

Medicare Supplement Insurance

Plans A, B, F, G, N



Filling the gaps

Underwritten by

**Continental Life Insurance Company
of Brentwood, Tennessee**



Florida

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This is a brochure for individual Medicare Supplement insurance policy forms CLIMSP19A FL, CLIMSP19B FL, CLIMSP19F FL, CLIMSP19G FL, CLIMSP19N FL and is not a contract of insurance. For complete details of all benefits, please read your Outline of Coverage carefully and refer to the "Guide to Health Insurance for People with Medicare".

The value of peace of mind

A Medicare Supplement insurance policy helps you manage and budget your health care expenses.

Filling the gaps

Medicare provides beneficial coverage for health related expenses, but it does not cover all health care expenses. There are a number of gaps in Medicare coverage that you either pay for out-of-pocket or with private insurance. A Medicare Supplement insurance policy is a health insurance policy (also called Medigap) sold by a private insurance company to help fill in some of those gaps.

Know your options

Although private insurance companies provide Medicare Supplement coverage, Medicare Supplement insurance plans are strictly regulated by both federal and state government. Make an informed decision about what is right for you. Before you purchase a plan, make sure you understand what your Medicare coverage includes. Then choose a Medicare Supplement plan that best fits your needs.

Take care of yourself

A Medicare Supplement insurance policy helps you manage and budget your health care expenses with predictability and stability. Unexpected medical expenses can put your savings at risk. A Medicare Supplement insurance policy may offer financial security by helping you pay some of the out-of-pocket costs for Medicare-approved services and works hand-in-hand with Medicare to provide more insurance coverage.

Feel good about your choices

A Medicare Supplement insurance policy has no restrictive networks, you can visit the physicians of your choice, and you have freedom when choosing a health care provider, including specialists and specialty hospitals. With automatic claims filing by most providers, you have less things to worry about.

Financially strong, fundamentally sound

When you choose to own an Continental Life Insurance Company of Brentwood, Tennessee Medicare Supplement insurance policy, you get the first class customer service, financial stability, and security that come from being a member of the Aetna family of companies.



Choose from these plans

Continental Life Insurance Company of Brentwood, Tennessee offers Medicare Supplement Plans A, B, F, G, and N with varying amounts of coverage – Plan A providing basic benefits and Plan F offering more comprehensive coverage.

Premiums also vary according to the amount of coverage provided by a specific plan. Here are the benefits that are included with each plan.

For people first eligible for Medicare before 2020 only

Benefits	Plan A	Plan B	Plan G*	Plan N	Plan F**
Basic benefits (including hospice care)	●	●	●	●	●
Part B coinsurance	●	●	●	●*	●
Part A deductible		●	●	●	●
Skilled nursing facility coinsurance			●	●	●
Foreign travel emergency			●	●	●
Part B excess charges			●		●
Part B deductible					●

All plans are available to those eligible applicants under age 65 by reason of disability or end-stage renal disease.

* **Plan N** requires \$20 copayment for office visits; \$50 copayment for emergency room visits. Copayments do not count toward the annual Part B deductible.

** **Plan F** available for people first eligible for Medicare before 2020 only.

Covering your needs

Use this checklist as a starting point to help determine what you want your Medicare Supplement insurance policy to cover.

- Basic benefits** (including hospice care)
- Medicare Part A deductible**
- Medicare Part B deductible**
- Medicare Part B coinsurance**
- Medicare Part B excess charges**
- Skilled nursing facility coinsurance**
- Foreign travel emergency**

What's great about the plans

The following are features of Medicare Supplement plans.



30 days free look

Return any policy for any reason within 30 days after receipt for a full refund of all premiums paid.

12-month rate guarantee

On each annual anniversary of your effective date, premiums for this policy may be changed if there is any change in rates for this policy. Premiums are based on your issue age and any premium change will apply to all covered persons in your class. Class is defined as issue age, sex tobacco status, state and zip code of residence. We will give you at least 45 days advance notice in writing of such premium change.

Guaranteed renewable

No worries of reduced benefits or canceled coverage for the life of the policy, as long as the premiums are paid on time. And as long as there is not any material misrepresentation on the application the policy will not be canceled.

Freedom to choose your doctors

You control and choose the physicians who you trust for your care, as long as the provider accepts Medicare.

Go direct to your doctors

You can go directly to the physicians and specialists you choose without pre-certifications and pre-approvals.

Benefits stay the same

You always know what your benefits are with this standardized plan...no surprises or re-evaluations year-after-year.

Portable coverage

You are not restricted to use a network of health care providers. If you move, your coverage goes with you within the USA.



Common terms and definitions

Benefit period

Starts the day you go to a hospital or skilled nursing facility; and ends when you have not received hospital or skilled nursing facility care for 60 consecutive days.

Coinsurance

A percentage of Medicare-approved expenses not paid by Medicare.

Copayment

A fixed fee amount that subscribers to a medical plan must pay when using specific services covered by an insurance plan.

Deductible

Amount that one must pay for Medicare-approved expenses before Medicare begins to pay.

Eligible expenses

Costs that are deemed medically necessary by Medicare and covered expenses under your plan.

Emergency care

Immediate medical care needed because of an injury or an illness of sudden and unexpected onset.

Excess charges

The difference between what a health care provider is permitted to charge and the Medicare-approved amount.

Hospice care

A program of care and support for someone who is terminally ill; helps them live out the time they have remaining to the fullest extent possible.

Medicare-approved amount

In original Medicare, the amount that a physician who accepts assignment can be paid, including what Medicare pays and any other deductibles, coinsurance, or copayments.

Premium

The periodic payment to Medicare, an insurance company, or a health care plan for coverage.

Exclusions

We will not pay for:

1. Loss incurred while your policy is not in force, except as provided in the Extension of Benefits section of your policy;
2. Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while this policy is not in force;
3. That portion of any Loss incurred which is paid for by Medicare;
4. Services for non-Medicare Eligible Expenses, including, routine exams, take-home drugs and eye refractions;
5. Services for which a charge is not normally made in the absence of insurance;
6. Loss that is payable under any other Medicare supplement insurance policy or certificate; or
7. Loss that is payable under any other insurance which paid benefits for the same Loss on an expense incurred basis.

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