

Aetna Health and Life Insurance Company

Administrative Office

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Outline of Coverage

Medicare Supplement Insurance

BENEFIT PLANS A, B, F, HIGH DEDUCTIBLE F, G, N

Underwritten by

Aetna Health and Life Insurance Company

Montana

02012016

AETNA HEALTH AND LIFE INSURANCE COMPANY

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE: Page 1 of 2 BENEFIT PLANS AVAILABLE: A, B, F, HIGH DEDUCTIBLE F, G, N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". Some plans may not be available in your state.

Basic Benefits:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-Approved expenses) or, copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of coinsurance or copayments

Blood: First three pints of blood each year.

Hospice-Part A coinsurance

200			Q	F/F*		¥	_	Σ	z
Basic, Basic,	Basic, Basic,		Basic,		Basic,	Hospitalization	Hospitalization	Basic,	Basic, including
Including Including Including Including	Including Including			a t Q	Including 100% Bart B	and preventive	and preventive	Including	100% Part B
coinsurance coinsurance	coinsurance coinsurance		coinsura	all b ance*	coinsurance	cale paid at 100%; other	tale paid at 100%; other	coinsurance	up to \$20
						basic benefits	basic benefits		copayment for office
						paid at 50%	paid at 75%		visit, and up to \$50 copayment for ER
Skilled Skilled Skilled	Skilled		Skilled		Skilled	50% Skilled	75% Skilled	Skilled	Skilled Nursing
_	Nursing	_	Nursing	_	Nursing	Nursing	Nursing Facility	Nursing	Facility Coinsurance
Facility	Facility		Facility		Facility	Facility	Coinsurance	Facility	
Coinsurance Coinsurance Coinsurance	Coinsurance		Coinsur	ance	Coinsurance	Coinsurance		Coinsurance	
Part A Part A	Part A		Part A		Part A	50% Part A	75% Part A	50% Part A	Part A Deductible
Deductible Deductible Deductible Deductible	Deductible		Deductil	ole	Deductible	Deductible	Deductible	Deductible	
		Part B	Part B						
Deductible Deducti		Deducti	Deducti	ble					
Part B	Part B	Part B	Part B		Part B				
Excess	Excess	Excess	Excess		Excess				
(100%)	(100%)	(100%)	(100%)		(100%)				
n Foreign	Foreign		Foreign		Foreign			Foreign	Foreign Travel
Travel	Travel	<u> </u>	Travel		Travel			Travel	Emergency
Emergency Emergency Emergency	Emergency	_	Emergen	cy	Emergency			Emergency	
						Out-of-pocket limit \$4960:	Out-of-pocket		
						paid at 100%	paid at 100%		
						after limit	after limit		
						reached	reached		

expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's Plans F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2180 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed \$2180. Out-of-pocket expenses for this deductible are separate foreign travel emergency deductible.

Aetna Health and Life Insurance Company

Annual Attained Age Premiums

For Use in ZIP Codes: Entire State

Plan A Plan B Plan F High F 3,925 4,495 5,259 2,104 1,157 1,301 1,513 606 1,189 1,343 1,563 625 1,220 1,384 1,614 645 1,252 1,424 1,613 664 1,282 1,464 1,711 685 1,333 1,533 1,759 704 1,343 1,520 1,902 761 1,447 1,696 1,998 799 1,447 1,696 1,998 799 1,447 1,696 1,998 799 1,447 1,732 2,045 817 1,447 1,732 2,045 817 1,447 1,732 2,045 817 1,447 1,732 2,045 817 1,447 1,732 2,045 817 1,447 1,732 2,045 817 1,549 1,347 1,348 </th <th>Plan G Plan N 4,081 3,570 1,170 1,020 1,249 1,091 1,288 1,126 1,327 1,160 1,364 1,194 1,402 1,227 1,440 1,261 1,479 1,297 1,517 1,332 1,556 1,367 1,594 1,402 1,594 1,402 1,594 1,402 1,594 1,402 1,594 1,402 1,670 1,472 1,708 1,507 1,708 1,507</th> <th>Age Under 65 65 66 67 70 71 72 73 74 75</th> <th>Plan A 4,361 1,285 1,320 1,326 1,331 1,424 1,428 1,526 1,526 1,530 1,607 1,607 1,607 1,607 1,603 1,607 1,607 1,603 1,607</th> <th>Plan B 4,995 1,446 1,492 1,538 1,538 1,560 1,714 1,757 1,800 1,841 1,925 1,905 2,003</th> <th>Plan F 5,843 1,681 1,737 1,737 1,793 1,901 1,955 2,007 2,005 2,114 2,166 2,219 2,272 2,323 2,337 2,375</th> <th>High F 2,337 673 673 717 738 761 782 803 824 845 867 867 908 930 970</th> <th>4,534 1,300 1,344 1,348 1,348 1,431 1,516 1,558 1,600 1,643 1,771 1,771 1,813 1,858</th> <th>3,967 1,133 1,173 1,122 1,221 1,221 1,221 1,289 1,327 1,401 1,401 1,441 1,480 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,619</th>	Plan G Plan N 4,081 3,570 1,170 1,020 1,249 1,091 1,288 1,126 1,327 1,160 1,364 1,194 1,402 1,227 1,440 1,261 1,479 1,297 1,517 1,332 1,556 1,367 1,594 1,402 1,594 1,402 1,594 1,402 1,594 1,402 1,594 1,402 1,670 1,472 1,708 1,507 1,708 1,507	Age Under 65 65 66 67 70 71 72 73 74 75	Plan A 4,361 1,285 1,320 1,326 1,331 1,424 1,428 1,526 1,526 1,530 1,607 1,607 1,607 1,607 1,603 1,607 1,607 1,603 1,607	Plan B 4,995 1,446 1,492 1,538 1,538 1,560 1,714 1,757 1,800 1,841 1,925 1,905 2,003	Plan F 5,843 1,681 1,737 1,737 1,793 1,901 1,955 2,007 2,005 2,114 2,166 2,219 2,272 2,323 2,337 2,375	High F 2,337 673 673 717 738 761 782 803 824 845 867 867 908 930 970	4,534 1,300 1,344 1,348 1,348 1,431 1,516 1,558 1,600 1,643 1,771 1,771 1,813 1,858	3,967 1,133 1,173 1,122 1,221 1,221 1,221 1,289 1,327 1,401 1,401 1,441 1,480 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,519 1,619
4,495 5,259 1,301 1,513 1,343 1,563 1,384 1,614 1,424 1,663 1,464 1,711 1,503 1,759 1,543 1,806 1,581 1,853 1,620 1,902 1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,902 2,227 1,902 2,227 1,902 2,227 1,902 2,227 1,902 2,227 1,903 2,333 1,983 2,339 2,006 2,428 2,031 2,465 2,080 2,543 2,105 2,583 2,112 2,659 2,114 2,696 2,114 2,696 2,114 2,696 2,118 2,769		Under 65 65 66 67 67 70 71 72 73 74 75 75	4,361 1,285 1,326 1,336 1,391 1,424 1,428 1,526 1,526 1,530 1,607 1,607 1,607 1,607 1,603 1,603 1,607 1,603 1,607 1,607 1,603	4,995 1,446 1,538 1,538 1,626 1,670 1,714 1,757 1,800 1,841 1,925 1,925 1,967 2,003	5,843 1,681 1,737 1,793 1,901 1,955 2,007 2,059 2,114 2,166 2,219 2,272 2,272 2,373 2,374	2,337 673 694 717 738 761 782 803 824 845 867 867 908 930 970	4,534 1,300 1,344 1,388 1,431 1,516 1,558 1,600 1,643 1,600 1,643 1,771 1,771 1,813	3,967 1,133 1,173 1,212 1,221 1,289 1,327 1,363 1,401 1,480 1,519 1,519 1,536 1,636 1,636
1,301 1,513 1,343 1,563 1,384 1,614 1,424 1,663 1,464 1,711 1,503 1,759 1,543 1,806 1,581 1,853 1,620 1,902 1,657 1,950 1,696 1,998 1,732 2,045 1,732 2,045 1,732 2,045 1,732 2,045 1,732 2,045 1,732 2,045 1,902 2,227 1,902 2,227 1,903 2,333 1,983 2,389 2,006 2,428 2,031 2,465 2,035 2,505 2,036 2,543 2,105 2,543 2,105 2,543 2,105 2,543 2,105 2,543 2,105 2,543 2,105 2,543 2,105 2,543 2,105 2,543 2,105 2,543 2,105 2,543 2,106 2,543 2,107 2,696 2,198 2,733 2,198 2,733 2,198 2,749		59 69 69 69 69 69 69 69 69 69 69 69 69 69	1,285 1,320 1,326 1,391 1,428 1,492 1,526 1,526 1,530 1,607 1,661 1,663	1,446 1,538 1,583 1,626 1,714 1,757 1,800 1,841 1,925 1,905 2,003	1,681 1,737 1,793 1,848 1,901 1,955 2,007 2,059 2,114 2,166 2,219 2,272 2,272 2,323 2,374	673 694 717 738 761 782 803 824 845 867 867 908 930	1,300 1,344 1,388 1,431 1,516 1,516 1,528 1,600 1,643 1,771 1,771 1,813 1,858	1,133 1,173 1,212 1,221 1,289 1,327 1,401 1,440 1,480 1,519 1,519 1,596 1,596 1,674
1,343 1,563 1,384 1,614 1,424 1,663 1,464 1,711 1,503 1,759 1,543 1,806 1,581 1,853 1,620 1,902 1,657 1,950 1,696 1,998 1,732 2,045 1,732 2,045 1,732 2,045 1,732 2,045 1,732 2,045 1,902 2,227 1,902 2,227 1,903 2,333 1,983 2,389 2,006 2,428 2,031 2,465 2,035 2,505 2,036 2,543 2,105 2,543 2,106 2,543 2,107 2,696 2,198 2,733		86 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1,320 1,356 1,391 1,428 1,492 1,526 1,536 1,607 1,667 1,663	1,492 1,538 1,626 1,670 1,714 1,757 1,800 1,841 1,925 1,925 1,967 2,003	1,737 1,793 1,848 1,901 1,955 2,007 2,069 2,114 2,166 2,219 2,272 2,323 2,374	694 717 738 761 761 782 803 824 845 867 867 908 930 970	1,344 1,388 1,431 1,474 1,516 1,528 1,600 1,643 1,683 1,771 1,813 1,858	1,173 1,212 1,221 1,289 1,327 1,401 1,440 1,519 1,519 1,536 1,636 1,636
1,384 1,614 1,424 1,663 1,464 1,711 1,503 1,759 1,543 1,806 1,581 1,853 1,620 1,902 1,657 1,950 1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,807 2,227 1,902 2,227 1,902 2,227 1,902 2,227 1,902 2,227 1,903 2,333 1,983 2,389 2,006 2,428 2,031 2,465 2,055 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,124 2,696 2,138 2,622 2,125 2,505 2,128 2,622 2,127 2,696 2,138 2,769 2,114 2,696 2,198 2,733		79 88 88 89 87 17 12 18 18 18 18 18 18 18 18 18 18 18 18 18	1,356 1,391 1,428 1,492 1,526 1,536 1,580 1,607 1,661 1,663	1,538 1,626 1,670 1,714 1,714 1,757 1,800 1,841 1,984 1,925 1,967 2,003	1,793 1,848 1,901 1,955 2,007 2,059 2,114 2,116 2,219 2,272 2,272 2,323 2,374	717 738 761 761 782 803 824 845 867 867 908 930 950	1,388 1,431 1,474 1,516 1,558 1,600 1,643 1,686 1,771 1,771 1,813 1,858	1,212 1,251 1,289 1,327 1,363 1,441 1,441 1,480 1,519 1,558 1,596 1,636 1,674
1,424 1,663 1,464 1,711 1,503 1,759 1,543 1,806 1,581 1,853 1,620 1,902 1,657 1,950 1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,802 2,272 1,902 2,272 1,902 2,272 1,902 2,272 1,936 2,333 1,936 2,333 1,936 2,343 2,006 2,428 2,006 2,428 2,005 2,505 2,006 2,543 2,105 2,583 2,112 2,659 2,114 2,696 2,119 2,769		88 69 67 67 67 67 68 68 68 68 68 68 68 68 68 68 68 68 68	1,391 1,424 1,428 1,492 1,526 1,530 1,607 1,607 1,663	1,583 1,626 1,670 1,714 1,757 1,800 1,841 1,984 1,967 2,003	1,848 1,901 1,955 2,007 2,059 2,114 2,116 2,219 2,272 2,323 2,374	738 761 782 803 824 845 867 888 908 930 950	1,431 1,474 1,516 1,558 1,600 1,600 1,643 1,771 1,771 1,813 1,856	1,251 1,289 1,327 1,363 1,401 1,441 1,480 1,519 1,558 1,566 1,674
1,464 1,711 1,503 1,759 1,543 1,806 1,581 1,853 1,620 1,902 1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,807 2,227 1,902 2,227 1,902 2,227 1,902 2,227 1,936 2,335 1,983 2,389 2,006 2,428 2,006 2,428 2,006 2,428 2,006 2,428 2,007 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,124 2,696 2,198 2,733 2,198 2,769 2,198 2,733 2,198 2,769		8	1,424 1,458 1,526 1,533 1,580 1,607 1,607 1,661 1,678 1,693 1,710	1,626 1,670 1,714 1,714 1,800 1,841 1,884 1,967 2,003	1,901 1,955 2,007 2,059 2,114 2,116 2,219 2,272 2,323 2,324	761 782 803 824 845 867 888 908 930 950	1,474 1,516 1,558 1,600 1,643 1,686 1,729 1,771 1,813 1,836	1,289 1,327 1,363 1,401 1,441 1,480 1,519 1,519 1,536 1,536 1,674
