

Premium increases can occur at any time during the calendar year with authorization from the New Jersey Department of Banking and Insurance (DOBI). Some companies may offer premium discounts. Some companies may charge a one-time application fee (e.g. \$20 or \$25). Questions about premiums, discounts, application fees, benefit packages, and eligibility for enrollment should be directed to the company.

FOR BENEFICIARIES 65 AND OLDER

MEDICARE SUPPLEMENT COVERAGE SOLD IN NEW JERSEY BY AETNA LIFE INSURANCE COMPANY TELEPHONE: 1-800-345-6022

PLAN INFORMATION				MEDICARE PART A COSTS HOSPITAL, SKILLED NURSING FACILITY, HOME HEALTH, HOSPICE						MEDICARE PART B MEDICAL COSTS (DOCTORS, OUTPATIENT SERVICES, ETC.)			OTHER	
				PLAN PAYS						PLAN PAYS			PLAN PAYS	
PLAN	MONTHLY PREMIUM AT AGE 65 (INCREASES WITH AGE)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$1,216 HOSPITAL DEDUCT. (2014)	\$304 COPAY FOR HOSPITAL DAYS 61-90 (2014)	\$608 COPAY FOR HOSPITAL DAYS 91-150 (2014)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$152 COPAY FOR SKILLED NURSING FACILITY DAYS 21-100 (2014)	HOSPICE COINSURANCE/ COPAYMENT	\$147 ANNUAL DEDUCT. (2014)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT (LIMITING CHARGE)	PARTS A & B BLOOD DEDUCT.	FOREIGN TRAVEL EMERGENCY
A	FNT 135.94 FT 149.54 MNT 146.28 MT 160.91	YES	NONE		YES	YES	YES		YES		YES		YES	
B	FNT 151.42 FT 166.56 MNT 162.88 MT 179.16	YES	NONE	YES	YES	YES	YES		YES		YES		YES	
C	FNT 187.04 FT 205.74 MNT 198.88 MT 218.77	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES		YES	YES
F	FNT 176.02 FT 193.62 MNT 189.20 MT 208.12	YES	NONE	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
G	FNT 159.24 FT 175.16 MNT 170.95 MT 188.05	YES	NONE	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES
N	FNT 125.82 FT 138.40 MNT 134.88 MT 148.37	YES	NONE	YES	YES	YES	YES	YES	YES		YES AFTER COPAYS FOR OFFICE / ER VISITS (SEE BELOW)		YES	YES

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FNT-FEMALE NON-TOBACCO FT-FEMALE TOBACCO MNT-MALE NON-TOBACCO MT-MALE TOBACCO

Non-tobacco rates apply to applications submitted during the 6-month open enrollment period and in guaranteed issue situations.

Plan N - Once the Part B deductible is met, Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20.00 for office visits and up to a \$50.00 copayment for emergency room visits that don't result in an inpatient admission.

(This information can be found on our website at www.state.nj.us/humanservices/doas/services/ship/index.html)

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HUMAN SERVICES
DIV. OF AGING SERVICES

JANUARY 2014