

PREMIUM INFORMATION

We, Aetna Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state, when your age changes or to coincide with changes in Medicare. Changes to plan premiums will take effect on your plan anniversary date. Aetna will send a written notice at least 31 days before the change becomes effective.

MONTHLY PREMIUMS

The rates in the table below apply to the following **ZIP CODES:**
92400 – 92427; 92501 – 92599; 93300 – 93399; 93001 - 93099

Attained Age	PLAN A	PLAN B	PLAN F
65	\$124.40	\$127.39	\$150.61
66	\$129.06	\$132.16	\$156.25
67	\$133.73	\$136.93	\$161.89
68	\$139.14	\$143.27	\$169.55
69	\$144.52	\$149.57	\$177.17
70	\$149.89	\$155.85	\$184.76
71	\$155.23	\$162.12	\$192.34
72	\$160.52	\$168.34	\$199.86
73	\$164.20	\$173.61	\$206.40
74	\$167.83	\$178.82	\$212.86
75	\$171.45	\$184.03	\$219.33
76	\$175.07	\$189.25	\$225.81
77	\$178.66	\$194.43	\$232.25
78	\$181.28	\$197.99	\$236.93
79	\$183.83	\$201.48	\$241.53
80	\$186.29	\$204.88	\$246.02
81	\$188.66	\$208.33	\$250.56
82	\$190.94	\$211.74	\$255.09
83	\$192.44	\$215.82	\$261.15
84	\$193.85	\$219.89	\$267.22
85	\$195.22	\$224.17	\$273.57
86	\$196.46	\$227.53	\$279.04
87	\$197.72	\$230.94	\$283.23
88	\$198.98	\$234.40	\$287.48
89	\$200.24	\$237.92	\$291.79
90+	\$201.51	\$241.49	\$296.16
Under 65 Disabled	\$201.51	\$241.49	\$296.16

Smoker premium rates are determined by multiplying the premium shown by a factor of 1.10 To obtain quarterly premium, multiply the monthly premium by 3. For semi-annual premium and annual premium, multiply the monthly premium by 6 or 12, respectively.

MONTHLY PREMIUMS

The rates in the table below apply to the following **ZIP CODES:**

94203 – 94299; 95201 – 95298; 95301 – 95397; 95501 - 95899, 96101 - 96162

Attained Age	PLAN A	PLAN B	PLAN F
65	\$105.74	\$108.28	\$128.02
66	\$109.70	\$112.34	\$132.81
67	\$113.67	\$116.39	\$137.61
68	\$118.27	\$121.78	\$144.12
69	\$122.84	\$127.13	\$150.59
70	\$127.41	\$132.47	\$157.05
71	\$131.95	\$137.80	\$163.49
72	\$136.44	\$143.09	\$169.88
73	\$139.57	\$147.57	\$175.44
74	\$142.66	\$152.00	\$180.93
75	\$145.73	\$156.43	\$186.43
76	\$148.81	\$160.86	\$191.94
77	\$151.86	\$165.27	\$197.41
78	\$154.09	\$168.29	\$201.39
79	\$156.26	\$171.26	\$205.30
80	\$158.35	\$174.15	\$209.12
81	\$160.36	\$177.08	\$212.98
82	\$162.30	\$179.98	\$216.83
83	\$163.57	\$183.45	\$221.98
84	\$164.77	\$186.91	\$227.14
85	\$165.94	\$190.54	\$232.53
86	\$166.99	\$193.40	\$237.18
87	\$168.06	\$196.30	\$240.75
88	\$169.13	\$199.24	\$244.36
89	\$170.20	\$202.23	\$248.02
90+	\$171.28	\$205.27	\$251.74
Under 65 Disabled	\$171.28	\$205.27	\$251.74

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MONTHLY PREMIUMS

The rates in the table below apply to the following **ZIP CODES:**
91901 – 91995; 92003 – 92096; 93601 – 94199; 94300 – 94310; 94400 – 94497;
95001 – 95077; 95100 – 95196; 95901 – 95993; 96001 - 96099

Attained Age	PLAN A	PLAN B	PLAN F
65	\$111.96	\$114.65	\$135.55
66	\$116.15	\$118.94	\$140.63
67	\$120.36	\$123.24	\$145.70
68	\$125.23	\$128.94	\$152.60
69	\$130.07	\$134.61	\$159.45
70	\$134.90	\$140.27	\$166.28
71	\$139.71	\$145.91	\$173.11
72	\$144.47	\$151.51	\$179.87
73	\$147.78	\$156.25	\$185.76
74	\$151.05	\$160.94	\$191.57
75	\$154.31	\$165.63	\$197.40
76	\$157.56	\$170.33	\$203.23
77	\$160.79	\$174.99	\$209.03
78	\$163.15	\$178.19	\$213.24
79	\$165.45	\$181.33	\$217.38
80	\$167.66	\$184.39	\$221.42
81	\$169.79	\$187.50	\$225.50
82	\$171.85	\$190.57	\$229.58
83	\$173.20	\$194.24	\$235.04
84	\$174.47	\$197.90	\$240.50
85	\$175.70	\$201.75	\$246.21
86	\$176.81	\$204.78	\$251.14
87	\$177.95	\$207.85	\$254.91
88	\$179.08	\$210.96	\$258.73
89	\$180.22	\$214.13	\$262.61
90+	\$181.36	\$217.34	\$266.54
Under 65 Disabled	\$181.36	\$217.34	\$266.54

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To obtain quarterly premium, multiply the monthly premium by 3. For semi-annual premium and annual premium, multiply the monthly premium by 6 or 12, respectively.

MONTHLY PREMIUMS

The rates in the table below apply to the following **ZIP CODES:**
92100 – 92399; 93101 – 93199; 93201 – 93292; 93401 – 93483; 93501 – 93599;
94501 – 94999; 95401 - 95497

Attained Age	PLAN A	PLAN B	PLAN F
65	\$118.18	\$121.02	\$143.08
66	\$122.61	\$125.55	\$148.44
67	\$127.04	\$130.08	\$153.80
68	\$132.18	\$136.11	\$161.07
69	\$137.29	\$142.09	\$168.31
70	\$142.40	\$148.06	\$175.52
71	\$147.47	\$154.01	\$182.72
72	\$152.49	\$159.92	\$189.87
73	\$155.99	\$164.93	\$196.08
74	\$159.44	\$169.88	\$202.22
75	\$162.88	\$174.83	\$208.36
76	\$166.32	\$179.79	\$214.52
77	\$169.73	\$184.71	\$220.64
78	\$172.22	\$188.09	\$225.08
79	\$174.64	\$191.41	\$229.45
80	\$176.98	\$194.64	\$233.72
81	\$179.23	\$197.91	\$238.03
82	\$181.39	\$201.15	\$242.34
83	\$182.82	\$205.03	\$248.09
84	\$184.16	\$208.90	\$253.86
85	\$185.46	\$212.96	\$259.89
86	\$186.64	\$216.15	\$265.09
87	\$187.83	\$219.39	\$269.07
88	\$189.03	\$222.68	\$273.11
89	\$190.23	\$226.02	\$277.20
90+	\$191.43	\$229.42	\$281.35
Under 65 Disabled	\$191.43	\$229.42	\$281.35

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To obtain quarterly premium, multiply the monthly premium by 3. For semi-annual premium and annual premium, multiply the monthly premium by 6 or 12, respectively.

MONTHLY PREMIUMS

The rates in the table below apply to the following **ZIP CODES:**
90000 – 90899; 91001 – 91899; 92601 - 92899

Attained Age	PLAN A	PLAN B	PLAN F
65	\$149.28	\$152.87	\$180.73
66	\$154.87	\$158.59	\$187.50
67	\$160.48	\$164.32	\$194.27
68	\$166.97	\$171.92	\$203.46
69	\$173.42	\$179.48	\$212.60
70	\$179.87	\$187.02	\$221.71
71	\$186.28	\$194.54	\$230.81
72	\$192.62	\$202.01	\$239.83
73	\$197.04	\$208.33	\$247.68
74	\$201.40	\$214.58	\$255.43
75	\$205.74	\$220.84	\$263.20
76	\$210.08	\$227.10	\$270.97
77	\$214.39	\$233.32	\$278.70
78	\$217.54	\$237.59	\$284.32
79	\$220.60	\$241.78	\$289.84
80	\$223.55	\$245.86	\$295.22
81	\$226.39	\$250.00	\$300.67
82	\$229.13	\$254.09	\$306.11
83	\$230.93	\$258.98	\$313.38
84	\$232.62	\$263.87	\$320.66
85	\$234.26	\$269.00	\$328.28
86	\$235.75	\$273.04	\$334.85
87	\$237.26	\$277.13	\$339.88
88	\$238.78	\$281.28	\$344.98
89	\$240.29	\$285.50	\$350.15
90+	\$241.81	\$289.79	\$355.39
Under 65 Disabled	\$241.81	\$289.79	\$355.39

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