1,503 1,759 1,543 1,806 1,581 1,853 1,620 1,902 1,657 1,950 1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,807 2,227 1,902 2,227 1,902 2,227 1,902 2,227 1,936 2,335 1,983 2,389 2,006 2,428 2,006 2,428 2,006 2,428 2,005 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,124 2,696 2,198 2,733 2,198 2,769		8 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8	1,458 1,526 1,526 1,530 1,580 1,607 1,607 1,613 1,613 1,613 1,613 1,613	1,670 1,714 1,757 1,800 1,841 1,884 1,925 1,925	1,955 2,007 2,059 2,114 2,166 2,219 2,272 2,323 2,374	782 803 824 845 867 888 908 930 950	1,516 1,558 1,600 1,643 1,686 1,729 1,771 1,813 1,856	1,327 1,363 1,401 1,441 1,480 1,519 1,558 1,566 1,674
1,543 1,806 1,581 1,853 1,620 1,902 1,657 1,950 1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,807 2,227 1,902 2,227 1,902 2,227 1,936 2,335 1,983 2,389 2,006 2,428 2,006 2,428 2,006 2,428 2,005 2,505 2,006 2,543 2,105 2,583 2,128 2,622 2,124 2,696 2,139 2,769		17	1,492 1,526 1,553 1,580 1,607 1,635 1,661 1,678 1,693 1,710	1,714 1,757 1,800 1,841 1,884 1,925 1,967 2,003	2,007 2,059 2,114 2,166 2,219 2,272 2,323 2,374 2,374	803 824 845 867 888 908 930 950	1,558 1,600 1,643 1,686 1,729 1,771 1,813 1,856	1,363 1,401 1,441 1,480 1,519 1,558 1,596 1,674
1,581 1,883 1,620 1,902 1,657 1,950 1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,807 2,227 1,902 2,227 1,902 2,227 1,936 2,315 1,939 2,333 1,983 2,389 2,006 2,428 2,031 2,465 2,080 2,543 2,105 2,583 2,128 2,622 2,124 2,696 2,198 2,733 2,198 2,769		22 E	1,526 1,553 1,580 1,607 1,661 1,663 1,663 1,678	1,757 1,800 1,841 1,884 1,925 1,967 2,003	2,059 2,114 2,166 2,219 2,272 2,323 2,333 2,374	824 845 867 888 908 930 950	1,600 1,643 1,686 1,729 1,771 1,813 1,856	1,401 1,441 1,480 1,519 1,558 1,596 1,636 1,674
1,620 1,902 1,657 1,950 1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,802 2,227 1,902 2,227 1,902 2,227 1,936 2,080 2,543 2,105 2,128 2,128 2,128 2,128 2,139 2,169 2,198 2,739 2,198 2,139 2,169 2,198 2,739 2,198 2,128 2,128 2,128 2,128 2,128 2,128 2,128 2,139 2,149 2,169 2,198 2,739 2,169 2,198 2,739 2,769		£ 4 £ 9 £ 8 £	1,553 1,580 1,607 1,635 1,661 1,678 1,693 1,710	1,800 1,841 1,884 1,925 1,967 2,003	2,114 2,166 2,219 2,272 2,323 2,374 2,374	845 867 888 908 930 950	1,643 1,686 1,729 1,771 1,813 1,856	1,441 1,480 1,519 1,558 1,596 1,636 1,636
1,657 1,950 1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,802 2,227 1,902 2,227 1,902 2,227 1,936 2,315 1,959 2,333 1,983 2,389 2,006 2,428 2,006 2,428 2,005 2,505 2,080 2,543 2,105 2,505 2,105 2,505 2,105 2,505 2,105 2,505 2,105 2,505 2,114 2,696 2,174 2,696 2,174 2,696 2,198 2,733 2,198 2,733		47 57 78 78 87	1,580 1,607 1,635 1,661 1,678 1,693 1,710	1,841 1,884 1,925 1,967 2,003	2,166 2,219 2,272 2,323 2,374 2,374	888 908 930 950	1,686 1,729 1,771 1,813 1,856	1,480 1,519 1,558 1,596 1,636 1,636
1,696 1,998 1,732 2,045 1,770 2,091 1,803 2,137 1,837 2,182 1,902 2,227 1,902 2,227 1,936 2,315 1,959 2,333 1,983 2,389 2,006 2,428 2,006 2,428 2,005 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,152 2,659 2,174 2,696 2,198 2,733		5 5 7 8 8	1,607 1,635 1,661 1,678 1,693 1,710	1,884 1,925 1,967 2,003	2,219 2,272 2,323 2,374 2,374	888 908 930 950	1,729 1,771 1,813 1,856	1,519 1,558 1,596 1,636 1,674
