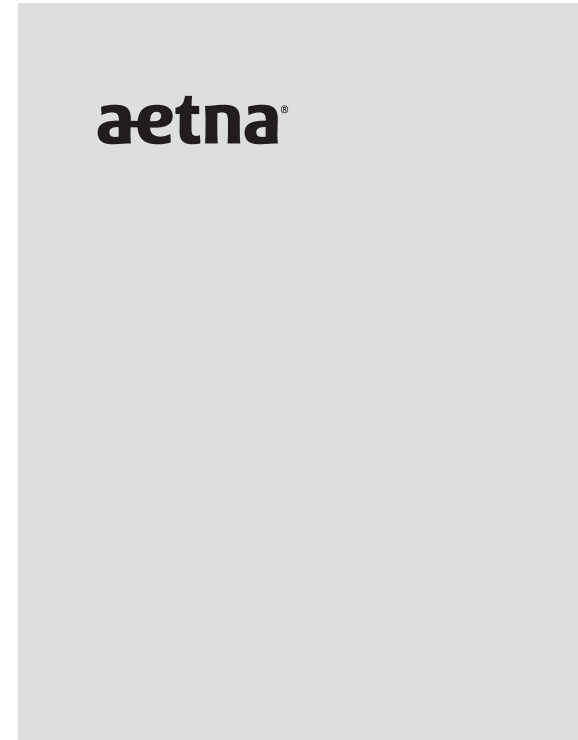


ISSUE AGE	ALL ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
65	839	69.89	933	77.72
66	839	69.89	933	77.72
67	839	69.89	933	77.72
68	862	71.80	959	79.88
69	886	73.80	985	82.05
70	905	75.39	1,005	83.72
71	923	76.89	1,027	85.55
72	943	78.55	1,048	87.30
73	958	79.80	1,063	88.55
74	969	80.72	1,078	89.80
75	981	81.72	1,091	90.88
76	988	82.30	1,097	91.38
77	994	82.80	1,105	92.05
78	1,002	83.47	1,110	92.46
79	1,007	83.88	1,119	93.21
80	1,012	84.30	1,124	93.63
81	1,020	84.97	1,132	94.30
82	1,027	85.55	1,142	95.13
83	1,034	86.13	1,149	95.71
84	1,040	86.63	1,156	96.29
85	1,048	87.30	1,163	96.88
86	1,053	87.71	1,170	97.46
87	1,058	88.13	1,175	97.88
88	1,068	88.96	1,186	98.79
89	1,076	89.63	1,196	99.63
90	1,083	90.21	1,204	100.29

ISSUE AGE	ALL ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
65	1,238	103.13	1,376	114.62
66	1,238	103.13	1,376	114.62
67	1,238	103.13	1,376	114.62
68	1,274	106.12	1,416	117.95
69	1,313	109.37	1,460	121.62
70	1,348	112.29	1,499	124.87
71	1,381	115.04	1,534	127.78
72	1,412	117.62	1,570	130.78
73	1,440	119.95	1,598	133.11
74	1,462	121.78	1,626	135.45
75	1,483	123.53	1,649	137.36
76	1,500	124.95	1,667	138.86
77	1,517	126.37	1,686	140.44
78	1,533	127.70	1,703	141.86
79	1,545	128.70	1,717	143.03
80	1,560	129.95	1,732	144.28
81	1,572	130.95	1,746	145.44
82	1,585	132.03	1,762	146.77
83	1,598	133.11	1,776	147.94
84	1,611	134.20	1,789	149.02
85	1,620	134.95	1,800	149.94
86	1,630	135.78	1,811	150.86
87	1,639	136.53	1,822	151.77
88	1,655	137.86	1,840	153.27
89	1,671	139.19	1,855	154.52
90	1,685	140.36	1,872	155.94

ISSUE AGE	ALL ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
65	1,448	120.62	1,609	134.03
66	1,448	120.62	1,609	134.03
67	1,448	120.62	1,609	134.03
68	1,489	124.03	1,654	137.78
69	1,536	127.95	1,707	142.19
70	1,577	131.36	1,752	145.94
71	1,615	134.53	1,795	149.52
72	1,650	137.45	1,835	152.86
73	1,683	140.19	1,870	155.77
74	1,711	142.53	1,901	158.35
75	1,736	144.61	1,927	160.52
76	1,754	146.11	1,949	162.35
77	1,773	147.69	1,970	164.10
78	1,791	149.19	1,991	165.85
79	1,808	150.61	2,007	167.18
80	1,824	151.94	2,027	168.85
81	1,839	153.19	2,043	170.18
82	1,854	154.44	2,061	171.68
83	1,869	155.69	2,076	172.93
84	1,882	156.77	2,092	174.26
85	1,896	157.94	2,106	175.43
86	1,907	158.85	2,120	176.60
87	1,917	159.69	2,130	177.43
88	1,935	161.19	2,151	179.18
89	1,953	162.68	2,170	180.76
90	1,970	164.10	2,190	182.43



MEDICARE SUPPLEMENT RATES

IDAHO

Effective October 2016
Household discount now available

Policy Form CLIMSP10A ID,
CLIMSP10B ID, CLIMSP10F ID,
CLIMSP10G ID, CLIMSP10HF ID,
CLIMSP10N ID

Application Form CLIMS02000ID

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ISSUE AGE	ALL ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
65	1,458	121.45	1,620	134.95
66	1,458	121.45	1,620	134.95
67	1,458	121.45	1,620	134.95
68	1,500	124.95	1,665	138.69
69	1,545	128.70	1,717	143.03
70	1,588	132.28	1,763	146.86
71	1,626	135.45	1,806	150.44
72	1,663	138.53	1,847	153.86
73	1,693	141.03	1,882	156.77
74	1,723	143.53	1,913	159.35
75	1,747	145.53	1,939	161.52
76	1,766	147.11	1,963	163.52
77	1,785	148.69	1,983	165.18
78	1,803	150.19	2,003	166.85
79	1,820	151.61	2,022	168.43
80	1,838	153.11	2,040	169.93
81	1,851	154.19	2,057	171.35
82	1,866	155.44	2,074	172.76
83	1,882	156.77	2,090	174.10
84	1,894	157.77	2,105	175.35
85	1,907	158.85	2,118	176.43
86	1,919	159.85	2,133	177.68
87	1,930	160.77	2,144	178.60
88	1,949	162.35	2,164	180.26
89	1,967	163.85	2,185	182.01
90	1,983	165.18	2,204	183.59

ISSUE AGE	ALL ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
65	2,122	176.76	2,357	196.34
66	2,122	176.76	2,357	196.34
67	2,122	176.76	2,357	196.34
68	2,178	181.43	2,422	201.75
69	2,236	186.26	2,484	206.92
70	2,286	190.42	2,540	211.58
71	2,336	194.59	2,593	216.00
72	2,378	198.09	2,642	220.08
73	2,410	200.75	2,677	222.99
74	2,442	203.42	2,712	225.91
75	2,468	205.58	2,741	228.33
76	2,491	207.50	2,765	230.32
77	2,510	209.08	2,789	232.32
78	2,533	211.00	2,813	234.32
79	2,556	212.91	2,837	236.32
80	2,570	214.08	2,855	237.82
81	2,590	215.75	2,880	239.90
82	2,611	217.50	2,900	241.57
83	2,631	219.16	2,924	243.57
84	2,653	220.99	2,948	245.57
85	2,676	222.91	2,974	247.73
86	2,694	224.01	2,993	249.32
87	2,713	225.99	3,014	251.07
88	2,737	227.99	3,041	253.32
89	2,760	229.91	3,066	255.40
90	2,782	231.74	3,090	257.40

ISSUE AGE	ALL ZIP CODES			
	PREFERRED		STANDARD	
	ANNUAL	EFT	ANNUAL	EFT
65	1,838	153.11	2,042	170.10
66	1,838	153.11	2,042	170.10
67	1,838	153.11	2,042	170.10
68	1,889	157.35	2,100	174.93
69	1,949	162.35	2,163	180.18
70	2,000	166.60	2,222	185.09
71	2,048	170.60	2,277	189.67
72	2,095	174.51	2,330	194.09
73	2,133	177.68	2,373	197.67
74	2,171	180.84	2,412	200.92
75	2,201	183.34	2,445	203.67
76	2,227	185.51	2,473	206.00
77	2,247	187.18	2,498	208.08
78	2,271	189.17	2,523	210.17
79	2,292	190.92	2,548	212.25
80	2,314	192.76	2,569	214.00
81	2,332	194.26	2,591	215.83
82	2,352	195.92	2,614	217.75
83	2,373	197.67	2,634	219.41
84	2,388	198.92	2,654	221.08
85	2,404	200.25	2,671	222.49
86	2,419	201.50	2,688	223.91
87	2,432	202.59	2,700	224.91
88	2,455	204.50	2,727	227.16
89	2,478	206.42	2,753	229.32
90	2,498	208.08	2,779	231.49

- All Plans: A one time only \$20 policy fee required at time of application
- Rates are Issue Age, 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 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 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**