

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

**Benefit Plans A, B, F, G and N are Offered**

This chart 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 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

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F I F*</b>	<b>G</b>	<b>K**</b>	<b>L**</b>	<b>M</b>	<b>N</b>
<b>Basic including 100% Part B coinsurance</b>	<b>Basic including 100% Part B coinsurance</b>	Basic including 100% Part B coinsurance	Basic including 100% Part B coinsurance	<b>Basic including 100% Part B coinsurance *</b>	<b>Basic including 100% Part B coinsurance</b>	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	<b>Basic including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER</b>
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	<b>Skilled Nursing Facility Coinsurance</b>	<b>Skilled Nursing Facility Coinsurance</b>	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	<b>Skilled Nursing Facility Coinsurance</b>
	<b>Part A Deductible</b>	Part A Deductible	Part A Deductible	<b>Part A Deductible</b>	<b>Part A Deductible</b>	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	<b>Part A Deductible</b>
		Part B Deductible		<b>Part B Deductible</b>					
				<b>Part B Excess-100%</b>	<b>Part B Excess-100%</b>				
		Foreign Travel Emergency	Foreign Travel Emergency	<b>Foreign Travel Emergency</b>	<b>Foreign Travel Emergency</b>			Foreign Travel Emergency	<b>Foreign Travel Emergency</b>
						Out-of-pocket limit \$4,660; paid at 100% after limit reached***	Out-of-pocket limit \$2,330; paid at 100% after limit reached***		

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\*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 \$2,070 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,070. 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

Questions? We're here to help.

Just call us at 1-800-345-6022  
(TTY/TDD 1-888-760-4748)

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. Aetna will send a written notice at least 31 days before the change becomes effective.

The monthly premiums shown will apply when payment is made on a quarterly, semi-annual or annual basis or if you elect to have your payments automatically deducted from your checking account (Electronic Funds Transfer program) or credit card account. 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. If you elect to pay your premium on a monthly basis by check or money order, add \$2 to the monthly premium shown to calculate your monthly premium amount.

If you smoke and you enroll other than during the Medicare Supplement Open Enrollment and Guaranteed issue rights periods, a smoker premium rate will apply. Please refer to the Guaranteed Issue Guidelines notice included in your enrollment materials for details on open enrollment and guaranteed issue rights. Smoker premium rates are determined by multiplying the premium shown by a factor of 1.10.

### MONTHLY PREMIUMS

The rates in the table below apply to the following **ZIP CODES: 29300 through 29399; 29600 through 29699; 29800 through 29899**

Attained Age	PLAN A		PLAN B		PLAN F		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$113.30	\$104.62	\$122.55	\$112.51	\$143.22	\$131.69	\$111.14	\$103.45	\$87.16	\$81.28
66	\$117.54	\$108.53	\$127.14	\$116.72	\$148.59	\$136.62	\$116.48	\$108.40	\$91.44	\$85.27
67	\$121.79	\$112.46	\$131.73	\$120.94	\$153.94	\$141.55	\$121.80	\$113.36	\$95.72	\$89.26
68	\$126.71	\$117.00	\$137.82	\$126.53	\$161.22	\$148.24	\$127.12	\$118.31	\$99.99	\$93.24
69	\$131.61	\$121.52	\$143.88	\$132.09	\$168.47	\$154.90	\$132.41	\$123.24	\$104.25	\$97.21
70	\$136.50	\$126.03	\$149.93	\$137.64	\$175.70	\$161.55	\$137.70	\$128.16	\$108.50	\$101.17
71	\$141.36	\$130.52	\$155.95	\$143.17	\$182.89	\$168.17	\$142.98	\$133.08	\$112.74	\$105.13
72	\$146.19	\$134.98	\$161.94	\$148.66	\$190.05	\$174.76	\$148.24	\$137.98	\$116.97	\$109.08
73	\$149.54	\$138.07	\$167.00	\$153.31	\$196.27	\$180.47	\$154.09	\$143.42	\$121.76	\$113.55
74	\$152.85	\$141.11	\$172.01	\$157.90	\$202.41	\$186.12	\$159.90	\$148.83	\$126.52	\$117.98
75	\$156.15	\$144.15	\$177.03	\$162.52	\$208.57	\$191.78	\$165.69	\$154.23	\$131.26	\$122.41
76	\$159.45	\$147.20	\$182.04	\$167.12	\$214.73	\$197.45	\$171.49	\$159.62	\$136.01	\$126.83
77	\$162.71	\$150.22	\$187.03	\$171.70	\$220.85	\$203.07	\$177.26	\$164.99	\$140.73	\$131.24
78	\$165.11	\$152.42	\$190.45	\$174.84	\$225.30	\$207.18	\$182.16	\$169.55	\$144.91	\$135.12
79	\$167.43	\$154.57	\$193.81	\$177.93	\$229.66	\$211.20	\$187.00	\$174.07	\$149.05	\$138.98
80	\$169.67	\$156.63	\$197.09	\$180.93	\$233.94	\$215.14	\$191.80	\$178.53	\$153.14	\$142.80
81	\$171.83	\$158.63	\$200.40	\$183.97	\$238.27	\$219.11	\$196.62	\$183.01	\$157.25	\$146.64
82	\$173.89	\$160.55	\$203.69	\$187.00	\$242.56	\$223.06	\$201.43	\$187.49	\$161.36	\$150.47
83	\$175.27	\$161.81	\$207.61	\$190.59	\$248.33	\$228.37	\$210.97	\$196.37	\$169.83	\$158.37
84	\$176.55	\$162.99	\$211.53	\$194.18	\$254.10	\$233.68	\$220.51	\$205.25	\$178.32	\$166.28
85	\$177.81	\$164.15	\$215.66	\$197.97	\$260.13	\$239.23	\$228.82	\$212.99	\$185.85	\$173.31
86	\$178.94	\$165.19	\$218.88	\$200.94	\$265.33	\$244.01	\$237.45	\$221.01	\$193.71	\$180.64
87	\$180.08	\$166.24	\$222.17	\$203.96	\$269.31	\$247.68	\$246.39	\$229.34	\$201.90	\$188.28
88	\$181.22	\$167.31	\$225.50	\$207.01	\$273.35	\$251.40	\$255.68	\$237.98	\$210.43	\$196.24
89	\$182.37	\$168.37	\$228.88	\$210.11	\$277.45	\$255.16	\$265.32	\$246.95	\$219.32	\$204.53
90+	\$183.54	\$169.44	\$232.31	\$213.27	\$281.61	\$259.00	\$275.31	\$256.25	\$228.59	\$213.17

### MONTHLY PREMIUMS

The rates in the table below apply to the following **ZIP CODES: 29400 through 29599; 29900 through 29999**

Attained Age	PLAN A		PLAN B		PLAN F		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$131.58	\$121.49	\$142.31	\$130.66	\$166.32	\$152.93	\$129.07	\$120.14	\$101.22	\$94.39
66	\$136.50	\$126.04	\$147.65	\$135.55	\$172.55	\$158.65	\$135.27	\$125.88	\$106.19	\$99.03
67	\$141.44	\$130.59	\$152.97	\$140.44	\$178.77	\$164.38	\$141.45	\$131.64	\$111.15	\$103.66
68	\$147.15	\$135.87	\$160.05	\$146.93	\$187.23	\$172.15	\$147.63	\$137.40	\$116.12	\$108.28
69	\$152.84	\$141.12	\$167.09	\$153.39	\$195.64	\$179.88	\$153.77	\$143.12	\$121.07	\$112.89
70	\$158.51	\$146.36	\$174.11	\$159.84	\$204.03	\$187.61	\$159.90	\$148.83	\$126.00	\$117.48
71	\$164.16	\$151.57	\$181.11	\$166.27	\$212.39	\$195.30	\$166.04	\$154.55	\$130.93	\$122.08
72	\$169.77	\$156.75	\$188.06	\$172.64	\$220.71	\$202.94	\$172.15	\$160.24	\$135.83	\$126.67
73	\$173.66	\$160.34	\$193.94	\$178.04	\$227.92	\$209.57	\$178.95	\$166.56	\$141.39	\$131.87
74	\$177.50	\$163.87	\$199.76	\$183.37	\$235.06	\$216.14	\$185.70	\$172.83	\$146.92	\$137.01
75	\$181.33	\$167.40	\$205.58	\$188.73	\$242.21	\$222.72	\$192.41	\$179.11	\$152.43	\$142.15
76	\$185.17	\$170.94	\$211.40	\$194.08	\$249.36	\$229.29	\$199.15	\$185.36	\$157.95	\$147.29
77	\$188.96	\$174.45	\$217.20	\$199.39	\$256.47	\$235.83	\$205.85	\$191.60	\$163.43	\$152.41
78	\$191.74	\$177.00	\$221.17	\$203.04	\$261.64	\$240.59	\$211.54	\$196.89	\$168.29	\$156.91
79	\$194.43	\$179.50	\$225.07	\$206.63	\$266.71	\$245.27	\$217.17	\$202.14	\$173.09	\$161.40
80	\$197.04	\$181.89	\$228.87	\$210.11	\$271.67	\$249.84	\$222.74	\$207.33	\$177.84	\$165.83
81	\$199.54	\$184.22	\$232.72	\$213.65	\$276.70	\$254.45	\$228.33	\$212.52	\$182.62	\$170.29
82	\$201.94	\$186.44	\$236.54	\$217.16	\$281.69	\$259.04	\$233.92	\$217.73	\$187.39	\$174.74
83	\$203.54	\$187.91	\$241.10	\$221.34	\$288.38	\$265.20	\$245.00	\$228.04	\$197.22	\$183.91
84	\$205.03	\$189.28	\$245.65	\$225.50	\$295.09	\$271.37	\$256.08	\$238.36	\$207.08	\$193.10
85	\$206.49	\$190.62	\$250.44	\$229.90	\$302.09	\$277.82	\$265.72	\$247.34	\$215.83	\$201.26
86	\$207.80	\$191.83	\$254.19	\$233.34	\$308.12	\$283.37	\$275.75	\$256.66	\$224.95	\$209.78
87	\$209.12	\$193.05	\$258.00	\$236.85	\$312.75	\$287.63	\$286.14	\$266.33	\$234.47	\$218.65
88	\$210.45	\$194.29	\$261.87	\$240.40	\$317.44	\$291.95	\$296.91	\$276.36	\$244.37	\$227.89
89	\$211.79	\$195.52	\$265.80	\$244.00	\$322.20	\$296.32	\$308.11	\$286.78	\$254.70	\$237.51
90+	\$213.14	\$196.77	\$269.78	\$247.67	\$327.03	\$300.77	\$319.71	\$297.58	\$265.46	\$247.56

### MONTHLY PREMIUMS

The rates in the table below apply to the following **ZIP CODES: 29000 through 29299; 29700 through 29799;**  
**and all other zip codes in the state.**