1,732 2,045 1,770 2,091 1,803 2,137 1,837 2,182 1,902 2,227 1,902 2,227 1,936 2,315 1,959 2,333 1,983 2,389 2,006 2,428 2,006 2,428 2,031 2,465 2,085 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,152 2,659 2,174 2,696 2,198 2,733		92 T 86 E	1,635 1,661 1,678 1,693 1,710	1,925 1,967 2,003	2,272 2,323 2,374	908 930 950 970	1,771 1,813 1,856 1,898	1,558 1,596 1,636 1,674
1,770 2,091 1,803 2,137 1,837 2,182 1,870 2,227 1,902 2,272 1,936 2,315 1,959 2,353 1,983 2,389 2,006 2,428 2,006 2,428 2,031 2,465 2,085 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,152 2,659 2,174 2,696 2,198 2,733 2,198 2,733		7. 8. b	1,661 1,678 1,693 1,710	1,967 2,003	2,323 2,374	930 950 970	1,813	1,596
1,803 2,137 1,837 2,182 1,870 2,227 1,902 2,272 1,936 2,315 1,959 2,353 1,983 2,389 2,006 2,428 2,031 2,465 2,085 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,124 2,696 2,198 2,733 2,198 2,733		8 6	1,678 1,693 1,710	2,003	2,374	950	1,856	1,636
1,837 2,182 1,870 2,227 1,902 2,272 1,936 2,315 1,959 2,353 1,983 2,389 2,006 2,428 2,031 2,465 2,055 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,152 2,696 2,174 2,696 2,198 2,733 2,219 2,769		۶	1,693	5 CN C	2 425	970	1 898	1,674
1,870 2,227 1,902 2,272 1,936 2,315 1,959 2,353 1,983 2,389 2,006 2,428 2,031 2,465 2,055 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,152 2,696 2,174 2,696 2,198 2,733		j	1,710	4,0,1	4,7 1,7 1,7		1,000	1
1,902 2,272 1,936 2,315 1,959 2,353 1,983 2,389 2,006 2,428 2,031 2,465 2,085 2,080 2,543 2,105 2,152 2,696 2,198 2,733 2,219 2,769		8	1 725	2,078	2,474	686	1,939	1,713
1,936 2,315 1,959 2,353 1,959 2,353 2,006 2,428 2,031 2,465 2,055 2,505 2,080 2,543 2,105 2,152 2,696 2,198 2,733 2,219 2,769	•	81	1,14	2,114	2,524	1,009	1,980	1,752
1,959 2,353 1,983 2,389 2,006 2,428 2,031 2,465 2,055 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,174 2,696 2,198 2,733 2,219 2,769		83	1,741	2,151	2,572	1,029	2,021	1,791
1,983 2,389 2,006 2,428 2,005 2,465 2,055 2,505 2,105 2,128 2,128 2,129 2,174 2,696 2,1198 2,739 2,219 2,769	` .	88	1,756	2,176	2,614	1,046	2,058	1,827
2,006 2,428 2,031 2,465 2,055 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,174 2,696 2,198 2,733 2,219 2,769	•	%	1,773	2,203	2,655	1,061	2,095	1,863
2,031 2,465 2,505 2,080 2,543 2,105 2,583 2,128 2,622 2,174 2,696 2,198 2,733 2,219 2,769	` .	82	1,788	2,229	2,697	1,079	2,132	1,900
2,055 2,505 2,008 2,543 2,105 2,583 2,128 2,622 2,174 2,696 2,198 2,733 2,219 2,769		98	1,805	2,257	2,739	1,096	2,170	1,938
2,080 2,543 2,105 2,583 2,128 2,622 2,152 2,659 2,174 2,696 2,198 2,733 2,219 2,769		87	1,820	2,283	2,783	1,113	2,208	1,976
2,105 2,583 2,128 2,622 2,152 2,659 2,174 2,696 2,198 2,733 2,219 2,769		8	1,837	2,311	2,826	1,131	2,248	2,014
2,128 2,622 2,152 2,659 2,174 2,696 2,198 2,733 2,219 2,769	2,057 1,848	8	1,853	2,339	2,870	1,148	2,286	2,053
2,152 2,659 2,174 2,696 2,198 2,733 2,219 2,769		8	1,870	2,365	2,913	1,165	2,325	2,091
2,174 2,696 2,198 2,733 2,219 2,769	` '	91	1,887	2,390	2,954	1,181	2,362	2,129
2,198 2,733	2,160 1,949	95	1,905	2,416	2,996	1,198	2,400	2,166
2.219 2.769	٠.	93	1,923	2,442	3,037	1,216	2,436	2,202
	2,225 2,014	94	1,939	2,465	3,077	1,231	2,472	2,238
2,242	7	93	1,957	2,491	3,116	1,245	2,508	2,273
2,263 2	7	96	1,975	2,515	3,154	1,262	2,543	2,308
1,793 2,283 2,873 1,149	2,319 2,108	26	1,992	2,537	3,192	1,277	2,577	2,342
•	2,350 2,138	86	2,011	2,561	3,230	1,293	2,611	2,376
1,825 2,325 2,940 1,176	2,380 2,168	+66	2,029	2,583	3,267	1,306	2,644	2,409

The above reates do not include the \$20 application fee

To calculate household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent) Modal premium x .93 = discounted premium

If appyling during Open Enrollment or Guaranteed Issue Period use Non-Smoker rates.

PREMIUM INFORMATION

Aetna Health and Life 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 and Life 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 a Aetna Health and Life Insurance Company Medicare supplement policy. The Medicare eligible adult must be either (a) your spouse; (b) be someone with whom you are in a civil union partnership; or (c) be a permanent resident in your home. 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 and Life Insurance Company, P.O. Box 1188, Brentwood, Tennessee 37024. 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 and Life 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 any 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 AND LIFE INSURANCE COMPANY.

PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1288	\$0	\$1288 (Part A Deductible)
61st thru 90th day 91st day and after •While using 60 lifetime reserve	All but \$322 a day	\$322 a day	\$0
days Once lifetime reserve days are used:	All but \$644 a day	\$644 a day	\$0
•Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
●Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- Approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day 101st day and after	All but \$161 a day	\$0 \$0	Up to \$161 a day All costs
BLOOD	Ψ.	Ψ.	7 111 00010
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

^{**}NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES -	17(10	17(10	17(1
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's			
services, inpatient and outpatient			
medical and surgical services and			
supplies, physical and speech			
therapy, diagnostic test, durable			
medical equipment			
First \$166 of Medicare-Approved	\$0	\$0	\$166
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-Approved			
amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$166 of Medicare-Approved	\$0	\$0	\$166
amounts*			(Part B Deductible)
Remainder of Medicare-Approved	000/	000/	0
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC	1000/	CO	0.0
SERVICES	100%	\$0	\$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
•First \$166 of Medicare Approved amounts*	\$0	\$0	\$166 (Part B Deductible)
Remainder of Medicare Approved amounts	80%	20%	\$0

PLAN B

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but \$1288	\$1288	\$0
		(Part A Deductible)	
61st thru 90th day	All but \$322 a day	\$322 a day	\$0
91st day and after			
•While using 60 lifetime reserve			
days	All but \$644 a day	\$644 a day	\$0
Once lifetime reserve days are			
used:	00	4000/ - (M !'	0.044
Additional 365 days	\$0	100% of Medicare	\$0**
De and the Additional OOF de-	C O	Eligible Expenses	All costs
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY			
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days after leaving the hospital			
First 20 days	All approved	\$0	\$0
First 20 days	amounts	φυ	φυ
21st thru 100th day	All but \$161 a day	\$0	Up to \$161 a day
101st day and after	\$0	\$0	All costs
BLOOD	Ψ	Ψ	7 111 00010
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE		т -	т -
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	T -
certification of terminal illness.	coinsurance for	coinsurance	
	outpatient drugs		
	and inpatient		
	respite care		

