

**Aetna Life Insurance Company
Outline of Medicare Supplement Coverage**

Benefit Plans A, B, and F are Offered

Medicare supplement contracts can be sold in only standard plans. This chart shows the benefits included in each plan. Every insurance company must offer Plan "A." Some plans may not be available. **Plans E, H, I and J are no longer available for sale.**

Basic Benefits:

- **Hospitalization** - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses** - Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insured 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 I 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 \$4,620; paid at 100% after limit reached***	Out-of-pocket limit \$2,310; paid at 100% after limit reached***		

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Benefit Plans A, B, and F are Offered

* 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 \$2,000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,000. 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.

** Plans K and L provide for different cost-sharing for items and services than the other plans. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for payment of excess charges.

*** The out-of-pocket annual limit will increase each year for inflation.

PREMIUM INFORMATION

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

MONTHLY PREMIUMS

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

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

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

MONTHLY PREMIUMS

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

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

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

Smoker premium rates are determined by multiplying the premium shown by a factor of 1.10

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

MONTHLY PREMIUMS

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

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

Smoker premium rates are determined by multiplying the premium shown by a factor of 1.10

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

MONTHLY PREMIUMS

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

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

Smoker premium rates are determined by multiplying the premium shown by a factor of 1.10

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

MONTHLY PREMIUMS

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

90000 – 90899; 91001 – 91899; 92601 - 92899

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

Smoker premium rates are determined by multiplying the premium shown by a factor of 1.10

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

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premium.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing the most important features of your Medicare supplement plan contract. The policy is your insurance contract and only the actual contract provisions will control. You must read the policy itself to understand all of the rights and duties of both you and Aetna Life Insurance Company.

THIRTY-DAY RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Aetna Life Insurance Company, PO Box 13547, Pensacola, FL, 32591. 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 of 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.

DISCLOSURES

This policy may not fully cover all of your medical costs. Neither Aetna 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 further details and limitations applicable to Medicare.

For additional information concerning policy benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. Call the HICAP toll-free telephone number, 1-800-434-0222, for a referral to your local HICAP office. HICAP is a service provided free of charge by the State of California.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums.

DISCLOSURES (continued)

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all 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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,100	\$0	\$1,100 (Part A deductible)
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after:			
▪ While using 60 lifetime reserve days	All but \$550 a day	\$550 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 \$137.50 a day	\$0	Up to \$137.50 a day
101st day and after	\$0	\$0	All costs

*A **Benefit Period** begins on the first day you receive care 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.

** **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 (continued)
Medicare (Part A) – Hospital Services – Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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 a 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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (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

*Once you have been billed \$155 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.

PLAN A (continued)
Medicare (Part B) – Medical Services – Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (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 \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$155 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.

PLAN B

Medicare (Part A) – Hospital Services – Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,100	\$1,100 (Part A deductible)	\$0
61 st thru 90 th day	All but \$275 a day	\$275 a day	\$0
91 st day and after:			
▪ While using 60 lifetime reserve days	All but \$550 a day	\$550 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
21 st thru 100 th day	All but \$137.50 a day	\$0	Up to \$137.50 a day
101 st day and after	\$0	\$0	All costs

*A **Benefit Period** begins on the first day you receive care 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.

****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 (continued)
Medicare (Part A) – Hospital Services – Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

PLAN B
Medicare (Part B) – Medical Services – Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (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

*Once you have been billed \$155 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.

PLAN B (continued)
Medicare (Part B) – Medical Services – Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (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 \$155 of Medicare-approved amounts*	\$0	\$0	\$155 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$155 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.

PLAN F
Medicare (Part A) – Hospital Services – Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,100	\$1,100 (Part A deductible)	\$0
61st thru 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after:			
▪ While using 60 lifetime reserve days	All but \$550 a day	\$550 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 \$137.50 a day	Up to \$137.50 a day	\$0
101st day and after	\$0	\$0	All costs

*A **Benefit Period** begins on the first day you receive care 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.

