Aetna Application Packet

Thank you for your interest in the Aetna Medicare Supplement plan!

Attached is a copy of the policy Outline of Coverage and we have supplied you with a link to a printable copy of the Enrollment.

Should you decide to apply by upload/mail/fax/email, the printable application needs to be reviewed and signed by an Agent before it can be submitted to Aetna. You may upload, email, fax or mail it in to CDA Insurance:

- Fax: 1.541.284.2994
- Email: cs@cda-insurance.com
- Secure File Upload: Click here
- Mail: CDA Insurance LLC
  PO Box 26540
  Eugene, Oregon 97402

Other Important Information
Download Medicare's Choosing a Medigap Policy Guide (.pdf) Download Policy Outline (.pdf) Download Application (.pdf)

Our website: http://www.medicare-texas.net

If you should have any questions on the application, please call us at 1.800.884.2343 or 1.541.434.9613.

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, HF, G, & N

Underwritten by

Aetna Health and Life Insurance Company

TEXAS

Rates Effective: 04/2018 A

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, co-payments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments
Blood: First three pints of blood each year.
Hospice: Part A coinsurance

A	B	C	D	F/F*	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*	Basic, including 100% Part B coinsurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	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	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit $5,240; paid at 100% after limit reached	Out-of-pocket limit $2,620; paid at 100% after limit reached		

*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 $2,240 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed $2,240. 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.

Aetna Health and Life Insurance Company

Annual Premiums

For Use in ZIP Codes: 733, 750-753, 760, 761, 774, 776, 777, 782, 784, 793, 794

Female Rates

Rates Effective 4/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	5,122	n/a	n/a	n/a	n/a	n/a
65	1,169	1,407	1,798	718	1,420	1,147
66	1,169	1,407	1,798	718	1,420	1,147
67	1,169	1,407	1,798	718	1,420	1,147
68	1,189	1,430	1,830	729	1,445	1,167
69	1,216	1,463	1,873	747	1,480	1,194
70	1,247	1,500	1,919	765	1,515	1,223
71	1,277	1,537	1,967	784	1,553	1,254
72	1,312	1,577	2,018	804	1,595	1,287
73	1,346	1,621	2,073	827	1,639	1,323
74	1,388	1,670	2,136	851	1,688	1,362
75	1,431	1,721	2,203	878	1,740	1,404
76	1,475	1,773	2,268	905	1,792	1,447
77	1,518	1,826	2,334	931	1,844	1,488
78	1,558	1,875	2,398	956	1,895	1,530
79	1,602	1,926	2,465	982	1,948	1,572
80	1,644	1,978	2,530	1,009	1,999	1,614
81	1,688	2,029	2,596	1,036	2,052	1,656
82	1,733	2,084	2,664	1,063	2,107	1,699
83	1,777	2,138	2,734	1,091	2,160	1,744
84	1,821	2,192	2,803	1,119	2,215	1,789
85	1,877	2,258	2,887	1,151	2,281	1,841
86	1,921	2,311	2,956	1,178	2,335	1,885
87	1,966	2,365	3,025	1,206	2,390	1,929
88	2,012	2,419	3,095	1,233	2,445	1,973
89	2,056	2,474	3,165	1,262	2,501	2,018
90	2,102	2,530	3,237	1,291	2,557	2,064
91	2,149	2,586	3,308	1,319	2,614	2,110
92	2,196	2,642	3,380	1,348	2,672	2,156
93	2,244	2,700	3,454	1,378	2,729	2,203
94	2,292	2,757	3,528	1,407	2,788	2,250
95	2,341	2,817	3,602	1,437	2,846	2,297
96	2,390	2,875	3,677	1,467	2,906	2,345
97	2,439	2,934	3,753	1,496	2,966	2,393
98	2,489	2,993	3,829	1,527	3,026	2,442
99+	2,538	3,053	3,905	1,557	3,086	2,491

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	5,691	n/a	n/a	n/a	n/a	n/a
65	1,298	1,562	1,998	797	1,578	1,275
66	1,298	1,562	1,998	797	1,578	1,275
67	1,298	1,562	1,998	797	1,578	1,275
68	1,320	1,589	2,033	810	1,606	1,297
69	1,351	1,625	2,080	830	1,644	1,326
70	1,385	1,667	2,131	849	1,684	1,359
71	1,419	1,708	2,185	871	1,726	1,393
72	1,457	1,753	2,242	894	1,772	1,430
73	1,496	1,801	2,304	918	1,820	1,469
74	1,542	1,856	2,373	946	1,875	1,513
75	1,590	1,913	2,447	976	1,933	1,560
76	1,639	1,971	2,520	1,006	1,991	1,608
77	1,686	2,027	2,594	1,034	2,048	1,654
78	1,732	2,083	2,664	1,064	2,106	1,700
79	1,780	2,140	2,738	1,092	2,164	1,747
80	1,827	2,197	2,811	1,122	2,221	1,793
81	1,875	2,256	2,885	1,150	2,280	1,840
82	1,925	2,315	2,961	1,180	2,341	1,888
83	1,975	2,376	3,037	1,212	2,400	1,938
84	2,024	2,436	3,115	1,243	2,462	1,987
85	2,085	2,509	3,208	1,279	2,536	2,046
86	2,134	2,567	3,284	1,309	2,595	2,094
87	2,184	2,628	3,361	1,341	2,656	2,143
88	2,234	2,688	3,437	1,371	2,717	2,193
89	2,285	2,750	3,517	1,402	2,779	2,242
90	2,336	2,811	3,596	1,434	2,841	2,294
91	2,389	2,873	3,676	1,466	2,905	2,344
92	2,442	2,937	3,755	1,499	2,968	2,396
93	2,494	3,000	3,837	1,531	3,033	2,448
94	2,547	3,064	3,920	1,564	3,097	2,500
95	2,601	3,129	4,002	1,596	3,162	2,552
96	2,656	3,195	4,086	1,630	3,229	2,606
97	2,709	3,260	4,170	1,663	3,295	2,659
98	2,765	3,325	4,255	1,697	3,362	2,713
99+	2,820	3,391	4,340	1,730	3,429	2,768

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .88 = discounted premium

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

Aetna Health and Life Insurance Company

Annual Premiums

For Use in ZIP Codes: 733, 750-753, 760, 761, 774, 776, 777, 782, 784, 793, 794

Male Rates

Rates Effective 4/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	5,889	n/a	n/a	n/a	n/a	n/a
65	1,344	1,617	2,068	825	1,633	1,319
66	1,344	1,617	2,068	825	1,633	1,319
67	1,344	1,617	2,068	825	1,633	1,319
68	1,368	1,644	2,103	839	1,662	1,342
69	1,398	1,683	2,154	859	1,701	1,373
70	1,434	1,724	2,206	879	1,743	1,407
71	1,468	1,767	2,261	902	1,786	1,443
72	1,508	1,813	2,321	925	1,833	1,480
73	1,549	1,864	2,383	951	1,884	1,521
74	1,596	1,921	2,455	979	1,941	1,566
75	1,646	1,980	2,533	1,009	2,001	1,615
76	1,696	2,040	2,608	1,042	2,062	1,664
77	1,745	2,099	2,685	1,071	2,120	1,711
78	1,792	2,156	2,757	1,100	2,180	1,760
79	1,841	2,215	2,835	1,130	2,239	1,809
80	1,891	2,275	2,910	1,161	2,299	1,856
81	1,941	2,334	2,986	1,191	2,360	1,905
82	1,992	2,397	3,064	1,222	2,423	1,954
83	2,044	2,460	3,145	1,254	2,485	2,006
84	2,094	2,521	3,224	1,287	2,548	2,057
85	2,158	2,596	3,320	1,324	2,624	2,118
86	2,209	2,658	3,399	1,355	2,686	2,167
87	2,260	2,720	3,479	1,388	2,748	2,218
88	2,313	2,782	3,558	1,419	2,812	2,269
89	2,365	2,846	3,640	1,450	2,876	2,321
90	2,418	2,910	3,722	1,485	2,940	2,373
91	2,472	2,974	3,805	1,518	3,006	2,427
92	2,526	3,039	3,886	1,551	3,073	2,480
93	2,582	3,105	3,973	1,584	3,138	2,533
94	2,635	3,172	4,058	1,618	3,205	2,587
95	2,691	3,239	4,142	1,652	3,273	2,642
96	2,748	3,307	4,229	1,688	3,342	2,697
97	2,804	3,373	4,316	1,720	3,410	2,753
98	2,862	3,442	4,403	1,755	3,480	2,808
99+	2,919	3,510	4,491	1,791	3,549	2,865

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	6,544	n/a	n/a	n/a	n/a	n/a
65	1,494	1,796	2,298	917	1,814	1,466
66	1,494	1,796	2,298	917	1,814	1,466
67	1,494	1,796	2,298	917	1,814	1,466
68	1,519	1,828	2,337	932	1,848	1,492
69	1,553	1,868	2,392	954	1,891	1,525
70	1,594	1,917	2,451	977	1,936	1,562
71	1,632	1,964	2,513	1,001	1,985	1,603
72	1,676	2,016	2,579	1,027	2,038	1,645
73	1,720	2,071	2,650	1,055	2,093	1,690
74	1,773	2,135	2,729	1,089	2,156	1,740
75	1,829	2,201	2,815	1,122	2,224	1,794
76	1,884	2,266	2,897	1,157	2,289	1,849
77	1,938	2,332	2,984	1,189	2,355	1,903
78	1,991	2,396	3,064	1,223	2,421	1,956
79	2,046	2,462	3,149	1,256	2,489	2,009
80	2,100	2,527	3,232	1,291	2,555	2,062
81	2,156	2,594	3,317	1,323	2,623	2,116
82	2,214	2,662	3,406	1,357	2,691	2,172
83	2,271	2,732	3,493	1,393	2,760	2,229
84	2,327	2,801	3,582	1,429	2,830	2,285
85	2,398	2,885	3,689	1,472	2,915	2,353
86	2,453	2,952	3,777	1,506	2,985	2,409
87	2,512	3,021	3,865	1,541	3,054	2,464
88	2,569	3,091	3,952	1,576	3,125	2,522
89	2,628	3,162	4,044	1,613	3,195	2,578
90	2,687	3,232	4,136	1,649	3,267	2,638
91	2,747	3,303	4,228	1,687	3,341	2,696
92	2,807	3,378	4,319	1,724	3,414	2,755
93	2,868	3,451	4,413	1,762	3,488	2,816
94	2,930	3,525	4,508	1,798	3,560	2,875
95	2,990	3,599	4,602	1,836	3,637	2,936
96	3,054	3,675	4,698	1,875	3,714	2,997
97	3,117	3,749	4,796	1,913	3,789	3,058
98	3,180	3,825	4,893	1,951	3,866	3,119
99+	3,244	3,901	4,991	1,990	3,944	3,183

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .88 = discounted premium

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

Aetna Health and Life Insurance Company

Annual Premiums

For Use in ZIP Codes: 770, 772, 773, 775

Female Rates

Rates Effective 4/1/2018

Attained	Preferred					
Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	5,945	n/a	n/a	n/a	n/a	n/a
65	1,357	1,633	2,087	833	1,648	1,331
66	1,357	1,633	2,087	833	1,648	1,331
67	1,357	1,633	2,087	833	1,648	1,331
68	1,381	1,660	2,124	846	1,677	1,355
69	1,412	1,698	2,174	867	1,717	1,386
70	1,447	1,741	2,227	888	1,759	1,420
71	1,482	1,784	2,283	910	1,803	1,456
72	1,522	1,830	2,343	933	1,851	1,494
73	1,563	1,881	2,406	959	1,902	1,535
74	1,611	1,938	2,479	988	1,959	1,581
75	1,661	1,998	2,557	1,019	2,020	1,630
76	1,712	2,058	2,633	1,050	2,080	1,680
77	1,762	2,119	2,709	1,080	2,140	1,728
78	1,808	2,176	2,783	1,110	2,200	1,776
79	1,859	2,236	2,861	1,140	2,261	1,825
80	1,908	2,296	2,937	1,171	2,321	1,873
81	1,959	2,356	3,013	1,203	2,382	1,923
82	2,011	2,419	3,093	1,234	2,445	1,972
83	2,063	2,482	3,173	1,266	2,508	2,024
84	2,114	2,544	3,254	1,299	2,571	2,076
85	2,179	2,621	3,351	1,336	2,648	2,137
86	2,230	2,682	3,431	1,368	2,711	2,188
87	2,282	2,746	3,511	1,400	2,774	2,239
88	2,335	2,808	3,592	1,431	2,838	2,291
89	2,387	2,872	3,674	1,465	2,903	2,343
90	2,440	2,937	3,757	1,499	2,968	2,396
91	2,495	3,002	3,840	1,531	3,034	2,449
92	2,549	3,067	3,923	1,565	3,102	2,503
93	2,605	3,134	4,009	1,599	3,168	2,557
94	2,660	3,201	4,095	1,633	3,236	2,612
95	2,717	3,270	4,181	1,668	3,303	2,666
96	2,774	3,337	4,268	1,703	3,374	2,722
97	2,831	3,406	4,356	1,737	3,442	2,778
98	2,889	3,474	4,445	1,772	3,513	2,834
99+	2,946	3,544	4,533	1,807	3,582	2,891

Attained	Standard					
Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	6,605	n/a	n/a	n/a	n/a	n/a
65	1,507	1,814	2,319	926	1,832	1,479
66	1,507	1,814	2,319	926	1,832	1,479
67	1,507	1,814	2,319	926	1,832	1,479
68	1,533	1,845	2,360	940	1,864	1,505
69	1,568	1,886	2,414	963	1,908	1,539
70	1,608	1,934	2,474	985	1,955	1,577
71	1,647	1,983	2,536	1,011	2,003	1,617
72	1,691	2,035	2,603	1,037	2,057	1,660
73	1,737	2,090	2,674	1,066	2,113	1,706
74	1,790	2,154	2,755	1,099	2,176	1,756
75	1,846	2,220	2,841	1,132	2,244	1,811
76	1,902	2,288	2,925	1,167	2,311	1,867
77	1,957	2,353	3,011	1,200	2,378	1,920
78	2,010	2,418	3,093	1,235	2,444	1,973
79	2,066	2,484	3,179	1,268	2,512	2,028
80	2,120	2,551	3,263	1,303	2,578	2,081
81	2,176	2,618	3,349	1,335	2,647	2,136
82	2,235	2,687	3,437	1,370	2,717	2,192
83	2,292	2,757	3,526	1,407	2,786	2,249
84	2,349	2,828	3,615	1,443	2,857	2,306
85	2,421	2,912	3,723	1,485	2,943	2,375
86	2,477	2,980	3,812	1,520	3,012	2,431
87	2,535	3,050	3,901	1,556	3,082	2,487
88	2,594	3,120	3,990	1,591	3,154	2,545
89	2,652	3,192	4,082	1,628	3,225	2,603
90	2,712	3,263	4,174	1,664	3,298	2,662
91	2,773	3,335	4,267	1,702	3,372	2,721
92	2,834	3,409	4,359	1,739	3,445	2,781
93	2,895	3,483	4,454	1,777	3,520	2,842
94	2,956	3,557	4,550	1,815	3,595	2,902
95	3,019	3,632	4,645	1,853	3,670	2,963
96	3,082	3,709	4,742	1,892	3,748	3,025
97	3,145	3,784	4,840	1,931	3,825	3,086
98	3,210	3,860	4,939	1,970	3,903	3,149
99+	3,273	3,936	5,038	2,009	3,981	3,212

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .88 = discounted premium

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

Aetna Health and Life Insurance Company

Annual Premiums

For Use in ZIP Codes: 770, 772, 773, 775

Male Rates

Rates Effective 4/1/2018

Attained	Preferred					
Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	6,835	n/a	n/a	n/a	n/a	n/a
65	1,560	1,877	2,400	958	1,895	1,531
66	1,560	1,877	2,400	958	1,895	1,531
67	1,560	1,877	2,400	958	1,895	1,531
68	1,587	1,908	2,441	974	1,929	1,557
69	1,622	1,954	2,500	997	1,975	1,594
70	1,664	2,001	2,561	1,021	2,023	1,633
71	1,704	2,051	2,625	1,047	2,074	1,674
72	1,750	2,105	2,694	1,074	2,128	1,717
73	1,798	2,163	2,766	1,104	2,187	1,765
74	1,853	2,230	2,850	1,136	2,253	1,817
75	1,911	2,298	2,941	1,171	2,323	1,875
76	1,968	2,367	3,028	1,209	2,393	1,932
77	2,025	2,436	3,116	1,243	2,461	1,986
78	2,080	2,503	3,201	1,277	2,530	2,042
79	2,137	2,571	3,290	1,312	2,599	2,100
80	2,194	2,640	3,377	1,348	2,669	2,154
81	2,253	2,709	3,466	1,382	2,739	2,211
82	2,313	2,782	3,557	1,418	2,812	2,269
83	2,373	2,855	3,650	1,456	2,885	2,328
84	2,431	2,926	3,743	1,494	2,958	2,388
85	2,505	3,013	3,853	1,537	3,046	2,458
86	2,564	3,085	3,946	1,573	3,117	2,516
87	2,623	3,158	4,038	1,611	3,190	2,574
88	2,685	3,229	4,130	1,647	3,264	2,634
89	2,746	3,303	4,225	1,684	3,338	2,694
90	2,807	3,377	4,320	1,724	3,413	2,755
91	2,869	3,452	4,416	1,762	3,489	2,817
92	2,932	3,527	4,511	1,801	3,567	2,878
93	2,997	3,604	4,611	1,838	3,643	2,941
94	3,059	3,682	4,710	1,879	3,721	3,003
95	3,124	3,760	4,807	1,918	3,799	3,067
96	3,190	3,839	4,909	1,959	3,879	3,130
97	3,255	3,916	5,010	1,997	3,959	3,195
98	3,322	3,995	5,110	2,037	4,039	3,259
99+	3,388	4,074	5,213	2,079	4,120	3,325

Attained	Standard					
Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	7,596	n/a	n/a	n/a	n/a	n/a
65	1,734	2,085	2,668	1,065	2,106	1,702
66	1,734	2,085	2,668	1,065	2,106	1,702
67	1,734	2,085	2,668	1,065	2,106	1,702
68	1,763	2,122	2,713	1,082	2,145	1,732
69	1,803	2,168	2,777	1,108	2,194	1,771
70	1,850	2,226	2,844	1,134	2,248	1,814
71	1,894	2,280	2,917	1,162	2,304	1,860
72	1,945	2,340	2,994	1,192	2,366	1,910
73	1,997	2,404	3,076	1,225	2,430	1,962
74	2,058	2,478	3,168	1,264	2,503	2,020
75	2,123	2,555	3,267	1,303	2,582	2,083
76	2,187	2,630	3,363	1,343	2,657	2,146
77	2,249	2,707	3,463	1,381	2,734	2,209
78	2,311	2,781	3,557	1,420	2,811	2,270
79	2,375	2,857	3,656	1,457	2,889	2,332
80	2,438	2,933	3,752	1,499	2,965	2,393
81	2,503	3,011	3,851	1,535	3,045	2,456
82	2,570	3,090	3,953	1,576	3,124	2,521
83	2,636	3,171	4,055	1,617	3,203	2,587
84	2,701	3,251	4,157	1,659	3,285	2,652
85	2,783	3,349	4,282	1,708	3,384	2,731
86	2,847	3,427	4,384	1,749	3,465	2,796
87	2,916	3,506	4,486	1,789	3,545	2,860
88	2,982	3,588	4,588	1,829	3,627	2,928
89	3,050	3,670	4,694	1,872	3,709	2,993
90	3,119	3,752	4,801	1,914	3,792	3,062
91	3,189	3,834	4,908	1,958	3,878	3,129
92	3,258	3,921	5,013	2,001	3,962	3,198
93	3,329	4,005	5,122	2,045	4,048	3,268
94	3,401	4,091	5,233	2,087	4,133	3,337
95	3,471	4,177	5,342	2,131	4,221	3,407
96	3,545	4,265	5,454	2,176	4,311	3,479
97	3,618	4,351	5,567	2,220	4,398	3,549
98	3,691	4,440	5,680	2,265	4,488	3,621
99+	3,765	4,528	5,793	2,310	4,577	3,695

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .88 = discounted premium

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

Aetna Health and Life Insurance Company

Annual Premiums

For Use in: Rest of State

Female Rates

Rates Effective 4/1/2018

Attained Age	Preferred					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	4,573	n/a	n/a	n/a	n/a	n/a
65	1,044	1,256	1,605	641	1,268	1,024
66	1,044	1,256	1,605	641	1,268	1,024
67	1,044	1,256	1,605	641	1,268	1,024
68	1,062	1,277	1,634	651	1,290	1,042
69	1,086	1,306	1,672	667	1,321	1,066
70	1,113	1,339	1,713	683	1,353	1,092
71	1,140	1,372	1,756	700	1,387	1,120
72	1,171	1,408	1,802	718	1,424	1,149
73	1,202	1,447	1,851	738	1,463	1,181
74	1,239	1,491	1,907	760	1,507	1,216
75	1,278	1,537	1,967	784	1,554	1,254
76	1,317	1,583	2,025	808	1,600	1,292
77	1,355	1,630	2,084	831	1,646	1,329
78	1,391	1,674	2,141	854	1,692	1,366
79	1,430	1,720	2,201	877	1,739	1,404
80	1,468	1,766	2,259	901	1,785	1,441
81	1,507	1,812	2,318	925	1,832	1,479
82	1,547	1,861	2,379	949	1,881	1,517
83	1,587	1,909	2,441	974	1,929	1,557
84	1,626	1,957	2,503	999	1,978	1,597
85	1,676	2,016	2,578	1,028	2,037	1,644
86	1,715	2,063	2,639	1,052	2,085	1,683
87	1,755	2,112	2,701	1,077	2,134	1,722
88	1,796	2,160	2,763	1,101	2,183	1,762
89	1,836	2,209	2,826	1,127	2,233	1,802
90	1,877	2,259	2,890	1,153	2,283	1,843
91	1,919	2,309	2,954	1,178	2,334	1,884
92	1,961	2,359	3,018	1,204	2,386	1,925
93	2,004	2,411	3,084	1,230	2,437	1,967
94	2,046	2,462	3,150	1,256	2,489	2,009
95	2,090	2,515	3,216	1,283	2,541	2,051
96	2,134	2,567	3,283	1,310	2,595	2,094
97	2,178	2,620	3,351	1,336	2,648	2,137
98	2,222	2,672	3,419	1,363	2,702	2,180
99+	2,266	2,726	3,487	1,390	2,755	2,224

Attained Age	Standard					
	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	5,081	n/a	n/a	n/a	n/a	n/a
65	1,159	1,395	1,784	712	1,409	1,138
66	1,159	1,395	1,784	712	1,409	1,138
67	1,159	1,395	1,784	712	1,409	1,138
68	1,179	1,419	1,815	723	1,434	1,158
69	1,206	1,451	1,857	741	1,468	1,184
70	1,237	1,488	1,903	758	1,504	1,213
71	1,267	1,525	1,951	778	1,541	1,244
72	1,301	1,565	2,002	798	1,582	1,277
73	1,336	1,608	2,057	820	1,625	1,312
74	1,377	1,657	2,119	845	1,674	1,351
75	1,420	1,708	2,185	871	1,726	1,393
76	1,463	1,760	2,250	898	1,778	1,436
77	1,505	1,810	2,316	923	1,829	1,477
78	1,546	1,860	2,379	950	1,880	1,518
79	1,589	1,911	2,445	975	1,932	1,560
80	1,631	1,962	2,510	1,002	1,983	1,601
81	1,674	2,014	2,576	1,027	2,036	1,643
82	1,719	2,067	2,644	1,054	2,090	1,686
83	1,763	2,121	2,712	1,082	2,143	1,730
84	1,807	2,175	2,781	1,110	2,198	1,774
85	1,862	2,240	2,864	1,142	2,264	1,827
86	1,905	2,292	2,932	1,169	2,317	1,870
87	1,950	2,346	3,001	1,197	2,371	1,913
88	1,995	2,400	3,069	1,224	2,426	1,958
89	2,040	2,455	3,140	1,252	2,481	2,002
90	2,086	2,510	3,211	1,280	2,537	2,048
91	2,133	2,565	3,282	1,309	2,594	2,093
92	2,180	2,622	3,353	1,338	2,650	2,139
93	2,227	2,679	3,426	1,367	2,708	2,186
94	2,274	2,736	3,500	1,396	2,765	2,232
95	2,322	2,794	3,573	1,425	2,823	2,279
96	2,371	2,853	3,648	1,455	2,883	2,327
97	2,419	2,911	3,723	1,485	2,942	2,374
98	2,469	2,969	3,799	1,515	3,002	2,422
99+	2,518	3,028	3,875	1,545	3,062	2,471

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)

Modal premium x .88 = discounted premium

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

Aetna Health and Life Insurance Company

Annual Premiums
For Use in: Rest of State
Male Rates

Rates Effective 4/1/2018

Attained	Preferred					
Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	5,258	n/a	n/a	n/a	n/a	n/a
65	1,200	1,444	1,846	737	1,458	1,178
66	1,200	1,444	1,846	737	1,458	1,178
67	1,200	1,444	1,846	737	1,458	1,178
68	1,221	1,468	1,878	749	1,484	1,198
69	1,248	1,503	1,923	767	1,519	1,226
70	1,280	1,539	1,970	785	1,556	1,256
71	1,311	1,578	2,019	805	1,595	1,288
72	1,346	1,619	2,072	826	1,637	1,321
73	1,383	1,664	2,128	849	1,682	1,358
74	1,425	1,715	2,192	874	1,733	1,398
75	1,470	1,768	2,262	901	1,787	1,442
76	1,514	1,821	2,329	930	1,841	1,486
77	1,558	1,874	2,397	956	1,893	1,528
78	1,600	1,925	2,462	982	1,946	1,571
79	1,644	1,978	2,531	1,009	1,999	1,615
80	1,688	2,031	2,598	1,037	2,053	1,657
81	1,733	2,084	2,666	1,063	2,107	1,701
82	1,779	2,140	2,736	1,091	2,163	1,745
83	1,825	2,196	2,808	1,120	2,219	1,791
84	1,870	2,251	2,879	1,149	2,275	1,837
85	1,927	2,318	2,964	1,182	2,343	1,891
86	1,972	2,373	3,035	1,210	2,398	1,935
87	2,018	2,429	3,106	1,239	2,454	1,980
88	2,065	2,484	3,177	1,267	2,511	2,026
89	2,112	2,541	3,250	1,295	2,568	2,072
90	2,159	2,598	3,323	1,326	2,625	2,119
91	2,207	2,655	3,397	1,355	2,684	2,167
92	2,255	2,713	3,470	1,385	2,744	2,214
93	2,305	2,772	3,547	1,414	2,802	2,262
94	2,353	2,832	3,623	1,445	2,862	2,310
95	2,403	2,892	3,698	1,475	2,922	2,359
96	2,454	2,953	3,776	1,507	2,984	2,408
97	2,504	3,012	3,854	1,536	3,045	2,458
98	2,555	3,073	3,931	1,567	3,107	2,507
99+	2,606	3,134	4,010	1,599	3,169	2,558

Attained	Standard					
Age	Plan A	Plan B	Plan F	Plan HF	Plan G	Plan N
Under 65	5,843	n/a	n/a	n/a	n/a	n/a
65	1,334	1,604	2,052	819	1,620	1,309
66	1,334	1,604	2,052	819	1,620	1,309
67	1,334	1,604	2,052	819	1,620	1,309
68	1,356	1,632	2,087	832	1,650	1,332
69	1,387	1,668	2,136	852	1,688	1,362
70	1,423	1,712	2,188	872	1,729	1,395
71	1,457	1,754	2,244	894	1,772	1,431
72	1,496	1,800	2,303	917	1,820	1,469
73	1,536	1,849	2,366	942	1,869	1,509
74	1,583	1,906	2,437	972	1,925	1,554
75	1,633	1,965	2,513	1,002	1,986	1,602
76	1,682	2,023	2,587	1,033	2,044	1,651
77	1,730	2,082	2,664	1,062	2,103	1,699
78	1,778	2,139	2,736	1,092	2,162	1,746
79	1,827	2,198	2,812	1,121	2,222	1,794
80	1,875	2,256	2,886	1,153	2,281	1,841
81	1,925	2,316	2,962	1,181	2,342	1,889
82	1,977	2,377	3,041	1,212	2,403	1,939
83	2,028	2,439	3,119	1,244	2,464	1,990
84	2,078	2,501	3,198	1,276	2,527	2,040
85	2,141	2,576	3,294	1,314	2,603	2,101
86	2,190	2,636	3,372	1,345	2,665	2,151
87	2,243	2,697	3,451	1,376	2,727	2,200
88	2,294	2,760	3,529	1,407	2,790	2,252
89	2,346	2,823	3,611	1,440	2,853	2,302
90	2,399	2,886	3,693	1,472	2,917	2,355
91	2,453	2,949	3,775	1,506	2,983	2,407
92	2,506	3,016	3,856	1,539	3,048	2,460
93	2,561	3,081	3,940	1,573	3,114	2,514
94	2,616	3,147	4,025	1,605	3,179	2,567
95	2,670	3,213	4,109	1,639	3,247	2,621
96	2,727	3,281	4,195	1,674	3,316	2,676
97	2,783	3,347	4,282	1,708	3,383	2,730
98	2,839	3,415	4,369	1,742	3,452	2,785
99+	2,896	3,483	4,456	1,777	3,521	2,842

Modal Factors: Semi-Annual: 0.5200 Quarterly: 0.2650 Monthly: 0.0833

The above rates do not include the $20 one-time policy fee.

To calculate a Household discount:

Annual premium x modal factor = modal premium (round to nearest whole cent)
Modal premium x .88 = discounted premium

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

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 an Aetna Health and Life Insurance Company Medicare supplement policy. The Medicare eligible adult must be either (a) your spouse; or (b) be someone you resided with the past 12 months. The household discount will only be applicable if a policy for each applicant is issued. The discounted rate will be 12 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, Kentucky 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 expenses.

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.

LIMITATIONS AND EXCLUSIONS

This policy does not cover any loss incurred while your policy is not in force, except in the Extension of Benefits section of your policy.

This policy will not pay for any loss incurred which is paid for by Medicare.

This policy will not pay for any services for non-Medicare eligible expenses, including, but not limited to, routine exams, take-home drugs and eye refractions.

This policy will not pay for services for which a charge is not normally made in the absence of insurance.

This policy will not pay for a loss that is payable under any other Medicare supplement insurance policy or certificate.

This policy will not pay for a loss that is payable under any other insurance which paid benefits for the same loss on an expense incurred basis.

We will not be liable for any loss which was caused by your committing or attempting to commit any felony or from engaging in an illegal occupation.

REFUND OF PREMIUM

The company shall refund any premium paid for the period beyond the end of the policy month in which the death or cancellation occurred. Unearned premium shall be paid in a lump sum to your estate no later than thirty (30) days after receipt of proof of death or cancellation is received by the company.

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.

PLAN A

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 $1,340	$0	$1,340 (Part A Deductible)
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used:			
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	All but $167.50 a day	$0	Up to $167.50 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 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 $183 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 tests, durable medical equipment			
First $183 of Medicare-Approved amounts*	$0	$0	$183 (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 $183 of Medicare-Approved amounts*	$0	$0	$183 (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 $183 of Medicare Approved amounts*	$0	$0	$183 (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 $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used:			
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	All but $167.50 a day	$0	Up to $167.50 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 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 B

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

*Once you have been billed $183 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 tests, durable medical equipment			
First $183 of Medicare-Approved amounts*	$0	$0	$183 (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 $183 of Medicare-Approved amounts*	$0	$0	$183 (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 $183 of Medicare Approved amounts*	$0	$0	$183 (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 $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used:			
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	All but $167.50 a day	Up to $167.50 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 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 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 F

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

*Once you have been billed $183 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 tests, durable medical equipment			
First $183 of Medicare-Approved amounts*	$0	$183 (Part B Deductible)	$0
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 $183 of Medicare-Approved amounts*	$0	$183 (Part B Deductible)	$0
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 $183 of Medicare Approved amounts*	$0	$183 (Part B Deductible)	$0
Remainder of Medicare Approved amounts	80%	20%	$0

PLAN F

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

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 $2,240 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses are $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,240 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2,240 DEDUCTIBLE** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used:			
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	All but $167.50 a day	Up to $167.50 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 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.

HIGH DEDUCTIBLE PLAN F

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

*Once you have been billed $183 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 $2,240 deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed $2,240. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,240 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2,240 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 tests, durable medical equipment			
First $183 of Medicare-Approved amounts*	$0	$183 (Part B Deductible)	$0
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 $183 of Medicare-Approved amounts*	$0	$183 (Part B Deductible)	$0
Remainder of Medicare-Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

HIGH DEDUCTIBLE PLAN F

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,240 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2,240 DEDUCTIBLE** YOU PAY
HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $183 of Medicare Approved amounts*	$0	$183 (Part B Deductible)	$0
Remainder of Medicare Approved amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,240 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO $2,240 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

*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 $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used:			
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	All but $167.50 a day	Up to $167.50 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 services	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 G

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

*Once you have been billed $183 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 tests, durable medical equipment			
First $183 of Medicare-Approved amounts*	$0	$0	$183 (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 $183 of Medicare-Approved amounts*	$0	$0	$183 (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 $183 of Medicare Approved amounts*	$0	$0	$183 (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	$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 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 PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,340	$1,340 (Part A Deductible)	$0
61st thru 90th day	All but $335 a day	$335 a day	$0
91st day and after			
While using 60 lifetime reserve days	All but $670 a day	$670 a day	$0
Once lifetime reserve days are used:			
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	All but $167.50 a day	Up to $167.50 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 outpatient drugs and inpatient respite care	Medicare co-payment/ 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 N

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

*Once you have been billed $183 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 tests, durable medical equipment			
First $183 of Medicare-Approved amounts*	$0	$0	$183 (Part B Deductible)
Remainder of Medicare-Approved amounts	Generally 80%	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.	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 $183 of Medicare-Approved amounts*	$0	$0	$183 (Part B Deductible)
Remainder of Medicare-Approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

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 $183 of Medicare Approved amounts*	$0	$0	$183 (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