^{**}NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN B

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

* Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES -			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's			
services, inpatient and outpatient			
medical and surgical services and			
supplies, physical and speech			
therapy, diagnostic test, durable			
medical equipment	\$0	\$0	\$166
First \$166 of Medicare-Approved amounts*	φυ	φυ	(Part B Deductible)
Remainder of Medicare-Approved			(i ait b beductible)
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges	,	,	
(Above Medicare-Approved			
amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$166 of Medicare-Approved	\$0	\$0	\$166
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC	4000/		
SERVICES	100%	\$0	\$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care services and medical supplies	100%	\$0	\$0
 Durable medical equipment First \$166 of Medicare Approved amounts* 	\$0	\$0	\$166 (Part B Deductible)
 Remainder of Medicare Approved amounts 	80%	20%	\$0

PLAN F

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but \$1288	\$1288	\$0
		(Part A Deductible)	
61st thru 90th day	All but \$322 a day	\$322 a day	\$0
91st day and after	-	-	
While using 60 lifetime reserve			
days	All but \$644 a day	\$644 a day	\$0
Once lifetime reserve days are	•		
used:			
Additional 365 days	\$0	100% of Medicare	\$0**
,		Eligible Expenses	
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY			
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days			
after leaving the hospital			
First 20 days	All approved	\$0	\$0
	amounts		
21st thru 100th day	All but \$161 a day	Up to \$161 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	
certification of terminal illness.	coinsurance for	coinsurance	
	outpatient drugs		
	and inpatient		
	respite care		

^{**}NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES -	17110	17410	1711
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's			
services, inpatient and outpatient			
medical and surgical services and			
supplies, physical and speech			
therapy, diagnostic test, durable			
medical equipment			
First \$166 of Medicare-Approved	\$0	\$166	\$0
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved			
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-Approved			
amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$166 of Medicare-Approved	\$0	\$166	\$0
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care	100%	\$0	\$0
services and medical supplies	100 /0	ΨΟ	Ψ
Durable medical equipmentFirst \$166 of MedicareApproved amounts*	\$0	\$166 (Part B Deductible)	\$0
Remainder of Medicare Approved amounts	80%	20%	\$0

PLAN F OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE	PLAN	YOU
	PAYS	PAYS	PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

High Deductible F

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

***This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2180 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses are \$2180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE	AFTER YOU PAY \$2180 DEDUCTIBLE***	IN ADDITION TO \$2180 DEDUCTIBLE***
	PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies	AUL (04000	0.1000	
First 60 days	All but \$1288	\$1288	\$0
04 at the 200th da	AU I- 1 0000I-	(Part A Deductible)	0.0
61st thru 90th day	All but \$322 a day	\$322 a day	\$0
91st day and after			
•While using 60 lifetime reserve	All but CC44 a day	CC44 a day	C O
days	All but \$644 a day	\$644 a day	\$0
•Once lifetime reserve days are			
used:	\$0	100% of Medicare	\$0**
•Additional 365 days	ΨΟ	Eligible Expenses	φυ
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY	Ψ0	Ψ σ	7 111 00010
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days			
after leaving the hospital			
First 20 days	All approved	\$0	\$0
_	amounts		
21st thru 100th day	All but \$161 a day	Up to \$161 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

HOSPICE CARE			
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	
certification of terminal illness.	coinsurance for	coinsurance	
	outpatient drugs		
	and inpatient		
	respite care		

^{**}NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

HIGH DEDUCTIBLE PLAN F

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

***This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2180 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses are \$2180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2180 DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO \$2180 DEDUCTIBLE*** YOU PAY
MEDICAL EXPENSES -			
IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's			
services, inpatient and outpatient			
medical and surgical services and			
supplies, physical and speech			
therapy, diagnostic test, durable			
medical equipment	00	0400	00
First \$166 of Medicare-Approved amounts*	\$0	\$166 (Part B Deductible)	\$0
Remainder of Medicare-Approved		(Fait b Deductible)	
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges	, , , , , , , , , , , , , , , , , , , ,	,	
(Above Medicare-Approved			
amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$166 of Medicare-Approved amounts*	\$0	\$166	\$0
Remainder of Medicare-Approved		(Part B Deductible)	
amounts	80%	20%	\$0
CLINICAL LABORATORY	0070		
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

