPANY.