

Monthly Rates

Monthly premium rates per \$1000 of coverage for the Aetna Portable Group Term Plan.

Description: Premium rates are based upon your Issue Age when the portable coverage takes effect and will change annually when you cross age bands. Rates are provided for smokers and non-smokers. Select the appropriate smoker or non-smoker rates for your coverage, and your spouse's coverage, if applicable. A person who has not used tobacco products (cigarettes, cigars, pipe, chewing tobacco, etc.) within the past 12 months is considered a non-smoker.

The rates included in the table below, were appropriate for the plan at the time they were prepared. The rates are subject to change without notice annually. You should confirm that the rates shown are for the current year. You may obtain current rates by calling Aetna at 1-800-826-7448. These rates do not include the billing fee, expected to be \$2.00 per bill charged to the employee.

Monthly Rates-Employee and Spouse

Issue Age	Employee Non-Smoker	Employee Smoker	Spouse Non-Smoker	Spouse Smoker
15-19	0.08	0.12	0.07	0.11
20-24	0.08	0.12	0.07	0.11
25-29	0.08	0.12	0.07	0.11
30-34	0.10	0.14	0.08	0.12
35-39	0.13	0.18	0.11	0.16
40-44	0.20	0.28	0.16	0.24
45-49	0.34	0.46	0.28	0.40
50-54	0.57	0.78	0.45	0.66
55-59	0.91	1.22	0.71	1.02
60-64	1.12	1.62	1.12	1.62
65-69	1.94	2.81		
70-74	3.41	4.93		
75-79	5.97	8.63		
80-84	10.45	15.10		
85-89	18.29	26.43		
90-94	32.01	46.25		
95+	56.07	80.94		

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Monthly Rates-Accidental Death Coverage

Accidental Death coverage is
rated at: \$0.04 per thousand dollars of coverage.

Monthly Rates-Dependents Child(ren)

All children are rated at: \$0.20 per thousand dollars of coverage.

The following payment arrangements are available to you on a direct-billed basis (bills will be mailed to your mailing address directly by Aetna): **Annual (once per year)*, Semi-Annual (twice per year)**, and Quarterly (four times per year)*****

To calculate your premium cost estimate, use the appropriate age, coverage amount(s) and your selected premium payment arrangement.

<u>Employee & Spouse Coverage</u>	<u>Example</u>	<u>Your Cost Estimate</u>
1 Enter the amount of insurance requested on yourself.	\$20,000	_____
2 Amount of insurance requested in #1 (above) divided by 1,000 equals:	20	_____
3 Enter the amount of insurance requested on your spouse.	\$10,000	_____
4 Amount of insurance requested in #3 (above) divided by 1,000 equals:	10	_____
5 From Table 1, enter the Monthly premium rate (regardless of the payment arrangement you are selecting) which corresponds with your age and smoking status.	\$0.13	_____
6 From Table 1, enter the Monthly premium rate which corresponds with your spouse's age and smoking status:	\$0.11	_____
7 Multiply #5 by #2 . This is the monthly premium payable for you:	\$2.60	_____
8 Multiply #6 by #4. This is the monthly premium payable for your spouse:	\$1.10	_____
9 Enter the amount of Accidental Death coverage for yourself divided by 1,000	20	_____
10 Enter the amount of Accidental Death coverage for Spouse divided by 1,000	10	_____
11 Multiply amount in #9 by \$0.04	\$0.80	_____
12 Multiply amount in #10 by \$0.04	\$0.40	_____
13 Add #7, #8 ,#11 and #12	\$4.90	_____
14 Annual Rate -Multiply the amount in #13 by 12 <i>or by the number of remaining months in year for the current amount due. See example below.</i> *Annual Rates are billed every January	_____	_____
Semi-Annual -Multiply the amount in #13 by 6 <i>or by the number of remaining months in billing period for the amount due. See example below.</i> **Semi-Annual Rates are billed every January and July	_____	_____
Quarterly -Multiply the amount in #13 by 3 <i>or by the number of remaining months in billing period for the amount due. See example below.</i> ***Quarterly Rates are billed every January, April, July and October	_____	_____
15 Enter the \$2.00 Direct Billing Fee.	\$2.00	_____
16 Add #14 and #15. This amount equals the total premium for you and your spouse's coverage for the frequency selected.	_____	_____

Example 1 Annual Rate-Enrollment effective date of 4/1 your first premium will be for 9 months(4/1-12/31) for **Annual** billing period.

Example 2 Semi-Annual Rate-Enrollment effective date of 4/1 your first premium will be for 3 months(4/1-6/31) for **Semi-Annual** billing period.

Example 3 Quarterly Rate-Enrollment effective date of 4/1 your first premium will be for 3 months(4/1-6/31) for **Quarterly** billing period.