HIGH DEDUCTIBLE PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2180 DEDUCTIBLE*** PLAN PAYS	IN ADDITION TO \$2180 DEDUCTIBLE*** YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$166 of Medicare Approved amounts*	\$0	\$166 (Part B Deductible)	\$0
 Remainder of Medicare Approved amounts 	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$2180 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$2180 DEDUCTIBLE** YOU PAY
FOREIGN TRAVEL -			
NOT COVERED BY MEDICARE			
Medically necessary emergency			
care services beginning during the			
first 60 days of each trip outside			
the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN G

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but \$1288	\$1288	\$0
C4 at the cooling days	All but 6000 a day	(Part A Deductible)	CO
61st thru 90th day	All but \$322 a day	\$322 a day	\$0
91st day and after			
•While using 60 lifetime reserve days	All but \$644 a day	\$644 a day	\$0
Once lifetime reserve days are	All but \$044 a day	φυττ a day	φυ
used:			
•Additional 365 days	\$0	100% of Medicare	\$0**
- Additional ood days	Ψ σ	Eligible Expenses	Ψ
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY			
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days			
after leaving the hospital	A.I		
First 20 days	All approved	\$0	\$0
21 at thru 100th day	amounts	Up to \$161 a day	\$0
21st thru 100th day 101st day and after	All but \$161 a day	\$0	All costs
BLOOD	ΨΟ	ΨΟ	All COSIS
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE	10070		
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	
certification of terminal illness	coinsurance for	coinsurance	
services	outpatient drugs		
	and inpatient		
	respite care		

^{**}NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

	MEDIOADE	DI ANI	VOII
SERVICES	MEDICARE	PLAN	YOU
	PAYS	PAYS	PAY
MEDICAL EXPENSES –			
IN OR OUT OF THE HOSPITAL			
AND OUTPATIENT HOSPITAL			
TREATMENT, such as physician's			
services, inpatient and outpatient			
medical and surgical services and			
supplies, physical and speech			
therapy, diagnostic test, durable			
medical equipment			
First \$166 of Medicare-Approved	\$0	\$0	\$166
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-Approved			
amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$166 of Medicare-Approved	\$0	\$0	\$166
amounts*			(Part B Deductible)
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE -			
MEDICARE APPROVED			
SERVICES			
 Medically necessary skilled care 			
services and medical supplies	100%	\$0	\$0
Durable medical equipment			
•First \$166 of Medicare	\$0	\$0	\$166
Approved amounts*			(Part B Deductible)
•Remainder of Medicare			
Approved amounts	80%	20%	\$0

PLAN G

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum

PLAN N

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

	MEDICARE	PLAN	YOU
SERVICES	PAYS	PAYS	PAY
HOSPITALIZATION*			
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies			
First 60 days	All but \$1288	\$1288	\$0
04-14	All I- (0000I-	(Part A Deductible)	0.0
61st thru 90th day	All but \$322 a day	\$322 a day	\$0
91st day and after			
•While using 60 lifetime reserve	All but \$644 a day	C644 a day	\$0
days	All but \$644 a day	\$644 a day	ΦU
 Once lifetime reserve days are used: 			
Additional 365 days	\$0	100% of Medicare	\$0**
Additional 303 days	ΨΟ	Eligible Expenses	ΨΟ
Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY	7.0	7.0	7 000.0
CARE*			
You must meet Medicare's			
requirements, including having			
been in a hospital for at least 3			
days and entered a Medicare-			
Approved facility within 30 days			
after leaving the hospital			
First 20 days	All approved	\$0	\$0
04 at the most 400th of according	amounts	Lin to 0404 a alou	.
21st thru 100th day	All but \$161 a day	Up to \$161 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE	10070	ΨΟ	ΨΟ
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	copayment/	
certification of terminal illness	coinsurance for	coinsurance	
services	outpatient drugs		
	and inpatient		
	respite care		

^{**}NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$166 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

MEDICARE	PLAN	
PAYS	PAYS	YOU PAY
\$0 Generally 80%	\$0 Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	\$166 (Part B Deductible) Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
\$0	0%	All costs
·	All costs	\$0
\$ U	\$ ∪	\$166 (Part B Deductible)
		(Fait B Deductible)
80%	20%	\$0
		\$0
	\$0 Generally 80%	\$0 \$0 Generally 80% Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. \$0 0% \$0 All costs \$0 80% 20%

PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE -			
MEDICARE APPROVED			
SERVICES			
 Medically necessary skilled care 			
services and medical supplies	100%	\$0	\$0
Durable medical equipment			
●First \$166 of Medicare	\$0	\$0	\$166
Approved amounts*			(Part B Deductible)
•Remainder of Medicare			
Approved amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum