aetna

Aetna Health and Life Insurance Company

Administrative Office

800 Crescent Centre Dr. Suite 200 Franklin, TN 37067 800 264.4000 aetnaseniorproducts.com

Outline of Coverage

Medicare Supplement Insurance

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

Underwritten by

Aetna Health and Life Insurance Company

North Carolina

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE COVER PAGE: Page 1 of 2 BENEFIT PLANS AVAILABLE: A, B, F, HIGH DEDUCTIBLE F, G, N AETNA HEALTH AND LIFE INSURANCE COMPANY

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.

See Outlines of Coverage sections for details about ALL Plans

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, co-payments 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.

oinsurance	
A C	
ice: Part /	
Hospice	

	Z	Basic, including	100% Part B	coinsurance, except	up to \$20	copayment for office	visit, and up to \$50	copayment for ER	Skilled Nursing	Facility Coinsurance			Part A Deductible							Foreign Travel	Emergency						
	Μ	Basic,	including	100% Part B	coinsurance				Skilled	Nursing	Facility	Coinsurance	50% Part A	Deductible						Foreign	Travel	Emergency					
	L	Hospitalization	and preventive	care paid at	100%; other	basic benefits	paid at 75%		75% Skilled	Nursing Facility	Coinsurance		75% Part A	Deductible									Out-of-pocket	limit \$2480;	paid at 100%	after limit	reached
	X	Hospitalization	and preventive	care paid at	100%; other	basic benefits	paid at 50%		50% Skilled	Nursing	Facility	Coinsurance	50% Part A	Deductible									Out-of-pocket	limit \$4940;	paid at 100%	after limit	reached
	ŋ	Basic,	including	100% Part B	coinsurance				Skilled	Nursing	Facility	Coinsurance	Part A	Deductible			Part B	Excess	(100%)	Foreign	Travel	Emergency					
	F/F*	Basic,	including	100% Part B	coinsurance				Skilled	Nursing	Facility	Coinsurance	Part A	Deductible	Part B	Deductible	Part B	Excess	(100%)	Foreign	Travel	Emergency					
	D	Basic,	including	100% Part B	coinsurance				Skilled	Nursing	Facility	Coinsurance	Part A	Deductible						Foreign	Travel	Emergency					
	ပ	Basic,	including	100% Part B	coinsurance				Skilled	Nursing	Facility	Coinsurance	Part A	Deductible	Part B	Deductible				Foreign	Travel	Emergency					
Hospice: Part A coinsurance	В	Basic,	including	100% Part B	coinsurance								Part A	Deductible													
HOSPICE: 1	A	Basic,	including	100% Part B	coinsurance																						

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 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 Plan 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. separate foreign travel emergency deductible.

Aetna Health and Life Insurance Company Annual Attained Age Premiums For Use in ZIP Codes: Entire State Female Rates

Rates Effective 10/01/2016

Attained			Pref	Preferred			Attained			Sta	Standard		
Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N	Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
0 - 64	3,910	1	5,232	1	-	-	0 - 64	4,344	1	5,813	-	-	
65	1,156	1,311	1,511	605	1,122	1,007	65	1,284	1,457	1,679	672	1,247	1,120
66	1,189	1,352	1,562	625	1,161	1,042	99	1,321	1,503	1,734	694	1,290	1, 158
67	1,221	1,395	1,611	645	1,200	1,077	67	1,357	1,550	1,790	717	1,333	1,197
68	1,253	1,436	1,662	999	1,238	1,112	68	1, 392	1,595	1,846	739	1,375	1,236
69	1,284	1,478	1,711	684	1,274	1,146	69	1,427	1,641	1,901	761	1,416	1,274
70	1,315	1,518	1,759	703	1,311	1,180	70	1,461	1,686	1,955	782	1,457	1,311
71	1,346	1,558	1,807	723	1,348	1,214	71	1,496	1,731	2,008	805	1,498	1, 349
72	1,376	1,598	1,855	743	1,384	1,247	72	1,529	1,775	2,061	825	1,538	1, 386
73	1,402	1,638	1,906	762	1,424	1,284	73	1,558	1,820	2,116	846	1,582	1,428
74	1,428	1,678	1,955	782	1,462	1,319	74	1,587	1,864	2,172	869	1,624	1,466
75	1,453	1,716	2,003	801	1,499	1,355	75	1,615	1,908	2,226	890	1,666	1,506
76	1,479	1,755	2,051	822	1,537	1,391	76	1,642	1,951	2,279	913	1,708	1,545
77	1,503	1,793	2,099	840	1,575	1,426	77	1,670	1,992	2,334	934	1,750	1,584
78	1,519	1,829	2,149	859	1,613	1,463	78	1,687	2,032	2,386	956	1,792	1,625
79	1,535	1,865	2,196	878	1,652	1,500	79	1,707	2,072	2,440	976	1,835	1,667
80	1,552	1,901	2,243	897	1,689	1,536	80	1,724	2,112	2,492	966	1,877	1,707
81	1,568	1,936	2,290	916	1,727	1,572	81	1,742	2,151	2,543	1,018	1,919	1,747
82	1,583	1,972	2,337	935	1,764	1,608	82	1,759	2,191	2,597	1,038	1,960	1,786
83	1,603	2,003	2,383	952	1,803	1,647	83	1,782	2,226	2,648	1,058	2,003	1,830
84	1,623	2,034	2,429	972	1,841	1,685	84	1,804	2,260	2,699	1,080	2,046	1,873
85	1,639	2,060	2,468	988	1,875	1,719	85	1,821	2,289	2,742	1,098	2,083	1,910
86	1,655	2,085	2,509		1,910	1,754	86	1,839	2,317	2,787	1, 115	2,122	1,949
87	1,670	2,112	2,549	-	1,945	1,789	87	1,856	2,347	2,832	1, 133	2,161	1,988
88	1,687	2,139	2,590	1,036	1,980	1,826	88	1,875	2,378	2,878	1,150	2,200	2,029
89	1,703	2,165	2,632	1,053	2,015	1,862	89	1,892	2,405	2,924	1,170	2,239	2,069
90	1,721	2,191	2,673	1,070	2,050	1,897	6	1,911	2,434	2,969	1, 189	2,278	2,108
91	1,736	2,217	2,714	1,085	2,085	1,932	91	1,929	2,463	3,014	1,206	2,317	2, 147
92	1,753	2,242	2,753	1,101	2,119	1,967	92	1,947	2,491	3,058	1,223	2,354	2, 186
93	1,770	2,266	2,792	1,117	2,153	2,002	93	1,967	2,518	3,102	1,240	2,392	2,225
94	1,788	2,291	2,830	Г	2,186	2,035	94	1,986	2,546	3,145	1, 258	2,429	2,262
95	1,804	2,314	2,869	1,147	2,219	2,069	95	2,004	2,571	3,188	1, 274	2,465	2, 299
96	1,821	2,338	2,905	1,162	2,251	2,102	96	2,023	2,598	3,228	1, 290	2,501	2,336
97	1,839	2,360	2,943	1,177	2,282	2,134	97	2,044	2,623	3,270	1,308	2,536	2,371
98	1,858	2,384	2,979	1,192	2,314	2,166	98	2,064	2,649	3,310	1,325	2,571	2,407
66	1,875	2,405	3,014	1,206	2,345	2,198	66	2,083	2,673	3,349	1, 340	2,605	2,442
Model Fectors:			•		00010					• •			

