

# Aetna Individual Medicare Supplement Plan<sup>SM</sup>

Aetna Life Insurance  
Company

Outline of Medicare  
Supplement Coverage

Benefit Plans A, B and F

We want you to know<sup>®</sup>

 Aetna Medicare

# Outline of Medicare Supplement Coverage

## Benefit Plans A, B and F

Questions?  
 Call 1-800-345-6022  
 (TTY/TDD 1-800-628-3323)

**NOTICE:** Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued.

Medicare supplement insurance can be sold in only 12 standard plans. This chart shows the benefits included in each plan. Every insurance company must offer available Plan "A." Some plans may not be available in California.

The **BASIC BENEFITS** included in all plans are:

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

**Medical Expenses:** Medicare Part B coinsurance (usually 20% of the Medicare-approved amount).

**Blood:** First three pints of blood each year.

**Mammogram:** One annual screening to the extent not covered by Medicare.

**Cervical cancer test:** One annual screening.

A	B	C	D	E	F / F*	G	H	I	J / J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)		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	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery
				Preventive Care NOT covered by Medicare					Preventive Care NOT covered by Medicare

\* Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year \$2,000 deductible. Benefits from high deductible Plans F and J 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.

# Outline of Medicare Supplement Coverage

Questions?

Call 1-800-345-6022  
(TDD 1-800-628-3323)

**Basic benefits for Plans K and L include similar services as Plans A - J, but cost sharing for the basic benefits is at different levels.**

## **BASIC BENEFITS included in Plan K:**

### **Hospitalization:**

- 100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end.
- 50% hospice cost sharing.

**Medical Expenses:** 50% Part B coinsurance, except 100% coinsurance for Part B preventive services.

**Blood:** 50% of Medicare-eligible expenses for the first three pints of blood.

## **BASIC BENEFITS included in Plan L:**

### **Hospitalization:**

- 100% of Part A hospitalization coinsurance plus coverage for 365 days after Medicare benefits end.
- 75% hospice cost sharing.

**Medical Expenses:** 75% Part B coinsurance, except 100% coinsurance for Part B preventive services.

**Blood:** 75% of Medicare-eligible expenses for the first three pints of blood.

K**	L**
50% skilled nursing facility coinsurance	75% skilled nursing facility coinsurance
50% of Part A deductible	75% of Part A deductible
\$4,620 out-of-pocket annual limit***	\$2,310 out-of-pocket annual limit***

\*\* Plans K and L provide for different cost sharing for items and services than Plans A – J.

Once you reach the annual limit, the plan pays 100% of the Medicare co-payments, 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 paying excess charges.

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

**See Outlines of Coverage for details and exceptions.**

# Disclosures

Use this outline to compare benefits and premiums among policies.

Questions?

Call 1-800-345-6022  
(TDD 1-800-628-3323)

## **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 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, Aetna Administrator, P.O. Box 10374, Des Moines, IA 50306-9500. 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 "The Medicare Handbook" for more details. 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 referral to your local HICAP office. HICAP is a service provided free of charge by the state of California.

## **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 have the right to 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.

Questions?  
 Call 1-800-345-6022  
 (TTY/TDD 1-800-628-3323)

# Plan A

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

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,068	\$0	\$1,068 (Part A deductible)
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$267 a day	\$267 a day	\$0
91 <sup>st</sup> day and after:	All but \$534 a day	\$534 a day	\$0
<ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:               <ul style="list-style-type: none"> <li>– Additional 365 days</li> <li>– Beyond the additional 365 days</li> </ul> </li> </ul>	\$0	100% of Medicare-eligible expenses	\$0 **
	\$0	\$0	All costs
<b>Skilled Nursing Facility Care*</b>			
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 <sup>st</sup> through 100 <sup>th</sup> day	All but \$133.50 a day	\$0	Up to \$133.50 a day
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

\* 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

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

Questions?  
 Call 1-800-345-6022  
 (TTY/TDD 1-800-628-3323)

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses</b>			
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 \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (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
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Tests for diagnostic services	100%	\$0	\$0
<b>PARTS A &amp; B</b>			
<b>Home Health Care</b>			
<b>Medicare-approved services:</b>			
<ul style="list-style-type: none"> <li>• Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
<ul style="list-style-type: none"> <li>• Durable medical equipment               <ul style="list-style-type: none"> <li>– First \$135 of Medicare-approved amounts*</li> <li>– Remainder of Medicare-approved amounts</li> </ul> </li> </ul>	\$0	\$0	\$135 (Part B deductible)
	80%	20%	\$0

\* Once you have been billed \$135 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

Questions?

Call 1-800-345-6022  
(TTY/TDD 1-800-628-3323)

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$267 a day	\$267 a day	\$0
91 <sup>st</sup> day and after:	All but \$534 a day	\$534 a day	\$0
<ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:               <ul style="list-style-type: none"> <li>– Additional 365 days</li> <li>– Beyond the additional 365 days</li> </ul> </li> </ul>	\$0	100% of Medicare-eligible expenses	\$0 **
	\$0	\$0	All costs
<b>Skilled Nursing Facility Care*</b> 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 <sup>st</sup> through 100 <sup>th</sup> day	All but \$133.50 a day	\$0	Up to \$133.50 a day
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

\* 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

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

Questions?

Call 1-800-345-6022  
(TTY/TDD 1-800-628-3323)

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses</b>			
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 \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (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
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*	\$0	\$0	\$135 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Tests for diagnostic services	100%	\$0	\$0
<b>PARTS A &amp; B</b>			
<b>Home Health Care</b>			
<b>Medicare-approved services:</b>			
<ul style="list-style-type: none"> <li>• Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
<ul style="list-style-type: none"> <li>• Durable medical equipment                             <ul style="list-style-type: none"> <li>– First \$135 of Medicare-approved amounts*</li> <li>– Remainder of Medicare-approved amounts</li> </ul> </li> </ul>	\$0	\$0	\$135 (Part B deductible)
	80%	20%	\$0

\* Once you have been billed \$135 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

Questions?

Call 1-800-345-6022  
(TTY/TDD 1-800-628-3323)

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,068	\$1,068 (Part A deductible)	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$267 a day	\$267 a day	\$0
91 <sup>st</sup> day and after:	All but \$534 a day	\$534 a day	\$0
<ul style="list-style-type: none"> <li>• While using 60 lifetime reserve days</li> <li>• Once lifetime reserve days are used:               <ul style="list-style-type: none"> <li>– Additional 365 days</li> <li>– Beyond the additional 365 days</li> </ul> </li> </ul>	\$0	100% of Medicare-eligible expenses	\$0 **
	\$0	\$0	All costs
<b>Skilled Nursing Facility Care*</b>			
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 <sup>st</sup> through 100 <sup>th</sup> day	All but \$133.50 a day	Up to \$133.50 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b>	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
Available as long as your doctor certifies you are terminally ill and you elect to receive these services			

\* 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.

Questions?

Call 1-800-345-6022  
(TTY/TDD 1-800-628-3323)

# Plan F

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

Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses</b>			
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 \$135 of Medicare-approved amounts*	\$0	\$135 (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
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare-approved amounts*	\$0	\$135 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Tests for diagnostic services	100%	\$0	\$0
<b>PARTS A &amp; B</b>			
<b>Home Health Care</b>			
<b>Medicare-approved services:</b>			
<ul style="list-style-type: none"> <li>• Medically necessary skilled care services and medical supplies</li> </ul>	100%	\$0	\$0
<ul style="list-style-type: none"> <li>• Durable medical equipment               <ul style="list-style-type: none"> <li>– First \$135 of Medicare-approved amounts*</li> <li>– Remainder of Medicare-approved amounts</li> </ul> </li> </ul>	\$0	\$135 (Part B deductible)	\$0
	80%	20%	\$0
<b>OTHER BENEFITS NOT COVERED BY MEDICARE</b>			
<b>Foreign Travel – <i>Not covered by Medicare</i></b>			
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 benefit

\*Once you have been billed \$135 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.

OOC-CA Ed. 12/05

18.02.312.1-CA E (11/08)



# Guaranteed Issue Guidelines

(continued)

3. You are enrolled with:
  - An eligible organization under a contract under Section 1876 (Medicare risk or 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 Part C of Medicare, (2) any eligible organization under a contract under Section 1876 (Medicare risk or cost), (3) any similar organization operating under demonstration project authority, (4) any organization under an agreement under Section 1833(a)(1)(A) (health care prepayment plan), or (5) 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 Part C of Medicare, or with a PACE provider under Section 1894 of the Social Security Act, and disenroll from the plan by not later than 12 months after the effective date of enrollment.

---

## Products to which Eligible Persons are Entitled

The Medicare supplement 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 –

- Situations 1, 2 and 3 are a Medicare Supplement policy which has a benefit package classified as plan A, B or F.
- Situation 4 is 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.
- Situation 5 includes any Medicare Supplement policy offered by Aetna Life Insurance Company.