## Guaranteed issue plan availability

## Effective 10/1/2022

Below are the Aetna Medicare Supplement plans available to a Medicare beneficiary (over the age of 65) applying for coverage under the provisions of Guaranteed Issue (GI). The availability varies by state and is subject to change in accordance with state law. The Medicare Access and CHIP Reauthorization Act (MACRA) is a federal law that will bring new eligibility guidelines for some Medicare beneficiaries, starting January 1, 2020. Some entities may not offer Plan HF. Additional plan restrictions may apply to a Medicare beneficiary under the age of 65.

If you have any questions, just contact us at **866-272-6630** before submitting the application.

State	Eligible before 1/1/20	Newly eligible on or after 1/1/20	State	Eligible before 1/1/20	Newly eligible on or after 1/1/20
AL	<b>ACC:</b> A, F <b>CLI:</b> A, B, F	<b>ACC:</b> A, G <b>CLI:</b> A, B, G, HG	NC	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G, HG
AR*	ACC: A, F AHLIC: A, B, F, HF	ACC: A, G AHLIC: A, B, G,	ND	<b>ACC:</b> A, F <b>ACI:</b> A, B, F, HF	<b>ACC:</b> A, G <b>ACI:</b> A, B, G
AZ	ACC: A, F AHLIC: A, B, F	ACC: A, G AHLIC: A, B, G, HG	NE	<b>ACC:</b> A, F <b>CLI:</b> A, B, F, HF	<b>ACC:</b> A, G <b>CLI:</b> A, B, G
CA	<b>ACC:</b> A, F, N <b>CLI:</b> A, B, F, HF, N	<b>ACC:</b> A, G, N <b>CLI:</b> A, B, G, N	NH	<b>ACC:</b> A, F <b>AHLIC:</b> A, B, F, HF	ACC: A, G AHLIC: A, B, G
CO*	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F, HF	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G	NJ*	<b>ACC:</b> A, F, C <b>AHIC:</b> A, B, F, HF, C	<b>ACC:</b> A, D, G <b>AHIC:</b> A, B, D, G
СТ			NM	<b>ACC:</b> A, F <b>ACI:</b> A, B, F, HF	<b>ACC:</b> A, G <b>ACI:</b> A, B, G
DE	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G, HG	NV*	<b>ACC:</b> A, F <b>CLI:</b> A, B, F	<b>ACC:</b> A. G <b>CLI:</b> A, B, G, HG
FL	<b>ACC:</b> A, F <b>CLI:</b> A, B, F	<b>ACC:</b> A, G <b>CLI:</b> A, B, G,	ОН*	<b>ACC:</b> A, F <b>CLI:</b> A, B, F	<b>ACC</b> : A, G <b>CLI</b> : A, B, G, HG
GA	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G, HG	ОК	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F, HF	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G
IA	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F	ACC: A, G AHIC: A, B, G, HG	OR	<b>ACC:</b> A, F, G, N <b>CLI:</b> A, B, F, HF, G, N	<b>ACC:</b> A, G, N <b>CLI:</b> A, B, G, N
ID*	<b>ACC:</b> A, F <b>AHLIC:</b> A, B, F, HF	ACC: A, G AHLIC: A, B, G	PA*	<b>ACC:</b> A, B, F <b>AHIC:</b> A, B, F	<b>ACC:</b> A, B, G <b>AHIC:</b> A, B, G, HG
IL*	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G, HG	RI	<b>ACC:</b> A, F <b>CLI:</b> A, B, F, HF	<b>ACC:</b> A, G <b>CLI:</b> A, B, G
IN*	<b>ACC:</b> A, F <b>AHLIC:</b> A, B, F, HF	ACC: A, G AHLIC: A, B, G	sc	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G, HG
KS*	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G, HG	SD*	<b>ACC:</b> A, F <b>ACI:</b> A, B, F, HF	<b>ACC:</b> A, G <b>ACI:</b> A, B, G
КҮ	A, B, F, HF	A, B, G	TN	<b>ACC:</b> A, F <b>CLI:</b> A, B, F	<b>ACC:</b> A, G <b>CLI:</b> A, B, G, HG
LA*	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G, HG	TX*	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F, HF	<b>ACC:</b> A, G <b>AHIC:</b> A, B, G
MD	<b>ACC:</b> A, F <b>AHIC:</b> A, B, F	ACC: A, G AHIC: A, B, G, HG	UT	ACC: A, F AHLIC: A, B, F, HF	ACC: A, G AHLIC: A, B, G

CGFMS02664 082322

State	Eligible before 1/1/20	Newly eligible on or after 1/1/20	State	Eligible before 1/1/20	Newly eligible on or after 1/1/20
МІ	<b>ACC:</b> A, F <b>CLI:</b> A, B, F	<b>ACC:</b> A, G <b>CLI:</b> A, B, G, HG	VA	<b>ACC:</b> A, F <b>CLI:</b> A, B, F	<b>ACC:</b> A, G <b>CLI:</b> A, B, G, HG
МО	ACC: A, F AHLIC: A, B, F, HF	ACC: A, G AHLIC: A, B, G	VT*	<b>ACC:</b> A, F <b>CLI:</b> A, B, C, F	<b>ACC:</b> A, G <b>CLI:</b> A, B, D
MS	<b>ACC:</b> A, F <b>CLI:</b> A, B, F	<b>ACC:</b> A, G <b>CLI:</b> A, B, G, HG	wv	<b>ACC:</b> A, F <b>ACI:</b> A, B, F, HF	<b>ACC:</b> A, G <b>ACI:</b> A, B, G
MT*	<b>ACC:</b> A, F <b>CLI:</b> A, B, F, HF	<b>ACC:</b> A, G <b>CLI:</b> A, B, G	WY	<b>ACC:</b> A, F <b>ACI:</b> A, B, F, HF	<b>ACC:</b> A, G <b>ACI:</b> A, B, G

MN

Eligible before 1/1/20 - Basic plan plus following riders: Part A deductible, Part B deductible, Part B excess charges rider, and no preventative health service rider. Extended Basic plan

Newly eligible on or after 1/1/20 - Basic plan plus following riders: Part A deductible, Part B excess charges rider, and no preventative health service rider. Extended Basic Plan 2020 - Part B deductible rider not available

WI\*

Eligible before 1/1/20 - Basic plan and any riders available

Newly eligible on or after 1/1/20 - Basic plan with any rider's exception is

Part B Deductible is not available.



Medicare Supplement plans underwritten by

Aetna Health Insurance Company (AHIC) Aetna Health and Life Insurance Company (AHLIC) American Continental Insurance Company (ACI) Continental Life Insurance Company of Brentwood, Tennessee (CLI)

Aetna companies

<sup>\*</sup> State is a voluntary state where, in accordance with state law, a Medicare beneficiary can voluntarily leave their group/employer coverage under the provisions of Guaranteed Issue.