Attained Age	PLAN A		PLAN B		PLAN F		PLAN G		PLAN N	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
65	\$121.83	\$112.49	\$131.77	\$120.98	\$154.00	\$141.60	\$119.51	\$111.24	\$93.72	\$87.40
66	\$126.39	\$116.70	\$136.71	\$125.51	\$159.77	\$146.90	\$125.25	\$116.56	\$98.32	\$91.69
67	\$130.96	\$120.92	\$141.64	\$130.04	\$165.53	\$152.20	\$130.97	\$121.89	\$102.92	\$95.98
68	\$136.25	\$125.81	\$148.19	\$136.05	\$173.36	\$159.40	\$136.69	\$127.22	\$107.52	\$100.26
69	\$141.52	\$130.67	\$154.71	\$142.03	\$181.15	\$166.56	\$142.38	\$132.52	\$112.10	\$104.53
70	\$146.77	\$135.52	\$161.21	\$148.00	\$188.92	\$173.71	\$148.06	\$137.81	\$116.67	\$108.78
71	\$152.00	\$140.34	\$167.69	\$153.95	\$196.66	\$180.83	\$153.74	\$143.10	\$121.23	\$113.04
72	\$157.19	\$145.14	\$174.13	\$159.85	\$204.36	\$187.91	\$159.40	\$148.37	\$125.77	\$117.29
73	\$160.80	\$148.46	\$179.57	\$164.85	\$211.04	\$194.05	\$165.69	\$154.22	\$130.92	\$122.10
74	\$164.35	\$151.73	\$184.96	\$169.79	\$217.65	\$200.13	\$171.94	\$160.03	\$136.04	\$126.86
75	\$167.90	\$155.00	\$190.35	\$174.75	\$224.27	\$206.22	\$178.16	\$165.84	\$141.14	\$131.62
76	\$171.45	\$158.28	\$195.74	\$179.70	\$230.89	\$212.31	\$184.40	\$171.63	\$146.25	\$136.38
77	\$174.96	\$161.53	\$201.11	\$184.62	\$237.47	\$218.36	\$190.60	\$177.41	\$151.32	\$141.12
78	\$177.54	\$163.89	\$204.79	\$188.00	\$242.26	\$222.77	\$195.87	\$182.31	\$155.82	\$145.29
79	\$180.03	\$166.20	\$208.40	\$191.32	\$246.95	\$227.10	\$201.08	\$187.17	\$160.27	\$149.44
80	\$182.44	\$168.42	\$211.92	\$194.55	\$251.55	\$231.33	\$206.24	\$191.97	\$164.67	\$153.55
81	\$184.76	\$170.57	\$215.48	\$197.82	\$256.20	\$235.60	\$211.42	\$196.78	\$169.09	\$157.68
82	\$186.98	\$172.63	\$219.02	\$201.07	\$260.82	\$239.85	\$216.59	\$201.60	\$173.51	\$161.80
83	\$188.46	\$173.99	\$223.24	\$204.94	\$267.02	\$245.56	\$226.85	\$211.15	\$182.61	\$170.29
84	\$189.84	\$175.26	\$227.45	\$208.80	\$273.23	\$251.27	\$237.11	\$220.70	\$191.74	\$178.80
85	\$191.19	\$176.50	\$231.89	\$212.87	\$279.71	\$257.24	\$246.04	\$229.02	\$199.84	\$186.35
86	\$192.41	\$177.62	\$235.36	\$216.06	\$285.30	\$262.38	\$255.32	\$237.65	\$208.29	\$194.24
87	\$193.63	\$178.75	\$238.89	\$219.31	\$289.58	\$266.32	\$264.94	\$246.60	\$217.10	\$202.45
88	\$194.86	\$179.90	\$242.47	\$222.59	\$293.93	\$270.32	\$274.92	\$255.89	\$226.27	\$211.01
89	\$196.10	\$181.04	\$246.11	\$225.93	\$298.33	\$274.37	\$285.29	\$265.54	\$235.83	\$219.92
90+	\$197.35	\$182.19	\$249.80	\$229.32	\$302.81	\$278.49	\$296.03	\$275.54	\$245.80	\$229.22

# DISCLOSURES

Questions? We're here to help.

Just call us at 1-800-345-6022  
(TTY/TDD 1-888-760-4748)

## **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 January 1, 2012.

### **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.

### **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.

### **NOTICE**

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 more details.

### **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 A	
		Plan Pays	You Pay
<b>HOSPITALIZATION*</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,156	\$0	\$1,156 (Part A deductible)
61st thru 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after:			
▪ While using 60 lifetime reserve days	All but \$578 a day	\$578 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
<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
21st thru 100th day	All but \$144.50 a day	\$0	Up to \$144.50 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 A	
		Plan Pays	You Pay
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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 A	
		Plan Pays	You Pay
<b>MEDICAL EXPENSES</b>			
<b>INPATIENT OR OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B excess charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs

\*Once you have been billed \$140 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 A	
		Plan Pays	You Pay
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

Services	Medicare Pays	Plan A	
		Plan Pays	You Pay
<b>HOME HEALTH CARE</b>			
<b>Medicare-Approved Services</b>			
▪ Medically necessary skilled care services and medical supplies	100%	\$0	\$0
▪ Durable medical equipment:			
- First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

\*Once you have been billed \$140 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 B	
		Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: <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>	All but \$1,156  All but \$289 a day  All but \$578 a day  \$0  \$0	\$1,156 (Part A deductible)  \$289 a day  \$578 a day  100% of Medicare-eligible expenses  \$0	\$0  \$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 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts  All but \$144.50 a day  \$0	\$0  \$0  \$0	\$0  Up to \$144.50 a day  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 B	
		Plan Pays	You Pay
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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 B	
		Plan Pays	You Pay
<b>MEDICAL EXPENSES</b>			
<b>INPATIENT OR OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	\$0	All costs

\*Once you have been billed \$140 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 B	
		Plan Pays	You Pay
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

Services	Medicare Pays	Plan B	
		Plan Pays	You Pay
<b>HOME HEALTH CARE</b>			
<b>Medicare-Approved Services</b>			
▪ Medically necessary skilled care services and medical supplies	100%	\$0	\$0
▪ Durable medical equipment:			
- First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

\*Once you have been billed \$140 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 F	
		Plan Pays	You Pay
<b>HOSPITALIZATION*</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0
61st thru 90th day	All but \$289 a day	\$289 a day	\$0
91st day and after:			
▪ While using 60 lifetime reserve days	All but \$578 a day	\$578 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
<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
21st thru 100th day	All but \$144.50 a day	Up to \$144.50 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 F	
		Plan Pays	You Pay
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
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 F	
		Plan Pays	You Pay
<b>MEDICAL EXPENSES</b>			
<b>INPATIENT OR OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$140 of Medicare-approved amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	100% of all costs	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts*	\$0	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

\*Once you have been billed \$140 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 F	
		Plan Pays	You Pay
<b>CLINICAL LABORATORY SERVICES</b>			
Tests for diagnostic services	100%	\$0	\$0

**PARTS A & B**

Services	Medicare Pays	Plan F	
		Plan Pays	You Pay
<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 \$140 of Medicare-approved amounts*</li> <li>- Remainder of Medicare-approved amounts</li> </ul> </li> </ul>	\$0  80%	\$140 (Part B deductible)  20%	\$0  \$0

**OTHER BENEFITS – Not Covered by Medicare**

Services	Medicare Pays	Plan F	
		Plan Pays	You Pay
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</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

\*Once you have been billed \$140 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 G**  
**Medicare (Part A) – Hospital Services – Per Benefit Period**

Services	Medicare Pays	Plan G	
		Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after: <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>	All but \$1,156  All but \$289 a day  All but \$578 a day  \$0  \$0	\$1,156 (Part A deductible) \$289 a day  \$578 a day  100% of Medicare eligible expenses \$0	\$0  \$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 21st thru 100th day 101st day and after	All approved amounts All but \$144.50 a day \$0	\$0 Up to \$144.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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

\*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 G**  
**Medicare (Part B) – Medical Services – Per Calendar Year**

Services	Medicare Pays	Plan G	
		Plan Pays	You Pay
<b>MEDICAL EXPENSES</b> <b>IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$140 of Medicare-approved amounts* Remainder of Medicare-approved amounts <b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0 Generally 80% \$0	\$0 Generally 20% 100% of all costs	\$140 (Part B deductible) \$0 \$0
<b>BLOOD</b> First 3 pints Next \$140 of Medicare-approved amounts* Remainder of Medicare-approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$140 (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for diagnostic services	100%	\$0	\$0

\*Once you have been billed \$140 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 G (continued)  
PARTS A & B**

Services	Medicare Pays	Plan G	
		Plan Pays	You Pay
<b>HOME HEALTH CARE</b>			
<b>Medicare Approved Services</b>			
▪ Medically necessary skilled care services and medical supplies	100%	\$0	\$0
▪ Durable medical equipment:			
- First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

**OTHER BENEFITS – Not Covered by Medicare**

Services	Medicare Pays	Plan G	
		Plan Pays	You Pay
<b>FOREIGN TRAVEL</b>			
<b>NOT COVERED BY MEDICARE</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

\*Once you have been billed \$140 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 N**  
**Medicare (Part A) – Hospital Services – Per Benefit Period**

Services	Medicare Pays	Plan N	
		Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after: <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>	All but \$1,156  All but \$289 a day  All but \$578 a day  \$0  \$0	\$1,156 (Part A deductible) \$289 a day  \$578 a day  100% of Medicare eligible expenses \$0	\$0  \$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 21st thru 100th day  101st day and after	All approved amounts All but \$144.50 a day  \$0	\$0 Up to \$144.50 a day \$0	\$0 \$0  All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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

\*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 N**  
**Medicare (Part B) – Medical Services – Per Calendar Year**

Services	Medicare Pays	Plan N	
		Plan Pays	You Pay
<p><b>MEDICAL EXPENSES</b></p> <p><b>IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENTS</b>, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment</p> <p>First \$140 of Medicare-approved amounts*</p> <p>Remainder of Medicare-approved amounts</p> <p><b>Part B Excess Charges</b> (above Medicare-approved amounts)</p>	<p>\$0</p> <p>Generally 80%</p> <p>\$0</p>	<p>\$0</p> <p>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.</p> <p>\$0</p>	<p>\$140 (Part B Deductible)</p> <p>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.</p> <p>All costs</p>
<p><b>BLOOD</b></p> <p>First 3 pints</p> <p>Next \$140 of Medicare-approved amounts*</p> <p>Remainder of Medicare-approved amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$140 (Part B deductible)</p> <p>\$0</p>
<p><b>CLINICAL LABORATORY SERVICES</b></p> <p>Tests for diagnostic services</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

\*Once you have been billed \$140 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 N (continued)  
PARTS A & B**

Services	Medicare Pays	Plan N	
		Plan Pays	You Pay
<b>HOME HEALTH CARE</b>			
<b>Medicare-Approved Services</b>			
▪ Medically necessary skilled care services and medical supplies	100%	\$0	\$0
▪ Durable medical equipment:			
- First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B Deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

**OTHER BENEFITS – Not Covered by Medicare**

Services	Medicare Pays	Plan N	
		Plan Pays	You Pay
<b>FOREIGN TRAVEL</b>			
<b>NOT COVERED BY MEDICARE</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

\*Once you have been billed \$140 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

Questions? We're here to help.

Just call us at 1-800-345-6022  
(TTY/TDD 1-888-760-4748)

## **FOR INDIVIDUALS WHO ARE 65 YEARS OF AGE OR OLDER AT THE TIME OF ENROLLMENT:**

In some situations, you are eligible for Guaranteed Issue of a Medicare Supplement Plan. If one of the following conditions applies to you, you are eligible for an Aetna Individual Medicare Supplement Plan<sup>SM</sup> on a guaranteed issue basis and you will not be required to complete the Statement of Health Questions section of the Application.

**Open Enrollment** - You are eligible for Guaranteed Issue if you are at least age 65 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. You must submit evidence that you have Medicare Parts A and B with your Application.

**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 guarantee 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 that provides health benefits that supplement the benefits under Medicare, and the plan terminates or ceases to provide such supplemental health benefits to you.
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 by not 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.

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## 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 or #6, 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; and
- 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 Aetna Individual Medicare 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, F, G or N.

### **During Other Situations**

Under situations #1, #2, #3, and #4, an Eligible Person may enroll in a Medicare supplement policy which has a benefit package classified as plan A, B F, or G.

Under situation #5, 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, F, or G.

Under situation #6, an Eligible Person may enroll in any Medicare supplement policy offered by Aetna Life Insurance Company.

Under situation #7, an Eligible Person may enroll in a Medicare supplement policy that has a benefit package classified as Plan A, B or, F and that is offered and is available for issuance to new enrollees by the same issuer that issued the individual's Medicare supplement policy with outpatient prescription drug coverage.