

Aetna Senior Supplemental Insurance
Final Expense
Level Benefit Plan BSP Rates for Face Amounts

Male Non Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	17.92	25.21	32.50	47.08	61.67	76.25	90.83
46	17.92	25.21	32.50	47.08	61.67	76.25	90.83
47	18.33	25.83	33.33	48.33	63.33	78.33	93.33
48	18.33	25.83	33.33	48.33	63.33	78.33	93.33
49	18.75	26.46	34.17	49.58	65.00	80.42	95.83
50	18.75	26.46	34.17	49.58	65.00	80.42	95.83
51	19.17	27.08	35.00	50.83	66.67	82.50	98.33
52	19.58	27.71	35.83	52.08	68.33	84.58	100.83
53	20.42	28.96	37.50	54.58	71.67	88.75	105.83
54	20.83	29.58	38.33	55.83	73.33	90.83	108.33
55	21.25	30.21	39.17	57.08	75.00	92.92	110.83
56	22.08	31.46	40.83	59.58	78.33	97.08	115.83
57	22.50	32.08	41.67	60.83	80.00	99.17	118.33
58	23.33	33.33	43.33	63.33	83.33	103.33	123.33
59	23.75	33.96	44.17	64.58	85.00	105.42	125.83
60	24.58	35.21	45.83	67.08	88.33	109.58	130.83
61	25.42	36.46	47.50	69.58	91.67	113.75	135.83
62	26.67	38.33	50.00	73.33	96.67	120.00	143.33
63	27.50	39.58	51.67	75.83	100.00	124.17	148.33
64	28.75	41.46	54.17	79.58	105.00	130.42	155.83
65	29.58	42.71	55.83	82.08	108.33	134.58	160.83
66	31.25	45.21	59.17	87.08	115.00	142.92	
67	32.50	47.08	61.67	90.83	120.00	149.17	
68	34.17	49.58	65.00	95.83	126.67	157.50	
69	35.42	51.46	67.50	99.58	131.67	163.75	
70	37.08	53.96	70.83	104.58	138.33	172.08	
71	39.58	57.71	75.83	112.08	148.33	184.58	
72	42.08	61.46	80.83	119.58	158.33	197.08	
73	44.58	65.21	85.83	127.08	168.33	209.58	
74	47.08	68.96	90.83	134.58	178.33	222.08	
75	49.58	72.71	95.83	142.08	188.33	234.58	
76	53.33	78.33	103.33	153.33	203.33	253.33	
77	56.67	83.33	110.00	163.33	216.67	270.00	
78	60.42	88.96	117.50	174.58	231.67	288.75	
79	63.75	93.96	124.17	184.58	245.00	305.42	
80	67.50	99.58	131.67	195.83	260.00	324.17	
81	74.17	109.58	145.00	215.83			
82	80.83	119.58	158.33	235.83			
83	87.92	130.21	172.50	257.08			
84	94.58	140.21	185.83	277.08			
85	101.25	150.21	199.17	297.08			
86	112.08	166.46	220.83				
87	123.33	183.33	243.33				
88	134.17	199.58	265.00				
89	145.00	215.83	286.67				

Rates include \$40 Annual Policy Fee

Agent Use Only

Aetna Senior Supplemental Insurance
Final Expense
Level Benefit Plan BSP Rates for Face Amounts

Male Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	20.83	29.58	38.33	55.83	73.33	90.83	108.33
46	21.25	30.21	39.17	57.08	75.00	92.92	110.83
47	21.67	30.83	40.00	58.33	76.67	95.00	113.33
48	22.08	31.46	40.83	59.58	78.33	97.08	115.83
49	22.50	32.08	41.67	60.83	80.00	99.17	118.33
50	22.92	32.71	42.50	62.08	81.67	101.25	120.83
51	23.75	33.96	44.17	64.58	85.00	105.42	125.83
52	24.17	34.58	45.00	65.83	86.67	107.50	128.33
53	25.00	35.83	46.67	68.33	90.00	111.67	133.33
54	25.42	36.46	47.50	69.58	91.67	113.75	135.83
55	26.25	37.71	49.17	72.08	95.00	117.92	140.83
56	27.08	38.96	50.83	74.58	98.33	122.08	145.83
57	28.33	40.83	53.33	78.33	103.33	128.33	153.33
58	29.17	42.08	55.00	80.83	106.67	132.50	158.33
59	30.42	43.96	57.50	84.58	111.67	138.75	165.83
60	31.25	45.21	59.17	87.08	115.00	142.92	170.83
61	32.92	47.71	62.50	92.08	121.67	151.25	180.83
62	34.58	50.21	65.83	97.08	128.33	159.58	190.83
63	35.83	52.08	68.33	100.83	133.33	165.83	198.33
64	37.50	54.58	71.67	105.83	140.00	174.17	208.33
65	39.17	57.08	75.00	110.83	146.67	182.50	218.33
66	41.25	60.21	79.17	117.08	155.00	192.92	
67	43.33	63.33	83.33	123.33	163.33	203.33	
68	45.00	65.83	86.67	128.33	170.00	211.67	
69	47.08	68.96	90.83	134.58	178.33	222.08	
70	49.17	72.08	95.00	140.83	186.67	232.50	
71	52.50	77.08	101.67	150.83	200.00	249.17	
72	55.83	82.08	108.33	160.83	213.33	265.83	
73	59.17	87.08	115.00	170.83	226.67	282.50	
74	62.50	92.08	121.67	180.83	240.00	299.17	
75	65.83	97.08	128.33	190.83	253.33	315.83	
76	70.42	103.96	137.50	204.58	271.67	338.75	
77	74.58	110.21	145.83	217.08	288.33	359.58	
78	79.17	117.08	155.00	230.83	306.67	382.50	
79	83.33	123.33	163.33	243.33	323.33	403.33	
80	87.92	130.21	172.50	257.08	341.67	426.25	
81	96.67	143.33	190.00	283.33			
82	105.00	155.83	206.67	308.33			
83	113.75	168.96	224.17	334.58			
84	122.08	181.46	240.83	359.58			
85	130.83	194.58	258.33	385.83			
86	142.50	212.08	281.67				
87	154.17	229.58	305.00				
88	165.83	247.08	328.33				
89	177.50	264.58	351.67				

Rates include \$40 Annual Policy Fee

Agent Use Only

Aetna Senior Supplemental Insurance
Final Expense
Level Benefit Plan BSP Rates for Face Amounts

Female Non Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	16.67	23.33	30.00	43.33	56.67	70.00	83.33
46	16.67	23.33	30.00	43.33	56.67	70.00	83.33
47	16.67	23.33	30.00	43.33	56.67	70.00	83.33
48	17.08	23.96	30.83	44.58	58.33	72.08	85.83
49	17.08	23.96	30.83	44.58	58.33	72.08	85.83
50	17.08	23.96	30.83	44.58	58.33	72.08	85.83
51	17.50	24.58	31.67	45.83	60.00	74.17	88.33
52	17.92	25.21	32.50	47.08	61.67	76.25	90.83
53	17.92	25.21	32.50	47.08	61.67	76.25	90.83
54	18.33	25.83	33.33	48.33	63.33	78.33	93.33
55	18.75	26.46	34.17	49.58	65.00	80.42	95.83
56	19.17	27.08	35.00	50.83	66.67	82.50	98.33
57	19.58	27.71	35.83	52.08	68.33	84.58	100.83
58	20.42	28.96	37.50	54.58	71.67	88.75	105.83
59	20.83	29.58	38.33	55.83	73.33	90.83	108.33
60	21.25	30.21	39.17	57.08	75.00	92.92	110.83
61	22.08	31.46	40.83	59.58	78.33	97.08	115.83
62	22.50	32.08	41.67	60.83	80.00	99.17	118.33
63	23.33	33.33	43.33	63.33	83.33	103.33	123.33
64	23.75	33.96	44.17	64.58	85.00	105.42	125.83
65	24.58	35.21	45.83	67.08	88.33	109.58	130.83
66	25.42	36.46	47.50	69.58	91.67	113.75	
67	26.67	38.33	50.00	73.33	96.67	120.00	
68	27.50	39.58	51.67	75.83	100.00	124.17	
69	28.75	41.46	54.17	79.58	105.00	130.42	
70	29.58	42.71	55.83	82.08	108.33	134.58	
71	31.67	45.83	60.00	88.33	116.67	145.00	
72	33.75	48.96	64.17	94.58	125.00	155.42	
73	35.42	51.46	67.50	99.58	131.67	163.75	
74	37.50	54.58	71.67	105.83	140.00	174.17	
75	39.58	57.71	75.83	112.08	148.33	184.58	
76	42.50	62.08	81.67	120.83	160.00	199.17	
77	45.42	66.46	87.50	129.58	171.67	213.75	
78	48.75	71.46	94.17	139.58	185.00	230.42	
79	51.67	75.83	100.00	148.33	196.67	245.00	
80	54.58	80.21	105.83	157.08	208.33	259.58	
81	60.00	88.33	116.67	173.33			
82	65.42	96.46	127.50	189.58			
83	70.42	103.96	137.50	204.58			
84	75.83	112.08	148.33	220.83			
85	81.25	120.21	159.17	237.08			
86	87.50	129.58	171.67				
87	93.33	138.33	183.33				
88	99.58	147.71	195.83				
89	105.42	156.46	207.50				

Rates include \$40 Annual Policy Fee

Agent Use Only

Aetna Senior Supplemental Insurance
Final Expense
Level Benefit Plan BSP Rates for Face Amounts

Female Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	19.17	27.08	35.00	50.83	66.67	82.50	98.33
46	19.58	27.71	35.83	52.08	68.33	84.58	100.83
47	20.00	28.33	36.67	53.33	70.00	86.67	103.33
48	20.42	28.96	37.50	54.58	71.67	88.75	105.83
49	20.83	29.58	38.33	55.83	73.33	90.83	108.33
50	21.25	30.21	39.17	57.08	75.00	92.92	110.83
51	21.67	30.83	40.00	58.33	76.67	95.00	113.33
52	22.50	32.08	41.67	60.83	80.00	99.17	118.33
53	22.92	32.71	42.50	62.08	81.67	101.25	120.83
54	23.75	33.96	44.17	64.58	85.00	105.42	125.83
55	24.17	34.58	45.00	65.83	86.67	107.50	128.33
56	24.58	35.21	45.83	67.08	88.33	109.58	130.83
57	25.00	35.83	46.67	68.33	90.00	111.67	133.33
58	25.42	36.46	47.50	69.58	91.67	113.75	135.83
59	25.83	37.08	48.33	70.83	93.33	115.83	138.33
60	26.25	37.71	49.17	72.08	95.00	117.92	140.83
61	27.08	38.96	50.83	74.58	98.33	122.08	145.83
62	27.92	40.21	52.50	77.08	101.67	126.25	150.83
63	29.17	42.08	55.00	80.83	106.67	132.50	158.33
64	30.00	43.33	56.67	83.33	110.00	136.67	163.33
65	30.83	44.58	58.33	85.83	113.33	140.83	168.33
66	31.67	45.83	60.00	88.33	116.67	145.00	
67	32.92	47.71	62.50	92.08	121.67	151.25	
68	33.75	48.96	64.17	94.58	125.00	155.42	
69	35.00	50.83	66.67	98.33	130.00	161.67	
70	35.83	52.08	68.33	100.83	133.33	165.83	
71	37.92	55.21	72.50	107.08	141.67	176.25	
72	40.00	58.33	76.67	113.33	150.00	186.67	
73	41.67	60.83	80.00	118.33	156.67	195.00	
74	43.75	63.96	84.17	124.58	165.00	205.42	
75	45.83	67.08	88.33	130.83	173.33	215.83	
76	49.17	72.08	95.00	140.83	186.67	232.50	
77	52.50	77.08	101.67	150.83	200.00	249.17	
78	55.83	82.08	108.33	160.83	213.33	265.83	
79	59.17	87.08	115.00	170.83	226.67	282.50	
80	62.50	92.08	121.67	180.83	240.00	299.17	
81	68.33	100.83	133.33	198.33			
82	74.17	109.58	145.00	215.83			
83	79.58	117.71	155.83	232.08			
84	85.42	126.46	167.50	249.58			
85	91.25	135.21	179.17	267.08			
86	97.92	145.21	192.50				
87	105.00	155.83	206.67				
88	111.67	165.83	220.00				
89	118.33	175.83	233.33				

Rates include \$40 Annual Policy Fee

Agent Use Only

Aetna Senior Supplemental Insurance
Final Expense
Graded Benefit Plan BSP Rates for Face Amounts

Male Non Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	20.00	28.33	36.67	53.33	70.00	86.67	103.33
46	20.42	28.96	37.50	54.58	71.67	88.75	105.83
47	20.42	28.96	37.50	54.58	71.67	88.75	105.83
48	20.83	29.58	38.33	55.83	73.33	90.83	108.33
49	20.83	29.58	38.33	55.83	73.33	90.83	108.33
50	21.25	30.21	39.17	57.08	75.00	92.92	110.83
51	22.08	31.46	40.83	59.58	78.33	97.08	115.83
52	22.92	32.71	42.50	62.08	81.67	101.25	120.83
53	24.17	34.58	45.00	65.83	86.67	107.50	128.33
54	25.00	35.83	46.67	68.33	90.00	111.67	133.33
55	25.83	37.08	48.33	70.83	93.33	115.83	138.33
56	26.67	38.33	50.00	73.33	96.67	120.00	143.33
57	27.50	39.58	51.67	75.83	100.00	124.17	148.33
58	27.92	40.21	52.50	77.08	101.67	126.25	150.83
59	28.75	41.46	54.17	79.58	105.00	130.42	155.83
60	29.58	42.71	55.83	82.08	108.33	134.58	160.83
61	30.83	44.58	58.33	85.83	113.33	140.83	168.33
62	32.08	46.46	60.83	89.58	118.33	147.08	175.83
63	33.75	48.96	64.17	94.58	125.00	155.42	185.83
64	35.00	50.83	66.67	98.33	130.00	161.67	193.33
65	36.25	52.71	69.17	102.08	135.00	167.92	200.83
66	38.33	55.83	73.33	108.33	143.33	178.33	
67	40.42	58.96	77.50	114.58	151.67	188.75	
68	42.08	61.46	80.83	119.58	158.33	197.08	
69	44.17	64.58	85.00	125.83	166.67	207.50	
70	46.25	67.71	89.17	132.08	175.00	217.92	
71	49.58	72.71	95.83	142.08	188.33	234.58	
72	52.92	77.71	102.50	152.08	201.67	251.25	
73	56.25	82.71	109.17	162.08	215.00	267.92	
74	59.58	87.71	115.83	172.08	228.33	284.58	
75	62.92	92.71	122.50	182.08	241.67	301.25	
76	68.33	100.83	133.33	198.33	263.33	328.33	
77	73.33	108.33	143.33	213.33	283.33	353.33	
78	78.75	116.46	154.17	229.58	305.00	380.42	
79	83.75	123.96	164.17	244.58	325.00	405.42	
80	89.17	132.08	175.00	260.83	346.67	432.50	

Rates include \$40 Annual Policy Fee

Aetna Senior Supplemental Insurance
Final Expense
Graded Benefit Plan BSP Rates for Face Amounts

Male Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	24.58	35.21	45.83	67.08	88.33	109.58	130.83
46	25.42	36.46	47.50	69.58	91.67	113.75	135.83
47	25.83	37.08	48.33	70.83	93.33	115.83	138.33
48	26.67	38.33	50.00	73.33	96.67	120.00	143.33
49	27.08	38.96	50.83	74.58	98.33	122.08	145.83
50	27.92	40.21	52.50	77.08	101.67	126.25	150.83
51	29.17	42.08	55.00	80.83	106.67	132.50	158.33
52	30.42	43.96	57.50	84.58	111.67	138.75	165.83
53	32.08	46.46	60.83	89.58	118.33	147.08	175.83
54	33.33	48.33	63.33	93.33	123.33	153.33	183.33
55	34.58	50.21	65.83	97.08	128.33	159.58	190.83
56	35.83	52.08	68.33	100.83	133.33	165.83	198.33
57	37.08	53.96	70.83	104.58	138.33	172.08	205.83
58	38.75	56.46	74.17	109.58	145.00	180.42	215.83
59	40.00	58.33	76.67	113.33	150.00	186.67	223.33
60	41.25	60.21	79.17	117.08	155.00	192.92	230.83
61	43.33	63.33	83.33	123.33	163.33	203.33	243.33
62	45.83	67.08	88.33	130.83	173.33	215.83	258.33
63	47.92	70.21	92.50	137.08	181.67	226.25	270.83
64	50.42	73.96	97.50	144.58	191.67	238.75	285.83
65	52.50	77.08	101.67	150.83	200.00	249.17	298.33
66	55.42	81.46	107.50	159.58	211.67	263.75	
67	57.92	85.21	112.50	167.08	221.67	276.25	
68	60.83	89.58	118.33	175.83	233.33	290.83	
69	63.33	93.33	123.33	183.33	243.33	303.33	
70	66.25	97.71	129.17	192.08	255.00	317.92	
71	71.25	105.21	139.17	207.08	275.00	342.92	
72	76.25	112.71	149.17	222.08	295.00	367.92	
73	81.25	120.21	159.17	237.08	315.00	392.92	
74	86.25	127.71	169.17	252.08	335.00	417.92	
75	91.25	135.21	179.17	267.08	355.00	442.92	
76	97.92	145.21	192.50	287.08	381.67	476.25	
77	104.58	155.21	205.83	307.08	408.33	509.58	
78	110.83	164.58	218.33	325.83	433.33	540.83	
79	117.50	174.58	231.67	345.83	460.00	574.17	
80	124.17	184.58	245.00	365.83	486.67	607.50	

Rates include \$40 Annual Policy Fee

Aetna Senior Supplemental Insurance
Final Expense
Graded Benefit Plan BSP Rates for Face Amounts

Female Non Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	18.33	25.83	33.33	48.33	63.33	78.33	93.33
46	18.75	26.46	34.17	49.58	65.00	80.42	95.83
47	18.75	26.46	34.17	49.58	65.00	80.42	95.83
48	19.17	27.08	35.00	50.83	66.67	82.50	98.33
49	19.17	27.08	35.00	50.83	66.67	82.50	98.33
50	19.58	27.71	35.83	52.08	68.33	84.58	100.83
51	20.00	28.33	36.67	53.33	70.00	86.67	103.33
52	20.83	29.58	38.33	55.83	73.33	90.83	108.33
53	21.25	30.21	39.17	57.08	75.00	92.92	110.83
54	22.08	31.46	40.83	59.58	78.33	97.08	115.83
55	22.50	32.08	41.67	60.83	80.00	99.17	118.33
56	22.92	32.71	42.50	62.08	81.67	101.25	120.83
57	23.33	33.33	43.33	63.33	83.33	103.33	123.33
58	23.75	33.96	44.17	64.58	85.00	105.42	125.83
59	24.17	34.58	45.00	65.83	86.67	107.50	128.33
60	24.58	35.21	45.83	67.08	88.33	109.58	130.83
61	25.42	36.46	47.50	69.58	91.67	113.75	135.83
62	26.67	38.33	50.00	73.33	96.67	120.00	143.33
63	27.50	39.58	51.67	75.83	100.00	124.17	148.33
64	28.75	41.46	54.17	79.58	105.00	130.42	155.83
65	29.58	42.71	55.83	82.08	108.33	134.58	160.83
66	30.83	44.58	58.33	85.83	113.33	140.83	
67	32.08	46.46	60.83	89.58	118.33	147.08	
68	33.33	48.33	63.33	93.33	123.33	153.33	
69	34.58	50.21	65.83	97.08	128.33	159.58	
70	35.83	52.08	68.33	100.83	133.33	165.83	
71	38.33	55.83	73.33	108.33	143.33	178.33	
72	40.83	59.58	78.33	115.83	153.33	190.83	
73	42.92	62.71	82.50	122.08	161.67	201.25	
74	45.42	66.46	87.50	129.58	171.67	213.75	
75	47.92	70.21	92.50	137.08	181.67	226.25	
76	52.08	76.46	100.83	149.58	198.33	247.08	
77	56.67	83.33	110.00	163.33	216.67	270.00	
78	60.83	89.58	118.33	175.83	233.33	290.83	
79	65.42	96.46	127.50	189.58	251.67	313.75	
80	69.58	102.71	135.83	202.08	268.33	334.58	

Rates include \$40 Annual Policy Fee

Aetna Senior Supplemental Insurance
Final Expense
Graded Benefit Plan BSP Rates for Face Amounts

Female Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	22.50	32.08	41.67	60.83	80.00	99.17	118.33
46	23.33	33.33	43.33	63.33	83.33	103.33	123.33
47	24.17	34.58	45.00	65.83	86.67	107.50	128.33
48	24.58	35.21	45.83	67.08	88.33	109.58	130.83
49	25.42	36.46	47.50	69.58	91.67	113.75	135.83
50	26.25	37.71	49.17	72.08	95.00	117.92	140.83
51	27.08	38.96	50.83	74.58	98.33	122.08	145.83
52	27.92	40.21	52.50	77.08	101.67	126.25	150.83
53	29.17	42.08	55.00	80.83	106.67	132.50	158.33
54	30.00	43.33	56.67	83.33	110.00	136.67	163.33
55	30.83	44.58	58.33	85.83	113.33	140.83	168.33
56	31.67	45.83	60.00	88.33	116.67	145.00	173.33
57	32.08	46.46	60.83	89.58	118.33	147.08	175.83
58	32.92	47.71	62.50	92.08	121.67	151.25	180.83
59	33.33	48.33	63.33	93.33	123.33	153.33	183.33
60	34.17	49.58	65.00	95.83	126.67	157.50	188.33
61	35.00	50.83	66.67	98.33	130.00	161.67	193.33
62	36.25	52.71	69.17	102.08	135.00	167.92	200.83
63	37.08	53.96	70.83	104.58	138.33	172.08	205.83
64	38.33	55.83	73.33	108.33	143.33	178.33	213.33
65	39.17	57.08	75.00	110.83	146.67	182.50	218.33
66	40.42	58.96	77.50	114.58	151.67	188.75	
67	41.25	60.21	79.17	117.08	155.00	192.92	
68	42.50	62.08	81.67	120.83	160.00	199.17	
69	43.33	63.33	83.33	123.33	163.33	203.33	
70	44.58	65.21	85.83	127.08	168.33	209.58	
71	47.08	68.96	90.83	134.58	178.33	222.08	
72	50.00	73.33	96.67	143.33	190.00	236.67	
73	52.50	77.08	101.67	150.83	200.00	249.17	
74	55.42	81.46	107.50	159.58	211.67	263.75	
75	57.92	85.21	112.50	167.08	221.67	276.25	
76	62.92	92.71	122.50	182.08	241.67	301.25	
77	67.92	100.21	132.50	197.08	261.67	326.25	
78	72.50	107.08	141.67	210.83	280.00	349.17	
79	77.50	114.58	151.67	225.83	300.00	374.17	
80	82.50	122.08	161.67	240.83	320.00	399.17	

Rates include \$40 Annual Policy Fee

Aetna Senior Supplemental Insurance
Final Expense
Modified Benefit Plan BSP Rates for Face Amounts

Male Non Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	17.92	25.21	32.50	47.08	61.67	76.25	90.83
46	18.33	25.83	33.33	48.33	63.33	78.33	93.33
47	18.75	26.46	34.17	49.58	65.00	80.42	95.83
48	19.17	27.08	35.00	50.83	66.67	82.50	98.33
49	19.58	27.71	35.83	52.08	68.33	84.58	100.83
50	20.00	28.33	36.67	53.33	70.00	86.67	103.33
51	20.83	29.58	38.33	55.83	73.33	90.83	108.33
52	21.67	30.83	40.00	58.33	76.67	95.00	113.33
53	22.92	32.71	42.50	62.08	81.67	101.25	120.83
54	23.75	33.96	44.17	64.58	85.00	105.42	125.83
55	24.58	35.21	45.83	67.08	88.33	109.58	130.83
56	25.83	37.08	48.33	70.83	93.33	115.83	138.33
57	27.08	38.96	50.83	74.58	98.33	122.08	145.83
58	28.33	40.83	53.33	78.33	103.33	128.33	153.33
59	29.58	42.71	55.83	82.08	108.33	134.58	160.83
60	30.83	44.58	58.33	85.83	113.33	140.83	168.33
61	32.50	47.08	61.67	90.83	120.00	149.17	178.33
62	34.17	49.58	65.00	95.83	126.67	157.50	188.33
63	36.25	52.71	69.17	102.08	135.00	167.92	200.83
64	37.92	55.21	72.50	107.08	141.67	176.25	210.83
65	39.58	57.71	75.83	112.08	148.33	184.58	220.83
66	42.92	62.71	82.50	122.08	161.67	201.25	
67	46.25	67.71	89.17	132.08	175.00	217.92	
68	49.58	72.71	95.83	142.08	188.33	234.58	
69	52.92	77.71	102.50	152.08	201.67	251.25	
70	56.25	82.71	109.17	162.08	215.00	267.92	
71	62.50	92.08	121.67	180.83	240.00	299.17	
72	68.75	101.46	134.17	199.58	265.00	330.42	
73	75.00	110.83	146.67	218.33	290.00	361.67	
74	81.25	120.21	159.17	237.08	315.00	392.92	
75	87.50	129.58	171.67	255.83	340.00	424.17	

Rates include \$40 Annual Policy Fee

Aetna Senior Supplemental Insurance
Final Expense
Modified Benefit Plan BSP Rates for Face Amounts

Male Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	23.75	33.96	44.17	64.58	85.00	105.42	125.83
46	25.00	35.83	46.67	68.33	90.00	111.67	133.33
47	25.83	37.08	48.33	70.83	93.33	115.83	138.33
48	27.08	38.96	50.83	74.58	98.33	122.08	145.83
49	27.92	40.21	52.50	77.08	101.67	126.25	150.83
50	29.17	42.08	55.00	80.83	106.67	132.50	158.33
51	30.83	44.58	58.33	85.83	113.33	140.83	168.33
52	32.50	47.08	61.67	90.83	120.00	149.17	178.33
53	34.17	49.58	65.00	95.83	126.67	157.50	188.33
54	35.83	52.08	68.33	100.83	133.33	165.83	198.33
55	37.50	54.58	71.67	105.83	140.00	174.17	208.33
56	40.00	58.33	76.67	113.33	150.00	186.67	223.33
57	42.50	62.08	81.67	120.83	160.00	199.17	238.33
58	44.58	65.21	85.83	127.08	168.33	209.58	250.83
59	47.08	68.96	90.83	134.58	178.33	222.08	265.83
60	49.58	72.71	95.83	142.08	188.33	234.58	280.83
61	53.75	78.96	104.17	154.58	205.00	255.42	305.83
62	57.92	85.21	112.50	167.08	221.67	276.25	330.83
63	62.50	92.08	121.67	180.83	240.00	299.17	358.33
64	66.67	98.33	130.00	193.33	256.67	320.00	383.33
65	70.83	104.58	138.33	205.83	273.33	340.83	408.33
66	78.75	116.46	154.17	229.58	305.00	380.42	
67	87.08	128.96	170.83	254.58	338.33	422.08	
68	95.00	140.83	186.67	278.33	370.00	461.67	
69	103.33	153.33	203.33	303.33	403.33	503.33	
70	111.25	165.21	219.17	327.08	435.00	542.92	
71	137.50	204.58	271.67	405.83	540.00	674.17	
72	163.75	243.96	324.17	484.58	645.00	805.42	
73	190.42	283.96	377.50	564.58	751.67	938.75	
74	216.67	323.33	430.00	643.33	856.67	1,070.00	
75	242.92	362.71	482.50	722.08	961.67	1,201.25	

Rates include \$40 Annual Policy Fee

Aetna Senior Supplemental Insurance
Final Expense
Modified Benefit Plan BSP Rates for Face Amounts

Female Non Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	16.25	22.71	29.17	42.08	55.00	67.92	80.83
46	16.67	23.33	30.00	43.33	56.67	70.00	83.33
47	17.08	23.96	30.83	44.58	58.33	72.08	85.83
48	17.08	23.96	30.83	44.58	58.33	72.08	85.83
49	17.50	24.58	31.67	45.83	60.00	74.17	88.33
50	17.92	25.21	32.50	47.08	61.67	76.25	90.83
51	18.33	25.83	33.33	48.33	63.33	78.33	93.33
52	19.17	27.08	35.00	50.83	66.67	82.50	98.33
53	19.58	27.71	35.83	52.08	68.33	84.58	100.83
54	20.42	28.96	37.50	54.58	71.67	88.75	105.83
55	20.83	29.58	38.33	55.83	73.33	90.83	108.33
56	21.67	30.83	40.00	58.33	76.67	95.00	113.33
57	22.50	32.08	41.67	60.83	80.00	99.17	118.33
58	22.92	32.71	42.50	62.08	81.67	101.25	120.83
59	23.75	33.96	44.17	64.58	85.00	105.42	125.83
60	24.58	35.21	45.83	67.08	88.33	109.58	130.83
61	25.83	37.08	48.33	70.83	93.33	115.83	138.33
62	27.08	38.96	50.83	74.58	98.33	122.08	145.83
63	28.33	40.83	53.33	78.33	103.33	128.33	153.33
64	29.58	42.71	55.83	82.08	108.33	134.58	160.83
65	30.83	44.58	58.33	85.83	113.33	140.83	168.33
66	32.50	47.08	61.67	90.83	120.00	149.17	
67	34.17	49.58	65.00	95.83	126.67	157.50	
68	36.25	52.71	69.17	102.08	135.00	167.92	
69	37.92	55.21	72.50	107.08	141.67	176.25	
70	39.58	57.71	75.83	112.08	148.33	184.58	
71	43.33	63.33	83.33	123.33	163.33	203.33	
72	46.67	68.33	90.00	133.33	176.67	220.00	
73	50.42	73.96	97.50	144.58	191.67	238.75	
74	53.75	78.96	104.17	154.58	205.00	255.42	
75	57.50	84.58	111.67	165.83	220.00	274.17	

Rates include \$40 Annual Policy Fee

Aetna Senior Supplemental Insurance
Final Expense
Modified Benefit Plan BSP Rates for Face Amounts

Female Smoker

Issue Age	Face Amount						
	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
45	21.67	30.83	40.00	58.33	76.67	95.00	113.33
46	22.50	32.08	41.67	60.83	80.00	99.17	118.33
47	23.75	33.96	44.17	64.58	85.00	105.42	125.83
48	24.58	35.21	45.83	67.08	88.33	109.58	130.83
49	25.83	37.08	48.33	70.83	93.33	115.83	138.33
50	26.67	38.33	50.00	73.33	96.67	120.00	143.33
51	27.92	40.21	52.50	77.08	101.67	126.25	150.83
52	29.17	42.08	55.00	80.83	106.67	132.50	158.33
53	30.00	43.33	56.67	83.33	110.00	136.67	163.33
54	31.25	45.21	59.17	87.08	115.00	142.92	170.83
55	32.50	47.08	61.67	90.83	120.00	149.17	178.33
56	33.75	48.96	64.17	94.58	125.00	155.42	185.83
57	34.58	50.21	65.83	97.08	128.33	159.58	190.83
58	35.83	52.08	68.33	100.83	133.33	165.83	198.33
59	36.67	53.33	70.00	103.33	136.67	170.00	203.33
60	37.92	55.21	72.50	107.08	141.67	176.25	210.83
61	39.58	57.71	75.83	112.08	148.33	184.58	220.83
62	41.25	60.21	79.17	117.08	155.00	192.92	230.83
63	42.92	62.71	82.50	122.08	161.67	201.25	240.83
64	44.58	65.21	85.83	127.08	168.33	209.58	250.83
65	46.25	67.71	89.17	132.08	175.00	217.92	260.83
66	48.33	70.83	93.33	138.33	183.33	228.33	
67	50.42	73.96	97.50	144.58	191.67	238.75	
68	52.08	76.46	100.83	149.58	198.33	247.08	
69	54.17	79.58	105.00	155.83	206.67	257.50	
70	56.25	82.71	109.17	162.08	215.00	267.92	
71	60.83	89.58	118.33	175.83	233.33	290.83	
72	65.42	96.46	127.50	189.58	251.67	313.75	
73	70.00	103.33	136.67	203.33	270.00	336.67	
74	74.58	110.21	145.83	217.08	288.33	359.58	
75	79.17	117.08	155.00	230.83	306.67	382.50	

Rates include \$40 Annual Policy Fee

Aetna Senior Supplemental Insurance
Final Expense
Base Rates (per \$1,000 of Face Amount)

Level Benefit

Issue Age	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
45	35	42	32	38
46	35	43	32	39
47	36	44	32	40
48	36	45	33	41
49	37	46	33	42
50	37	47	33	43
51	38	49	34	44
52	39	50	35	46
53	41	52	35	47
54	42	53	36	49
55	43	55	37	50
56	45	57	38	51
57	46	60	39	52
58	48	62	41	53
59	49	65	42	54
60	51	67	43	55
61	53	71	45	57
62	56	75	46	59
63	58	78	48	62
64	61	82	49	64
65	63	86	51	66
66	67	91	53	68
67	70	96	56	71
68	74	100	58	73
69	77	105	61	76
70	81	110	63	78
71	87	118	68	83
72	93	126	73	88
73	99	134	77	92
74	105	142	82	97
75	111	150	87	102
76	120	161	94	110
77	128	171	101	118
78	137	182	109	126
79	145	192	116	134
80	154	203	123	142
81	170	224	136	156
82	186	244	149	170
83	203	265	161	183
84	219	285	174	197
85	235	306	187	211
86	261	334	202	227
87	288	362	216	244
88	314	390	231	260
89	340	418	245	276

Modal Factors: Annual: 1.0; Semi-Annual: 0.5; Quarterly: 0.25; and Monthly: 1/12

Rates do not include \$40 Annual Policy Fee

Agent Use Only

Aetna Senior Supplemental Insurance
Final Expense
Base Rates (per \$1,000 of Face Amount)

Graded Benefit

Issue Age	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
45	40	51	36	46
46	41	53	37	48
47	41	54	37	50
48	42	56	38	51
49	42	57	38	53
50	43	59	39	55
51	45	62	40	57
52	47	65	42	59
53	50	69	43	62
54	52	72	45	64
55	54	75	46	66
56	56	78	47	68
57	58	81	48	69
58	59	85	49	71
59	61	88	50	72
60	63	91	51	74
61	66	96	53	76
62	69	102	56	79
63	73	107	58	81
64	76	113	61	84
65	79	118	63	86
66	84	125	66	89
67	89	131	69	91
68	93	138	72	94
69	98	144	75	96
70	103	151	78	99
71	111	163	84	105
72	119	175	90	112
73	127	187	95	118
74	135	199	101	125
75	143	211	107	131
76	156	227	117	143
77	168	243	128	155
78	181	258	138	166
79	193	274	149	178
80	206	290	159	190

Modal Factors: Annual: 1.0; Semi-Annual: 0.5; Quarterly: 0.25; and Monthly: 1/12

Rates do not include \$40 Annual Policy Fee

Agent Use Only

Aetna Senior Supplemental Insurance
Final Expense
Base Rates (per \$1,000 of Face Amount)

Modified Benefit

Issue Age	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
45	35	49	31	44
46	36	52	32	46
47	37	54	33	49
48	38	57	33	51
49	39	59	34	54
50	40	62	35	56
51	42	66	36	59
52	44	70	38	62
53	47	74	39	64
54	49	78	41	67
55	51	82	42	70
56	54	88	44	73
57	57	94	46	75
58	60	99	47	78
59	63	105	49	80
60	66	111	51	83
61	70	121	54	87
62	74	131	57	91
63	79	142	60	95
64	83	152	63	99
65	87	162	66	103
66	95	181	70	108
67	103	201	74	113
68	111	220	79	117
69	119	240	83	122
70	127	259	87	127
71	142	322	96	138
72	157	385	104	149
73	172	449	113	160
74	187	512	121	171
75	202	575	130	182

Modal Factors: Annual: 1.0; Semi-Annual: 0.5; Quarterly: 0.25; and Monthly: 1/12

Rates do not include \$40 Annual Policy Fee

Agent Use Only