****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 F (continued)
Medicare (Part A) – Hospital Services – Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

PLAN F
Medicare (Part B) – Medical Services – Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES			
IN OR OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare-approved amounts*	\$0	\$155 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100% of all costs	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare-approved amounts*	\$0	\$155 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

*Once you have been billed \$155 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.

PLAN F (continued)
Medicare (Part B) – Medical Services – Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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			
<ul style="list-style-type: none"> ▪ Medically necessary skilled care services and medical supplies 	100%	\$0	\$0
<ul style="list-style-type: none"> ▪ Durable medical equipment: <ul style="list-style-type: none"> - First \$155 of Medicare-approved amounts* - Remainder of Medicare-approved amounts 	\$0 80%	\$155 (Part B deductible) 20%	\$0 \$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 such charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

*Once you have been billed \$155 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.

Guaranteed Issue Guidelines

If you meet the eligibility requirements set forth in the Aetna Individual Medicare Supplement PlanSM insurance policy and one of the following conditions applies to you, you are eligible for Guaranteed Issue ("Eligible Person") and you will not be required to complete the Statement of Health part of the Application.

Open Enrollment - You are eligible for Guaranteed Issue if you meet one of the following requirements and apply for an Aetna Individual Medicare Supplement Plan insurance policy prior to or during the six-month period beginning with the first day of the month in which you are enrolled for benefits under Medicare Part B:

- (i) You are at least age 65, or
- (ii) You are less than age 65 and eligible for Medicare on account of total disability (**other than End Stage Renal Disease**).
- (iii) You are enrolled in an Employer sponsored health plan (including COBRA and Cal-COBRA) and
 - the plan terminates, you leave the plan or the plan ceases to provide all those supplemental health benefits; or
 - you are enrolled under the plan as a spouse and are losing coverage under the plan due to death or divorce from your spouse.
- (iv) You are a military retiree or the spouse or dependent of a military retiree and you are losing access to health care services as the result of a military base closure, the base no longer offers services or you relocate.

You must submit evidence that you have Medicare Parts A and B with your Application

With respect to the Open Enrollment events outlined above:

Pre-Existing Conditions - This policy does not pay benefits for loss which occurs within six months after the Effective Date as a result of a pre-existing condition. A pre-existing condition is any injury or illness for which the insured has received, or has had recommended, medical advice or treatment during the six months before the Effective Date. Please note that pre-existing conditions will be covered after six months from the Effective Date. This exclusion does not apply to loss which occurs more than six months after the Effective Date.

If you apply for the policy during the 6 month period beginning with the first of the month in which you are eligible, and as of the date you apply you had a continuous period of **Creditable Coverage** of at least 6 months, the pre-existing conditions limitation will not apply to you.

If you apply for the policy during the 6 month period beginning with the first of the month in which you are eligible, and as of the date you apply you had a continuous period of **Creditable Coverage** of less than 6 months, the pre-existing conditions limitation will be reduced by the aggregate of the period of **Creditable Coverage** applicable as of your enrollment date.

With respect to “Other Situations” outlined below:

The pre-existing conditions exclusion will not be applied.

Other Situations - You are eligible for Guaranteed Issue for an Aetna Individual Medicare Supplement Plan insurance policy if you apply for the policy in the **Guaranteed Issue Time Periods** described below. You submit evidence of the date of termination or disenrollment with the Application, and you meet one of the following conditions:

1. You are enrolled in an employee welfare benefit plan and
 - a) the plan provides health benefits that supplement the benefits under Medicare, and the plan terminates or ceases to provide such supplemental health benefits to you; or you are enrolled under an employee welfare benefit plan that is primary to Medicare and the plan terminates or the plan ceases to provide all health benefits to you because you leave the plan, or
 - b) the employer no longer provides you with insurance that covers all of the payment for the 20% coinsurance.
2. You are enrolled with a Medicare Advantage organization under a Medicare Advantage Plan (the “Plan”) under Medicare Part C or under a Program of All-Inclusive Care for the Elderly (PACE) and any of the following apply:
 - The certification of the organization or plan under this part has been terminated; or
 - The organization has terminated or otherwise discontinued providing the Plan in the area in which you reside; or
 - You are no longer eligible to elect the Plan because:
 - (i) of a change in your place of residence or other change in circumstances specified by the Secretary of the Department of Health and Human Services (the “Secretary”), excluding those circumstances where you were disenrolled from the Plan for any of the reasons described in Section 1851 (g)(3)(B) of the federal Social Security Act (e.g., where you have not paid premiums on a timely basis, or you have engaged in disruptive behavior as specified in standards under Section 1856); or
 - (ii) the Plan is terminated for all enrollees residing within a particular residential service area; or
 - You demonstrate, in accordance with guidelines established by the Secretary, that:
 - (i) The organization offering the Plan substantially violated a material provision of the organization’s contract with the Centers for Medicare and Medicaid Services in relation to you, including the failure to provide you, on a timely basis, with medically necessary care for which benefits are available under the Plan, or the failure to provide such covered care in accordance with applicable quality standards; or
 - (ii) The organization or agent or other entity acting on the organization’s behalf, materially misrepresented the Plan’s provisions in marketing the Plan to you; or
 - You meet such other exceptional conditions as the Secretary may provide.

3. You are enrolled with:
 - An eligible organization under a contract under Section 1876 (Medicare cost); a similar organization operating under demonstration project authority, effective for periods before April 1, 1999; an organization under agreement under section 1833(a)(1)(A) (health care prepayment plan); or an organization under a Medicare SELECT policy; and
 - Your enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under Section 2 above.

4. You are enrolled in a Medicare supplement policy and the enrollment ceases because:
 - Of the insolvency of the issuer or bankruptcy of the non-issuer organization; or
 - Of other involuntary termination of coverage or enrollment under the policy; or
 - The issuer of the policy substantially violated a material provision of the policy; or
 - The issuer or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to you.

5. You were enrolled under a Medicare supplement policy and you terminate enrollment and subsequently enroll, for the first time, with (1) any Medicare Advantage organization under a Medicare Advantage Plan under Medicare Part C; (2) any eligible organization under a contract under Section 1876 (Medicare cost); (3) any similar organization operating under demonstration project authority; (4) any PACE program under Section 1894 of the Social Security Act; (5) any organization under an agreement under Section 1833(a)(1)(A) (health care prepayment plan); or (6) a Medicare SELECT policy, and enrollment under this section is terminated by you during any period within the first 12 months of such subsequent enrollment (during which you are permitted to terminate such subsequent enrollment under Section 1851(e) of the federal Social Security Act).

6. You, upon first becoming enrolled for benefits under Medicare Part A at age sixty-five or older, enroll in a Medicare Advantage Plan under Medicare Part C, or in a PACE program under Section 1894 of the Social Security Act, and disenroll from the plan no later than 12 months after the effective date of enrollment.

7. You enroll in a Medicare Part D plan during the initial enrollment period and, at the time of enrollment in Part D, were enrolled under a Medicare supplement policy that covers outpatient prescription drugs and you terminate enrollment in the Medicare supplement policy and submit evidence of enrollment in Medicare Part D along with the application for a policy.

8. If you are enrolled in a Medicare supplement policy, you may change your plan or insurer during an annual open enrollment period of 30 days beginning on your birthday. Your purchase is limited to any Medicare supplement policy that offers benefits equal to or lesser than those provided by the previous coverage.

9. You are enrolled in an Aetna Medicare Advantage Plan and that plan reduces benefits, increases the amount of cost sharing or discontinues for other than good cause relating to quality of care, its relationship or contract under the plan with a provider who is currently furnishing services to you.

