

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

Aetna Companies

Notice of Changes in Medicare and in Your Medicare Supplement Insurance — 2013

The following chart briefly describes the modifications in Medicare and in your Medicare Supplement Coverage. Please pay careful attention to the exceptions listed for some coverages as they may apply to your policy.

If you have a Medicare Select policy, Network Restrictions apply. Please refer to your policy for specific information.

SERVICES	MEDICARE BENEFITS		YOUR MEDICARE SUPPLEMENT COVERAGE	
	In 2012 Medicare Pays Per Benefit Period	Effective January 1, 2013 Medicare Will Pay	In 2012 Your Coverage Pays	Effective January 1, 2013 Your Coverage Will Pay
MEDICARE PART A SERVICES & SUPPLIES				
Inpatient Hospital Services	All but \$1,156 for first 60 days/benefit period	All but \$1,184 for first 60 days/benefit period	\$1,156 for first 60 days/benefit period [Standardized Plan A DOES NOT provide this coverage.] [This coverage is NOT available if you elected earlier to eliminate it.]	\$1,184 for first 60 days/benefit period
Semi-Private Room & Board	All but \$289 a day for 61st-90th day/benefit period	All but \$296 a day for 61st-90th day/benefit period	\$289 a day for 61st-90th day/benefit period	\$296 a day for 61st-90th day/benefit period
Misc. Hospital Services & Supplies, such as Drugs, X-Rays, Lab Tests & Operating Room	All but \$578 a day for 91st-150th day (if individual chooses to use 60 nonrenewable lifetime reserve days)	All but \$592 a day for 91st-150th day (if individual chooses to use 60 nonrenewable lifetime reserve days)	\$578 a day for 91st-150th day (lifetime reserve days) 100% of all Medicare Eligible Expenses when all 60 lifetime reserve days have been used (lifetime maximum of an additional 365 days)	\$592 a day for 91st-150th day (lifetime reserve days) Same as 2012
BLOOD	Pays all costs except nonreplacement fees (blood deductible) for first 3 pints in each benefit period	Same as 2012	First three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part B	Same as 2012
SKILLED NURSING FACILITY CARE	100% of costs for 1st 20 days (after a 3 day prior hospital confinement)/benefit period	100% of costs for 1st 20 days (after a 3 day prior hospital confinement)/benefit period	Days 1-20 No benefit. This is covered by Medicare	Same as 2012
	All but \$144.50 for 21st-100th day/benefit period	All but \$148.00 a day for 21st-100th day/benefit period	21st-100th day \$144.50 a day [Plans A & B DO NOT provide this coverage.]	21st-100th day \$148.00 a day
	Beyond 100 days - Nothing	Same as 2012	Beyond 100 days - Nothing	Same as 2012

SERVICES

MEDICARE BENEFITS

YOUR MEDICARE SUPPLEMENT COVERAGE

	In 2012 Medicare Paid Per Calendar Year	Effective January 1, 2013 Medicare Will Pay	In 2012 Your Coverage Paid	Effective January 1, 2013 Your Coverage Will Pay
MEDICARE PART B SERVICES & SUPPLIES	80% of allowable charges (after \$140 deductible/calendar year)	80% of allowable charges (after \$147 deductible/calendar year)	20% of Medicare eligible expenses not paid in full by Medicare (after \$140 deductible/calendar year) [Plans C, F, & J pay the Medicare Part B \$140 calendar year deductible.]	20% of Medicare-approved expenses or, in the case of hospital outpatient department services under a prospective payment system, applicable co- payments (after \$147 deductible/calendar year) [Plans C, F, and J pay the Medicare Part B \$147 calendar year deductible.]
			[Plan N pays 20% of Medicare approved expenses, except up to \$20 co-payment for office visit, and up to \$50 co- payment for Emergency Room]	Same as 2012
BLOOD	80% of all costs except nonreplacement fees (blood deductible) for first 3 pints after \$140 deductible/calendar year	Same as 2012 (except for \$147 deductible/ calendar year)	First 3 pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part A, subject to Part B deductible/calendar year	Same as 2012
MEDICARE EXCESS CHARGES			[PLANS F, G, I & J pay 100% of the difference between the Medicare-approved Part B charges and the actual Part B charges billed, subject to Medicare established limits.] [If your policy was issued before 1992, and if elected, your policy also pays toward excess medical charges, not allowed by Medicare, limited by prevailing fee schedule set forth in OBRA, 1990.]	

You will be notified of any changes in your premium rate for this plan.

Some plans provide coverages in addition to those shown above.

This chart, summarizing the changes in your Medicare benefits and in the Medicare Supplement coverages provided by American Continental Insurance Company, Continental Life Insurance Company of Brentwood, Tennessee, only briefly describes such benefits. For information on your Medicare benefits, contact your Social Security office or the Centers for Medicare and Medicaid Services (CMS). For information on your Medicare Supplement coverage, contact:

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