The above rates do not include the \$20 application fee.

To calculate a Household discount: Annual premium x modal factor = modal premium (round to nearest whole cent) Modal premium x .93 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

AHLMS02547NC

2

Aetna Health and Life Insurance Company Annual Attained Age Premiums For Use in ZIP Codes: Entire State Male Rates

Rates Effective 10/01/2016

Image: bold of the plane				LICE	reieren			ALLAILEU			plc	standard		
4,496 0.64 4,996 6,685 1,329 1,568 1,791 1,1159 65 1,477 1,567 1,990 773 1,405 1,661 1,882 1,338 1,338 1,338 1,338 2,138 859 1,407 1,662 1,917 753 1,495 1,487 2,188 2,138 859 1,407 1,663 1,963 1,961 1,887 2,188 899 1,477 1,663 1,931 1,792 2,093 884 599 1,881 1,712 1,990 739 1,551 1,792 2,193 2,131 1,751 1,751 1,751 9,73 9,94 1,561 1,783 2,133 1,517 1,751 1,751 1,751 9,73 9,74 9,73 1,561 1,771 1,887 2,143 2,434 9,73 1,761 1,562 1,971 1,887 1,681	Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N	Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
1,372 1,568 1,731 1,556 1,797 1,590 773 1,367 1,556 1,797 1,336 1,199 66 1,511 1,720 1,996 799 1,440 1,652 1,917 742 1,338 1,139 66 1,511 1,782 1,916 733 2053 889 1,440 1,690 1,968 1,551 1,313 66 1,641 1,887 2,188 899 1,512 1,746 2,033 899 1,681 1,517 1,792 2,949 933 1,670 1,974 2,934 973 1,792 2,949 973 1,670 1,974 2,949 966 1,812 1,943 1,743 1,792 2,497 948 1,770 1,930 1,857 1,477 1,724 1,583 2,163 1,74 1,770 1,943 1,867 1,871 1,774 1,583 2,163 1,74 1,	0 - 64	4,496	1	6,018	1	-	-	0 - 64	4,996	1	6,685	-	1	1
1,367 1,556 1,797 718 1,336 1,139 1,729 1,996 799 1,405 1,604 1,852 742 1,336 1,239 1,753 2,122 851 1,440 1,652 1,911 765 1,453 1,338 66 1,661 1,887 2,166 875 1,440 1,652 1,911 765 1,453 1,317 1,721 1,991 2,310 924 1,517 1,921 1,324 824 1,521 1,473 2,435 963 1,612 1,883 2,134 864 1,517 1,1517 77 1,722 2,310 938 1,610 1,914 2,304 931 1,817 1,661 1,931 2,627 1,074 1,770 2,144 966 1,812 1,640 1,832 2,433 2,936 1,104 1,771 2,141 1,817 1,517 1,312 1,104 1,104 1,104	65	1,329	1,508	1,738	969	1, 291	1, 159	65	1,477	1,677	1,930	773	1,435	1,288
1,405 1,604 1,852 742 1,330 1,239 67 1,560 1,783 2,059 825 1,440 1,652 1911 765 1,432 1,338 700 1,987 2,186 875 1,512 1,440 1,652 1911 765 1,435 1,517 1,900 1,938 2,136 899 1,512 1,884 2,191 876 1,637 1,477 1,929 2,349 973 1,5612 1,884 2,191 876 1,631 1,857 2,160 973 2,434 973 1,660 1,974 2,104 2,314 953 1,660 775 1,885 2,191 973 1,770 2,104 2,743 966 1,774 1,932 2,693 944 1,074 1,770 2,104 2,874 1,973 1,972 2,995 1,074 1,774 2,104 2,876 1,160 1,972 2,935 <td< td=""><td>99</td><td>1,367</td><td>1,556</td><td>1,797</td><td>718</td><td>1,336</td><td>1, 199</td><td>99</td><td>1,519</td><td>1,729</td><td>1,996</td><td>799</td><td>1,483</td><td>1,332</td></td<>	99	1,367	1,556	1,797	718	1,336	1, 199	99	1,519	1,729	1,996	799	1,483	1,332
	67	1,405	1,604	1,852	742	1,380	1,239	67	1,560	1,783	2,059	825	1,533	1,376
	68	1,440	1,652	1,911	765	1,423	1,279	68	1,601	1,835	2,122	851	1,581	1,421
1,512 1,742 2,023 809 1,508 1,354 2,313 899 358 355 354 893 1,548 1,792 2,079 832 1,531 1,437 71 1,771 1,991 2,310 948 1,612 1,824 2,191 876 1,637 1,477 73 1,722 2,093 2,434 993 1,612 1,922 2,314 966 1,812 1,640 77 1,922 2,591 1,074 1,770 2,018 2,333 1,933 1,724 1,893 2,743 2,667 1,146 1,770 2,114 966 1,812 1,640 77 1,922 2,591 1,074 1,770 2,114 986 1,881 1,774 1,932 2,936 1,146 1,774 1,892 1,866 1,891 1,943 1,766 1,833 2,743 2,622 1,050 1,774 1,825 1,933	69	1,477	1,699	1,968	786	1,465	1,318	69	1,641	1,887	2,186	875	1,628	1,466
1,548 $1,792$ $2,079$ 832 $1,551$ $1,397$ $1,310$ $2,434$ 973 $1,612$ $1,884$ $2,191$ 876 $1,637$ $1,477$ 773 $1,792$ $2,369$ 948 $1,672$ $1,920$ $2,248$ 899 $1,681$ $1,517$ 77 $1,828$ $2,193$ $2,434$ 973 $1,670$ $1,974$ $2,304$ 921 $1,774$ $1,558$ $1,774$ $1,558$ $2,195$ $2,693$ $1,002$ $1,770$ $2,062$ $2,314$ 966 $1,821$ $1,640$ 77 $1,922$ $2,243$ $2,692$ $1,002$ $1,770$ $2,062$ $2,414$ 966 $1,821$ $1,943$ $1,766$ $1,829$ $2,143$ $2,967$ $1,146$ $1,770$ $2,062$ $2,414$ 966 $1,826$ $1,933$ $1,943$ $1,766$ $3,243$ $2,967$ $1,146$ $1,772$ $2,144$ $2,524$ $1,010$ $1,892$ $1,766$ $1,892$ $2,333$ $2,745$ $1,099$ $1,774$ $2,144$ $2,574$ $1,010$ $1,892$ $1,993$ $1,933$ $2,967$ $1,146$ $1,778$ $2,746$ $1,010$ $1,892$ $1,933$ $1,933$ $2,933$ $2,967$ $1,146$ $1,778$ $2,746$ $1,010$ $1,892$ $1,933$ $1,933$ $2,925$ $1,111$ $1,807$ $2,746$ $1,933$ $2,925$ $1,111$ $2,121$ $2,126$ $2,126$ $2,126$ $2,126$ $1,807$ $2,746$ <	70	1,512	1,746	2,023	608	1,508	1,358	70	1,680	1,939	2,248	668	1,676	1,508
1,583 1,837 2,134 854 1,592 1,437 2,143 2,434 973 1,612 1,884 2,191 876 1,637 1,477 73 1,738 2,143 2,447 993 1,672 1,929 2,248 899 1,681 1,573 1,473 2,103 2,447 968 1,744 5,559 1,024 1,770 2,018 2,335 1,882 1,582 1,882 759 1,024 1,024 1,770 2,018 2,335 1,882 1,766 77 1,932 2,937 1,043 1,777 2,104 2,579 1,010 1,899 1,724 79 1,942 2,437 2,996 1,174 1,774 2,144 966 1,943 1,766 793 2,467 1,467 1,774 2,148 2,193 1,943 1,766 793 2,467 1,146 1,784 2,748 1,010 1,892 2,118	71	1,548	1,792	2,079	832	1,551	1, 397	71	1,721	1,991	2,310	924	1,723	1,552
1612 1,884 2,191 876 1,637 1,477 73 1,792 2,093 2,434 973 1,670 1,974 2,304 921 1,754 1,557 1,558 2,193 2,497 998 1,770 2,018 2,359 955 1,768 1,660 77 1,922 2,559 1,074 1,770 2,018 2,353 956 1,812 1,660 77 1,922 2,591 1,074 1,771 2,104 2,665 1,010 1,899 1,774 7,93 2,866 1,176 1,774 2,104 2,662 1,010 1,899 1,774 7,93 2,866 1,176 1,780 2,737 2,168 1,075 2,029 1,078 2,147 2,995 1,146 1,867 2,144 2,662 1,937 81 2,932 2,463 1,074 1,886 2,336 1,148 1,138 2,118 1,937 2,936	72	1,583	1,837	2,134	854	1,592	1,435	72	1,758	2,042	2,369	948	1,769	1,594
1,642 1,929 2,248 899 1,681 1,517 75 1,858 2,195 2,97 998 1,770 2,018 2,359 945 1,768 1,6670 1,912 2,633 1,057 1,770 2,018 2,359 945 1,764 1,889 2,733 2,622 1,050 1,777 2,104 2,471 989 1,724 759 1,050 1,122 1,767 2,144 2,573 1,001 1,899 1,724 799 1,992 2,867 1,146 1,802 2,579 1,001 1,893 1,766 800 1,992 2,867 1,146 1,802 2,733 1,056 1,933 1,247 2,933 1,243 1,802 2,733 1,936 1,131 2,118 2,933 2,946 1,374 1,802 2,338 1,132 2,318 1,337 2,325 1,323 1,802 2,338 2,306 1,133 <td>73</td> <td>1,612</td> <td>1,884</td> <td>2,191</td> <td>876</td> <td>1,637</td> <td>1,477</td> <td>73</td> <td>1,792</td> <td>2,093</td> <td>2,434</td> <td>973</td> <td>1,820</td> <td>1,642</td>	73	1,612	1,884	2,191	876	1,637	1,477	73	1,792	2,093	2,434	973	1,820	1,642
1,670 1,974 2,304 921 1,724 1,558 1,958 2,195 2,559 1,024 1,770 2,018 2,335 945 1,764 77 1,922 2,233 2,652 1,050 1,770 2,104 2,471 986 1,812 1,640 77 1,922 2,233 2,623 1,050 1,770 2,114 2,524 1,010 1,899 1,724 73 2,935 1,146 1,784 2,188 2,579 1,001 1,899 1,746 80 1,943 1,766 1,802 2,579 1,001 1,893 1,766 80 1,932 2,935 1,146 1,802 2,333 2,961 1,166 2,743 2,955 1,171 1,807 2,333 1,943 1,766 80 1,937 806 1,194 1,807 2,333 1,318 1,118 2,118 1,937 869 2,171 2,423 3,266	74	1,642	1,929	2,248	668	1,681	1,517	74	1,824	2,143	2,497	966	1,868	1,685
1,700 2,018 2,359 945 1,640 77 1,892 2,243 2,622 1,050 1,772 2,104 2,661 1,812 1,640 77 1,922 2,221 2,684 1,074 1,777 2,104 2,574 1,010 1,899 1,724 733 2,733 2,735 1,050 1,767 2,144 2,524 1,010 1,893 1,766 80 1,982 2,475 1,056 1,126 1,802 2,575 1,001 1,894 1,766 80 1,982 2,473 2,925 1,114 1,802 2,576 2,633 1,096 2,073 1,896 1,976 1,217 1,802 2,743 1,918 1,118 2,118 1,937 82 2,096 1,114 1,867 2,333 2,118 1,937 833 2,012 2,556 1,217 1,867 2,338 2,118 1,937 833 2,0193 2,213 </td <td>75</td> <td>1,670</td> <td>1,974</td> <td>2,304</td> <td>921</td> <td>1,724</td> <td>1,558</td> <td>75</td> <td>1,858</td> <td>2,195</td> <td>2,559</td> <td>1,024</td> <td>1,916</td> <td>1,731</td>	75	1,670	1,974	2,304	921	1,724	1,558	75	1,858	2,195	2,559	1,024	1,916	1,731
1,729 2,041 966 1,812 1,640 77 1,922 2,291 2,684 1,074 1,747 2,104 2,471 989 1,855 1,682 78 1,940 2,337 2,745 1,093 1,767 2,144 2,524 1,010 1,899 1,774 2,986 1,146 1,802 2,573 1,053 1,943 1,766 80 1,982 2,429 2,867 1,146 1,802 2,257 2,633 1,053 1,986 1,803 881 2,003 2,473 2,925 1,171 1,802 2,257 2,568 1,075 2,029 1,804 831 2,013 1,217 1,807 2,338 2,118 1,937 86 2,115 2,936 1,171 1,867 2,338 2,118 2,937 2,936 1,121 2,843 2,643 3,266 1,267 1,867 2,338 2,116 2,131 2,131 2,131	76	1,700	2,018	2,359	945	1,768	1,600	76	1,889	2,243	2,622	1,050	1,965	1,777
1,747 2,104 2,471 989 1,855 1,682 7,88 1,940 2,337 2,745 1,092 1,767 2,144 2,524 1,010 1,899 1,776 80 1,933 2,867 1,146 1,784 2,186 2,579 1,001 1,899 1,766 80 1,982 2,473 2,925 1,146 1,802 2,257 2,633 1,053 1,986 1,808 81 2,003 2,473 2,925 1,146 1,820 2,257 2,633 1,056 2,073 1,894 83 2,003 2,473 2,925 1,147 1,820 2,339 2,118 1,937 833 2,004 2,513 1,263 1,867 2,333 2,118 1,937 86 2,113 3,126 1,237 1,867 2,338 2,118 1,937 86 2,113 2,126 3,231 1,243 1,991 2,321 2,113 2,132 <td>77</td> <td>1,729</td> <td>2,062</td> <td>2,414</td> <td>996</td> <td>1,812</td> <td>1,640</td> <td>77</td> <td>1,922</td> <td>2,291</td> <td>2,684</td> <td>1,074</td> <td>2,012</td> <td>1,822</td>	77	1,729	2,062	2,414	996	1,812	1,640	77	1,922	2,291	2,684	1,074	2,012	1,822
1,767 $2,144$ $2,524$ $1,010$ $1,899$ $1,724$ $2,186$ $2,579$ $1,011$ $1,943$ $1,766$ 80 $1,982$ $2,429$ $2,867$ $1,146$ $1,802$ $2,226$ $2,633$ $1,053$ $1,986$ $1,033$ $2,936$ $1,194$ $1,121$ $1,802$ $2,257$ $2,688$ $1,055$ $2,023$ $1,986$ $2,196$ $1,194$ $1,820$ $2,257$ $2,588$ $1,055$ $2,073$ $1,894$ 83 $2,049$ $2,559$ $3,046$ $1,217$ $1,844$ $2,304$ $2,740$ $1,096$ $2,073$ $1,894$ 83 $2,049$ $2,559$ $3,046$ $1,217$ $1,844$ $2,304$ $2,733$ $2,118$ $1,937$ 88 $2,116$ $2,073$ $1,241$ $1,987$ $2,338$ $2,118$ $2,118$ $2,118$ $2,017$ 86 $2,115$ $2,269$ $3,103$ $1,263$ $1,994$ $2,336$ $1,117$ $2,277$ $2,106$ 887 $2,116$ $2,734$ $3,310$ $1,261$ $1,994$ $2,302$ $1,117$ $2,277$ $2,016$ $2,273$ $3,310$ $1,367$ $1,367$ $1,994$ $2,903$ $3,120$ $1,211$ $2,277$ $2,103$ 887 $2,116$ $2,366$ $1,467$ $1,992$ $2,903$ $3,120$ $1,211$ $2,277$ $2,093$ $3,120$ $1,274$ $3,301$ $1,367$ $1,997$ $2,593$ $3,120$ $1,211$ $2,312$ $2,131$ $2,212$ $2,134$ <	78	1,747	2,104	2,471	986	1,855	1,682	78	1,940	2,337	2,745	1,099	2,061	1,869
1,784 2,186 2,579 1,031 1,943 1,766 80 1,982 2,423 2,867 1,146 1,802 2,226 2,633 1,053 1,986 1,808 811 2,003 2,473 2,925 1,141 1,820 2,567 2,688 1,075 2,029 1,849 83 2,049 2,559 3,046 1,217 1,844 2,330 2,733 1,118 2,118 1,937 83 2,049 2,559 3,046 1,217 1,867 2,338 2,839 1,118 2,118 1,937 86 2,115 2,033 1,243 1,994 2,338 2,196 2,017 855 2,115 2,163 3,261 1,345 1,994 2,461 2,903 1,113 2,277 2,103 8,341 1,367 1,994 2,461 2,903 1,111 2,277 2,104 2,669 3,567 1,303 1,994 2,613 3	79	1,767	2,144	2,524	1,010	1,899	1,724	79	1,962	2,383	2,806	1,122	2,111	1,917
1,802 2,226 2,633 1,053 1,986 1,808 81 2,003 2,473 2,925 1,171 1,820 2,257 2,688 1,075 2,029 1,849 83 2,049 2,559 3,046 1,217 1,867 2,339 2,793 1,118 2,118 1,937 84 2,075 2,599 3,103 1,241 1,867 2,339 2,113 2,116 1,977 85 2,094 2,653 3,106 1,287 1,867 2,336 2,885 1,113 2,116 2,017 86 2,115 2,033 1,243 1,904 2,386 1,113 2,217 2,106 2,017 86 2,115 2,333 1,263 1,904 2,369 3,106 1,217 2,186 2,191 8,326 1,326 1,326 1,904 2,664 3,206 3,196 1,317 2,669 3,266 1,326 1,992 2,932 3,1	80	1,784	2,186	2,579	1,031	1,943	1,766	80	1,982	2,429	2,867	1,146	2,159	1,963
1,820 2,567 2,688 1,075 2,029 1,844 2,304 2,740 1,096 2,073 1,894 833 2,049 2,559 3,046 1,217 1,867 2,339 2,793 1,118 2,118 1,937 84 2,075 2,599 3,103 1,241 1,867 2,339 2,136 1,137 2,156 1,977 85 2,094 2,632 3,1263 1,243 1,887 2,388 1,137 2,237 2,058 87 2,115 2,693 3,206 1,283 1,904 2,388 1,173 2,237 2,058 87 2,115 2,353 1,366 1,994 2,461 2,980 1,173 2,237 2,016 887 2,115 2,353 1,366 1,994 2,641 2,980 3,110 2,327 2,939 3,326 1,326 1,994 2,643 3,206 3,363 1,347 3,366 1,367	81	1,802	2,226	2,633	1,053	1,986	1,808	81	2,003	2,473	2,925	1,171	2,207	2,009
1,844 2,304 2,740 1,096 2,073 1,894 83 2,049 2,559 3,046 1,217 1,867 2,339 2,793 1,118 2,118 1,937 84 2,075 2,599 3,103 1,241 1,867 2,339 2,136 2,156 1,977 85 2,094 2,653 3,106 1,283 1,904 2,338 2,885 1,173 2,237 2,058 87 2,115 2,664 3,206 1,283 1,902 2,441 2,930 1,173 2,237 2,058 87 2,115 2,363 1,306 1,327 1,994 2,461 2,980 1,173 2,217 2,100 88 2,156 2,343 1,345 1,994 2,650 3,120 1,211 2,318 2,141 89 2,176 2,734 3,310 1,347 1,997 2,549 3,120 1,212 2,318 2,141 89 2,176 2,734	82	1,820	2,267	2,688	1,075	2,029	1,849	82	2,023	2,520	2,986	1,194	2,255	2,054
1,867 2,339 2,793 1,118 2,118 1,937 84 2,075 2,599 3,103 1,241 1,887 2,388 2,839 1,136 2,156 1,977 85 2,094 2,652 3,153 1,263 1,904 2,398 2,885 1,137 2,237 2,058 87 2,115 2,664 3,206 1,283 1,904 2,3461 2,980 1,173 2,237 2,058 87 2,135 2,699 3,206 1,283 1,994 2,461 2,980 1,173 2,277 2,100 88 2,156 3,363 1,324 1,994 2,461 2,980 1,171 2,318 2,141 89 2,176 2,774 3,310 1,324 1,997 2,549 3,120 1,231 2,326 2,313 1,346 1,367 1,997 2,549 3,120 1,234 2,312 2,314 1,367 2,907 3,116 1,	83	1,844	2,304	2,740	1,096	2,073	1,894	83	2,049	2,559	3,046	1,217	2,304	2,105
1,885 2,368 2,839 1,136 2,156 1,971 85 2,094 2,652 3,153 1,263 1,904 2,398 2,885 1,133 2,237 2,058 87 2,115 2,664 3,206 1,282 1,904 2,398 2,885 1,173 2,237 2,058 87 2,135 2,699 3,257 1,303 1,940 2,461 2,980 1,173 2,277 2,100 88 2,156 3,363 1,324 1,958 2,490 3,027 1,211 2,318 2,141 89 2,176 2,766 3,363 1,324 1,997 2,549 3,120 1,231 2,312 2,325 910 2,136 2,317 1,407 1,997 2,549 3,120 1,284 2,393 2,222 911 2,219 2,835 1,427 2,016 2,578 3,116 1,284 2,940 2,356 1,427 2,016 2,51	84	1,867	2,339	2,793	1,118	2,118	1,937	84	2,075	2,599	3,103	1,241	2,353	2,154
1,904 2,338 2,153 2,196 2,017 86 2,115 2,664 3,206 1,282 1,922 2,439 2,931 1,173 2,237 2,058 87 2,135 2,699 3,257 1,303 1,940 2,461 2,980 1,117 2,277 2,100 88 2,156 3,331 1,324 1,958 2,490 3,027 1,211 2,318 2,141 89 2,176 2,766 3,363 1,324 1,978 2,520 3,074 1,231 2,338 2,182 90 2,198 2,800 3,414 1,367 1,997 2,549 3,120 1,231 2,325 2,132 2,326 1,367 1,997 2,549 3,120 1,284 2,393 2,222 911 2,219 2,835 1,407 2,016 2,578 3,166 1,284 2,476 2,333 9366 1,467 2,057 2,661 3,292 2,4	85	1,885	2,368	2,839	1,136	2,156	1,977	85	2,094	2,632	3,153	1,263	2,395	2,196
1,922 2,429 2,931 1,173 2,237 2,058 87 2,135 2,699 3,257 1,303 1,940 2,461 2,980 1,117 2,176 87 2,156 2,734 3,310 1,324 1,958 2,490 3,027 1,211 2,318 2,141 89 2,176 2,766 3,363 1,345 1,997 2,549 3,120 1,231 2,399 2,222 91 2,219 2,832 3,466 1,387 1,997 2,549 3,120 1,249 2,399 2,222 91 2,219 2,832 3,466 1,387 2,016 2,578 3,166 1,249 2,399 2,222 91 2,219 2,835 1,407 2,016 2,578 3,116 1,284 2,436 2,326 2,357 1,407 2,035 2,661 3,292 1,312 2,514 2,340 2,866 1,465 2,057 2,661 3,3	86	1,904	2,398	2,885	1,153	2,196	2,017	86	2,115	2,664	3,206	1,282	2,441	2,241
1,940 2,461 2,980 1,191 2,777 2,100 88 2,156 3,310 1,324 1,958 2,490 3,027 1,211 2,318 2,141 89 2,176 2,766 3,363 1,345 1,978 2,520 3,074 1,231 2,399 2,222 90 2,198 2,800 3,414 1,367 1,997 2,549 3,120 1,249 2,399 2,222 91 2,219 2,832 3,466 1,387 2,016 2,578 3,156 1,249 2,399 2,222 91 2,219 2,885 3,517 1,407 2,016 2,578 3,166 1,246 2,393 93 2,262 2,897 3,617 1,447 2,057 2,661 3,299 1,319 2,552 2,340 94 2,366 1,465 2,057 2,661 3,329 1,319 2,552 2,340 946 1,447 2,057 2,661 <td>87</td> <td>1,922</td> <td>2,429</td> <td>2,931</td> <td>1,173</td> <td>2,237</td> <td>2,058</td> <td>87</td> <td>2,135</td> <td>2,699</td> <td>3,257</td> <td>1,303</td> <td>2,485</td> <td>2,287</td>	87	1,922	2,429	2,931	1,173	2,237	2,058	87	2,135	2,699	3,257	1,303	2,485	2,287
1,958 2,490 3,027 1,211 2,318 2,141 89 2,176 2,766 3,363 1,345 1,978 2,520 3,074 1,231 2,392 2,222 90 2,198 2,800 3,414 1,367 1,997 2,549 3,120 1,249 2,399 2,222 91 2,219 2,832 3,466 1,387 2,016 2,578 3,116 1,266 2,436 2,523 92 2,240 2,885 3,517 1,407 2,016 2,578 3,116 1,284 2,476 2,303 93 2,262 2,895 3,517 1,407 2,035 2,607 3,111 1,284 2,476 2,303 93 2,262 2,895 3,517 1,447 2,057 2,661 3,299 1,319 2,552 2,340 946 1,447 2,075 2,661 3,325 1,417 3,666 1,465 2,075 2,689 3,417	88	1,940	2,461	2,980	1,191	2,277	2,100	88	2,156	2,734	3,310	1,324	2,530	2,334
1,978 2,520 3,074 1,231 2,358 2,182 90 2,198 2,800 3,414 1,367 1,997 2,549 3,120 1,249 2,399 2,222 91 2,219 2,832 3,466 1,387 2,016 2,578 3,166 1,266 2,436 2,523 92 2,240 2,865 3,517 1,407 2,016 2,578 3,116 1,284 2,476 2,303 93 2,262 2,895 3,567 1,427 2,035 2,661 3,299 1,319 2,552 2,340 94 2,284 2,928 3,617 1,447 2,075 2,661 3,299 1,319 2,552 2,379 94 2,384 1,465 2,075 2,661 3,324 1,335 2,562 2,379 3,617 1,447 2,075 2,661 3,334 1,335 2,562 2,374 3,760 1,465 2,075 2,689 3,4	89	1,958	2,490	3,027	1,211	2,318	2, 141	88	2,176	2,766	3,363	1,345	2,575	2,379
1,997 2,549 3,120 1,249 2,399 2,222 91 2,219 2,832 3,466 1,387 2,016 2,578 3,166 1,266 2,436 2,263 92 2,240 2,855 3,517 1,407 2,035 2,607 3,211 1,284 2,476 2,303 93 2,262 2,895 3,567 1,427 2,057 2,661 3,299 1,319 2,552 2,340 94 2,284 2,928 3,617 1,447 2,075 2,661 3,299 1,319 2,552 2,379 94 2,284 2,958 3,617 1,447 2,075 2,661 3,299 1,319 2,552 2,379 95 2,336 1,465 2,075 2,661 3,334 1,335 2,558 2,417 96 2,327 2,966 1,465 2,094 2,883 3,417 3,661 1,465 2,115 2,715 3,741 3,450 1,	6	1,978	2,520	3,074	1,231	2,358	2, 182	6	2,198	2,800	3,414	1,367	2,620	2,425
2,016 2,578 3,166 1,266 2,436 2,263 92 2,240 2,865 3,517 1,407 2,035 2,607 3,211 1,284 2,476 2,303 93 2,262 2,895 3,567 1,427 2,057 2,661 3,259 1,319 2,552 2,379 94 2,284 2,928 3,617 1,447 2,075 2,661 3,299 1,319 2,552 2,379 95 2,306 2,957 3,666 1,465 2,094 2,689 3,342 1,335 2,558 2,417 96 2,327 2,987 3,712 1,484 2,115 2,715 3,344 1,354 2,654 2,454 97 2,351 3,016 1,504 2,115 2,715 3,344 1,354 2,661 2,491 97 2,374 3,017 3,066 1,504 2,136 2,741 3,425 1,371 2,661 2,464 97 2,374	91	1,997	2,549	3,120	1,249	2, 399	2,222	91	2,219	2,832	3,466	1,387	2,664	2,469
2,035 2,607 3,211 1,284 2,476 2,303 93 2,262 2,895 3,557 1,427 2,057 2,661 3,259 1,319 2,552 2,379 94 2,284 2,928 3,617 1,447 2,075 2,661 3,299 1,319 2,552 2,379 95 2,306 2,957 3,666 1,465 2,094 2,689 3,342 1,335 2,588 2,417 96 2,327 2,987 3,712 1,484 2,115 2,715 3,384 1,354 2,654 2,454 97 2,351 3,015 3,760 1,504 2,136 2,741 3,425 1,371 2,661 2,491 98 2,374 3,006 1,504	92	2,016	2,578	3,166	1,266	2,436	2,263	92	2,240	2,865	3,517	1,407	2,707	2,513
2,057 2,634 3,255 1,302 2,514 2,340 94 2,284 2,928 3,617 1,447 2,075 2,661 3,299 1,319 2,552 2,379 95 2,306 2,957 3,666 1,465 2,075 2,689 3,342 1,335 2,558 2,417 96 2,327 2,987 3,712 1,484 2,015 2,715 3,384 1,354 2,654 2,454 97 2,351 3,015 3,760 1,504 2,115 2,715 3,384 1,354 2,654 2,454 97 2,351 3,015 3,760 1,504 2,136 2,741 3,425 1,371 2,661 2,491 98 2,374 3,047 3,806 1,524	93	2,035	2,607	3,211	1,284	2,476	2,303	6	2,262	2,895	3,567	1,427	2,751	2,559
2,075 2,661 3,299 1,319 2,552 2,379 95 2,9306 2,957 3,666 1,465 2,094 2,689 3,342 1,335 2,588 2,417 96 2,327 2,987 3,712 1,484 2,015 2,715 3,384 1,354 2,624 2,454 97 2,351 3,015 3,760 1,504 2,115 2,715 3,384 1,354 2,624 2,454 97 2,351 3,015 3,760 1,504 2,136 2,741 3,425 1,371 2,661 2,491 98 2,374 3,806 1,524	94	2,057	2,634	3,255	1,302	2,514	2,340	94	2,284	2,928	3,617	1,447	2,794	2,601
2,094 2,689 3,342 1,335 2,588 2,417 96 2,327 2,987 3,712 1,484 2,115 2,715 3,384 1,354 2,624 2,454 97 2,351 3,015 3,760 1,504 2,115 2,741 3,425 1,371 2,661 2,491 98 2,374 3,066 1,524	95	2,075	2,661	3,299	1,319	2,552	2,379	95	2,306	2,957	3,666	1,465	2,835	2,644
2,115 2,715 3,384 1,354 2,454 97 2,351 3,015 3,760 1,504 2,136 2,741 3,425 1,371 2,661 2,491 98 2,374 3,047 3,806 1,524	96	2,094	2,689	3,342	1,335	2,588	2,417	96	2,327	2,987	3,712	1,484	2,876	2,686
2,136 2,741 3,425 1,371 2,661 2,491 98 2,374 3,047 3,806 1,524	97	2,115	2,715	3,384	1,354	2,624	2,454	97	2,351	3,015	3,760	1,504	2,917	2,726
	86	2,136	2,741	3,425	1,371	2,661	2,491	98	2,374	3,047	3,806	1,524	2,957	2,769
2,156 2,766 3,466 1,387 2,696 2,528 99 2,396 3,074 3,851 1,541	66	2,156	2,766	3,466	1,387	2,696	2,528	66	2,396	3,074	3,851	1,541	2,995	2,809

The above rates do not include the \$20 application fee.

To calculate a Household discount: Annual premium x modal factor = modal premium (round to nearest whole cent) Modal premium x .93 = discounted premium

If applying during Open Enrollment or Guaranteed Issue Period, use Preferred rates.

ო

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 14770, Lexington, KY 40512-4770. 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

*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.

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	All but \$322 a day	\$322 a day	\$0
 While using 60 lifetime reserve 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 \$0	Up to \$161 a day All costs
BLOOD		ΨΟ	
First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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

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 –			
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	* 0	* 0	
amounts)	\$0	\$0	All costs
BLOOD Eirot 2 pinto	\$0	All costs	\$0
First 3 pints Next \$166 of Medicare-Approved	\$0 \$0	\$0	\$0 \$166
amounts*	ΨΟ	φΟ	(Part B Deductible)
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES –			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

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 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

* 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.

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		AO (A)	*
days	All but \$644 a day	\$644 a day	\$0
•Once lifetime reserve days are			
used:	*	4000/ CNA 11	A O++
 Additional 365 days 	\$0	100% of Medicare	\$0**
Devend the Additional 205 days	¢ 0	Eligible Expenses	
•Beyond the Additional 365 days	\$0	\$0	All costs
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	ΨŬ	ΨŬ
21st thru 100th day	All but \$161 a day	\$0	Up to \$161 a day
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		

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			
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	*0	A A	
amounts)	\$0	\$0	All costs
BLOOD	¢۵		¢ 0
First 3 pints	\$0 \$0	All costs \$0	\$0 \$166
Next \$166 of Medicare-Approved amounts*	φυ	φυ	(Part B Deductible)
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES •Medically necessary skilled care	100%	\$0	\$0
 services and medical supplies 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

*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.

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:	*	4000/ CNA 1	A O++
 Additional 365 days 	\$0	100% of Medicare	\$0**
Devee d the Additional 205 days	ф <u>о</u>	Eligible Expenses	
•Beyond the Additional 365 days	\$0	\$0	All costs
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	ΨŬ	ΨŬ
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		

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 –			
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	0	0 11 000/	AA
amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges			
(Above Medicare-Approved amounts)	\$0	100%	\$0
BLOOD	φυ	100 /0	φυ
First 3 pints	\$0	All costs	\$0
Next \$166 of Medicare-Approved	\$0 \$0	\$166	\$0 \$0
amounts*		(Part B Deductible)	+ -
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES -			
TESTS FOR DIAGNOSTIC	4000/	¢0	¢o
SERVICES	100%	\$0	\$0

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 Approved 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 PLAN 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.

		AFTER YOU PAY	IN ADDITION TO
		\$2180 DEDUCTION Extra	\$2180 DEDUCTION Ettt
SERVICES	MEDICARE PAYS	DEDUCTIBLE*** PLAN PAYS	DEDUCTIBLE*** YOU PAY
HOSPITALIZATION*	FAIS	FLANFATS	TOUPAT
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:	*		A O 4 4
•Additional 365 days	\$0	100% of Medicare	\$0**
Devee d the Additional 205 days	¢0	Eligible Expenses	
•Beyond the Additional 365 days SKILLED NURSING FACILITY	\$0	\$0	All costs
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 requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for	Medicare copayment/ coinsurance	\$0
	outpatient drugs and inpatient		
	respite care		

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			
First \$166 of Medicare-Approved	\$0	\$166	\$0
amounts*		(Part B Deductible)	
Remainder of Medicare-Approved amounts	Conorally 90%	Conorally 20%	\$0
Part B Excess Charges	Generally 80%	Generally 20%	φυ
(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
	0070	2070	ΨΟ
SERVICES -			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

HIGH DEDUCTIBLE PLAN F

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

PARTS A & B

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	* 0	# 0	ФОГО
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime	20% and amounts
		maximum benefit of	over the \$50,000
		\$50,000	lifetime maximum

PLAN G

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.

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	A 11 (
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	All approved	\$0	\$0
First 20 days	All approved amounts	φυ	φυ
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 \$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	
services	outpatient drugs		
	and inpatient		
	respite care		

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.

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			
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	* 0	4000/	* 0
amounts)	\$0	100%	\$0
BLOOD Eirot 2 pinto	\$0	All costs	\$0
First 3 pints Next \$166 of Medicare-Approved	\$0 \$0	\$0	\$0 \$166
amounts*	ΨΟ	ΨΟ	(Part B Deductible)
Remainder of Medicare-Approved			
amounts	80%	20%	\$0
CLINICAL LABORATORY			
SERVICES –			
TESTS FOR DIAGNOSTIC			
SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE -			
MEDICARE APPROVED			
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

*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.

SERVICES	MEDICARE	PLAN	YOU
	PAYS	PAYS	PAY
Semiprivate room and board,			
general nursing and			
miscellaneous services and			
supplies		¢4000	¢ 0
First 60 days	All but \$1288	\$1288 (Dort A Doductible)	\$0
61 at thru 00th day	All but \$222 a day	(Part A Deductible)	\$0
61st thru 90th day	All but \$322 a day	\$322 a day	φυ
91st day and after			
•While using 60 lifetime reserve	All but ¢611 a day	¢644 o dov	\$0
days	All but \$644 a day	\$644 a day	φυ
•Once lifetime reserve days are used:			
	\$0	100% of Medicare	\$0**
•Additional 365 days	Φ 0	Eligible Expenses	φυ
•Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY	φυ	φυ	
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%	\$Ó	\$0
HOSPICE CARE			
You must meet Medicare's	All but very limited	Medicare	\$0
requirements, including a doctor's	copayment/	co-payment/	
certification of terminal illness	coinsurance for	coinsurance	
services	outpatient drugs		
	and inpatient		
	respite care		

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	YOU
SERVICES	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 amounts* Remainder of Medicare-Approved amounts	\$0 Generally 80%	\$0 Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co- payment 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.
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 (Dect D. Dect. of the c)
amounts*			(Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	\$0
	0070	2070	φυ
SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN N

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

PARTS A & B

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