Guaranteed Issue Time Periods

- In the case of an individual described in situation #1, the guaranteed issue period begins on the later of: (i) the date you receive a notice of termination or cessation of all supplemental health benefits (or, if a notice is not received, notice that a claim has been denied because of such a termination or cessation); or (ii) the date that the applicable coverage terminates or ceases; and ends sixty-three (63) days after the date of the applicable notice;
- In the case of an individual described in situations #2, #3, #5, or #6 whose enrollment terminated involuntarily, the guaranteed issue period begins on the date that you receive a notice of termination and ends sixty-three (63) days after the date the applicable coverage is terminated;
- In the case of an individual described in situation #4 (insolvency of the issuer or bankruptcy of the non-issuer organization), the guaranteed issue period begins on the earlier of: (i) the date that you receive a notice of termination, a notice of the issuer's bankruptcy or insolvency, or other such similar notice if any, and (ii) the date that the applicable coverage is terminated, and ends on the date that is sixty-three (63) days after the date the coverage is terminated;
- In the case of an individual described in situations #2, #4 (issuer or the policy substantially violated a material provision of the policy), #4 (the issuer or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to you), #5, #6 or #9 who disenrolls voluntarily, the guaranteed issue period begins on the date that is sixty (60) days before the effective date of the disenrollment and ends on the date that is sixty-three (63) days after the effective date;
- In the case of an individual described in situation #7, the guaranteed issue period begins on the date you receive notice from the Medicare supplement issuer during the sixty (60) day period immediately preceding the Part D enrollment period and ends on the date that is sixty-three (63) days after the effective date of the individual's coverage under Medicare Part D;
- In the case of an individual described in situation #8, the guaranteed issue period begins on your birthday and ends thirty (30) days after your birthday;
- In the case of an individual described in this Guaranteed Issue Guide but not described in the preceding situations, the guaranteed issue period begins on the effective date of disenrollment and ends on the date that is sixty-three (63) days after the effective date.

Extended Medigap Access for Interrupted Trial Periods

- In the case of an individual described in situation #5 whose enrollment with an organization or provider described in item (1) is involuntarily terminated within the first twelve (12) months of enrollment, and who, without an intervening enrollment, enrolls with another such organization or provider, the subsequent enrollment shall be deemed to be an initial enrollment;
- In the case of an individual described in situation #6, whose enrollment with a plan or in a program described in situation #6 is involuntarily terminated within the first twelve (12) months of enrollment, and who, without an intervening enrollment, enrolls in another such plan or program, the subsequent enrollment shall be deemed to be an initial enrollment; and
- For the purposes of situations #5 and #6, no enrollment of an individual with an organization or provider described in #5 (1 through 6), or with a plan or in a program described in #6, may be deemed to be an initial enrollment under this paragraph after the two-year period beginning on the date on which you first enrolled with such an organization, provider, plan or program.

Products to which Eligible Persons are Entitled

The Medicare Individual Supplement Plan insurance policy to which Eligible Persons are entitled.

During Open Enrollment

An Eligible Person may enroll in Aetna Individual Medicare Supplement Plan insurance policy A, B or F.

During Other Situations

- Under situations #1, #2, #3, #4 and #9, an Eligible Person may enroll in a Medicare supplement policy which has a benefit package classified as plan A, B or F.
- Under situation #5 and #8, an Eligible Person may enroll in the same Medicare supplement policy in which you were most recently previously enrolled, if available, or, if not so available, a policy described as plan A, B or F.
- Under situation #6 and #7, an Eligible Person may enroll in any Medicare supplement policy offered by Aetna Life Insurance Company.

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-877-287-0117. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-877-287-0117. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-877-287-0117 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-877-287-0117. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese.

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-877-287-0117번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-877-287-0117. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Անվճար Լեզվական Օտարություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-877-287-0117 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-877-287-0117. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-877-287-0117までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مجاني مربوط به زبان . میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگویند مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره 1-877-287-0117 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-877-287-0117 'ਤੇ ਸਾਨ ਫ਼ਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੋਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអាសង្កកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមាន បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-877-287-0117 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-877-287-0117 . للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357 Arabic.

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-877-287-0117. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong