aetna®

Florida highlights

- D-SNP – Aetna Medicare Full Dual Select offers:
  - An OTC Wallet on an Extra Benefits Card that can be used for OTC products and for those who meet SSBCI eligibility criteria, it upgrades to the Extra Supports Wallet to use for healthy foods and certain everyday expenses.
  - Robust supplementals
- NEW C-SNPs in Daytona Beach/Palm Coast, Southwest and Treasure Coast: Aetna Medicare Chronic Care plans are designed for members looking for support to help manage diabetes mellitus, chronic heart failure, or certain cardiovascular diseases. These plans feature:
  - $0 copay for certain in-network specialists.
  - An OTC Wallet on an Extra Benefits Card that can be used for OTC products. For those who meet SSBCI eligibility criteria, it upgrades to the Extra Supports Wallet to use for healthy foods and certain everyday expenses.
- HMO – Aetna Medicare Select plans offer affordability and enhanced benefits:
  - Our HMO portfolio includes low MOOPs, $0 PCP, comprehensive dental, OTC, vision and hearing.
  - NEW HMO plan in Lake, Marion and Sumter counties serving residents of The Villages community.
- Aetna Medicare Eagle plan offers additional benefits for veterans or individuals who already have prescription drug coverage. This plan features $0 premium, $0 PCP copay, dental, vision, hearing, OTC and a Part B reduction.
- PPO exit from Alachua, Baker, Columbia and Levy counties.
- We will no longer offer Individual Medicare Advantage plans in Alachua, Baker, Columbia and Levy counties. Medicare Supplement plans and ancillary products remain available.
- All plans offer $0 PCP and supplementals such as dental, vision and hearing.
- In all service area counties, we offer plans with:
  - $0 monthly premiums and no in-network medical deductibles.
  - $0 copay for Tiers 1 and 2 on HMO, C-SNP, D-SNP and most PPO plans.

Medicare Advantage (MA-only) plans

Aetna® Medicare Eagle™ plans deliver value with a $0 premium—and many include a Part B premium reduction—for individuals with existing drug coverage, such as veterans.

Members can count on a consistent set of core benefits, with practical value they can take advantage of every day, including dental, vision, hearing, fitness and OTC. With $0 copays for common services like PCP visits, labs and routine exams, these plans are designed to provide predictable costs, stability and everyday affordability.

Aetna Medicare Eagle Giveback (PPO)

Plan number

H5521-306

Star rating



Best suited for

For veterans or other clients with existing Rx coverage who are interested in Part C and supplemental coverage.

Submarket

Central, North, Panhandle Northwest, South, Southwest, Treasure Coast, West

Current counties

Broward, Charlotte, Citrus, Clay, Collier, DeSoto, Duval, Escambia, Flagler, Hernando, Highlands, Hillsborough, Indian River, Lake, Lee, Manatee, Marion, Martin, Nassau, Okaloosa, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Santa Rosa, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Volusia, Walton
Expansion counties
N/A
Premium
$0
Part B giveback
$120
PCP in network
$0
PCP required
PCP required, referrals not required
Specialist in network
$55
Inpatient hospital
$425 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services
$350
Medical deductible in network
$0
Out-of-pocket in-network max
$7,150
Supplemental benefits

Dental: $1,000 every year
Vision: $200 every year
Hearing: Covered: $0 - $1,700
Post Discharge Meals: 14 meals/7 days
SilverSneakers®
$60 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.

Medicare Advantage Prescription Drug (MAPD) plans

Our MAPD plans are designed to deliver simple, easy-to-understand value with meaningful everyday benefits.

All Aetna MAPD plans include dental, vision, and hearing coverage—including $0 routine eye and hearing exams, as well as hearing aids starting at $0—plus $0 Tier 1 drugs. Together, these features help reduce out-of-pocket costs and remove common barriers to care. From preventive services to prescription drug coverage, these plans support members in managing their health and budgets with confidence, reinforcing consistent, day-to-day support.

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Select (HMO)	Aetna Medicare Select (HMO)	Aetna Medicare Select (HMO)
Plan number		
H1609-018	H1609-020	H1609-021
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.
Submarket		

South	South	North, Treasure Coast
Current counties		
Broward	Palm Beach	Clay, Duval, Marion, Nassau, St. Johns, St. Lucie
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
Part B giveback		
No	No	No
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0	$0	$20
Inpatient hospital		
$125 per day, days 1-5; $0 per day, days 6-90	$100 per day, days 1-5; $0 per day, days 6-90	$200 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$125	$100	$200
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		

$2,900	$3,400	$3,900
Supplemental benefits		
Dental: $3,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $50 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $3,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $100 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $2,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $50 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$0	$0	$200
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
20%	20%	18%
Tier 4 nonpreferred drug		
30%	30%	30%
Tier 5 specialty		
33%	33%	31%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80

LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Select (HMO)	Aetna Medicare Select (HMO)	Aetna Medicare Select (HMO)
Plan number		
H1609-025	H1609-027	H1609-041
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.
Submarket		
Southwest	Southwest	Panhandle Northwest
Current counties		
Manatee, Sarasota	Charlotte, Collier, Highlands, Lee	Escambia, Santa Rosa
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
Part B giveback		

No	No	No
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$20	$25	$30
Inpatient hospital		
$195 per day, days 1-7; $0 per day, days 8-90	$190 per day, days 1-6; $0 per day, days 7-90	$350 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services		
$195	$190	$350
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$3,400	$3,900	$3,900
Supplemental benefits		
Dental: $2,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $2,500 every year Vision: $150 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,000 every year Vision: $150 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $15 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.
Prescription drug coverage (at preferred pharmacies)		

Rx deductible		
$0	$0	$200
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
20%	20%	18%
Tier 4 nonpreferred drug		
30%	30%	30%
Tier 5 specialty		
33%	33%	31%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Select (HMO)	Aetna Medicare Select (HMO)	Aetna Medicare Select (HMO)
Plan number		
H1609-059	H1609-086	H1609-087
Star rating		

★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.
Submarket		
Central, North	Central	West
Current counties		
Flagler, Volusia	Lake, Orange, Osceola, Seminole, Sumter	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
Part B giveback		
No	No	No
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$20	$15	$25
Inpatient hospital		

$200 per day, days 1-6; $0 per day, days 7-90	$225 per day, days 1-6; $0 per day, days 7-90	$295 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services		
$200	$225	$295
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$3,900	$3,900	$3,900
Supplemental benefits		
Dental: $1,500 every year Vision: $150 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,000 every year Vision: $100 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $2,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $40 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$200	$200	$200
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
18%	18%	18%

Tier 4 nonpreferred drug		
30%	30%	30%
Tier 5 specialty		
31%	31%	31%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

LEAD PLAN	LEAD PLAN	NEW AND LEAD PLAN
Aetna Medicare Select (HMO)	Aetna Medicare Select Care (HMO)	Aetna Medicare Select Extra (HMO)
Plan number		
H1609-063	H1609-093	H1609-100
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.
Submarket		
Treasure Coast	South	Central, North
Current counties		

Indian River, Martin, St. Lucie	Miami-Dade	Lake, Marion, Sumter
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
Part B giveback		
No	No	No
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$15	$0	$30
Inpatient hospital		
$195 per day, days 1-6; $0 per day, days 7-90	$100 per day, days 1-5; $0 per day, days 6-90	$150 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services		
$195	$100	$150
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$3,900	$2,900	$2,900
Supplemental benefits		

Dental: $2,500 every year Vision: $300 every year Hearing: $1,250 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $50 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $2,000 every year Vision: $150 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® All members receive a $30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. Members who have a qualifying chronic condition and meet all other criteria also get a $25 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. Qualifying members who choose a high value provider as their PCP get a $30 quarterly allowance on the Extra Supports HVP Wallet.	Dental: $4,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $60 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$200	$0	$200
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
18%	20%	18%
Tier 4 nonpreferred drug		
30%	30%	30%

Tier 5 specialty		
31%	33%	31%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Premier (PPO)	Aetna Medicare Signature (PPO)	Aetna Medicare Signature (PPO)
Plan number		
H5521-706	H5521-433	H5521-439
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients willing to pay a premium for richer coverage.	For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		
Central, North	Central	Central, North
Current counties		
Clay, Duval, Flagler, Nassau, St. Johns, Volusia	Brevard	Lake, Marion, Sumter
Expansion counties		

N/A	N/A	N/A
Premium		
$100	$0	$0
Part B giveback		
No	No	No
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals not required	PCP required, referrals not required	PCP required, referrals not required
Specialist in network		
$50	$60	$75
Inpatient hospital		
$415 per day, days 1-6; $0 per day, days 7-90	$435 per day, days 1-7; $0 per day, days 8-90	$415 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$415	$435	$415
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$7,150	$7,150
Supplemental benefits		

Dental: $1,500 every year Vision: $200 every year Hearing: Covered: $0 - $1,700 SilverSneakers® $45 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,000 every year Vision: $200 every year Hearing: Covered: $0 - $1,700 SilverSneakers® $15 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,000 every year Vision: $100 every year Hearing: Covered: $0 - $1,700 SilverSneakers®
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$700	$700	$700
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$5	$5	$5
Tier 3 preferred brand		
17%	17%	17%
Tier 4 nonpreferred drug		
28%	28%	28%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Signature (PPO)	Aetna Medicare Signature (PPO)	Aetna Medicare Signature (PPO)
Plan number		
H5521-705	H5521-710	H5521-702
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		
Central, North	Southwest	West
Current counties		
Clay, Duval, Flagler, Nassau, St. Johns, Volusia	Charlotte, Collier, DeSoto, Highlands, Lee, Manatee, Sarasota	Hernando, Hillsborough, Pasco, Pinellas, Polk
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
Part B giveback		
No	No	No
PCP in network		
$0	$0	$0
PCP required		

PCP required, referrals not required	PCP required, referrals not required	PCP required, referrals not required
Specialist in network		
$75	$75	$75
Inpatient hospital		
$435 per day, days 1-7; $0 per day, days 8-90	$436 per day, days 1-7; $0 per day, days 8-90	$435 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services		
$435	$436	$435
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$7,150	$7,150
Supplemental benefits		
Dental: Preventive Dental Covered Vision: $100 every year Hearing: Covered: $0 - $1,700 SilverSneakers®	Dental: Preventive Dental Covered Vision: $100 every year Hearing: Covered: $0 - $1,700 SilverSneakers®	Dental: Preventive Dental Covered Vision: $100 every year Hearing: Covered: $0 - $1,700 SilverSneakers®
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$700	$700	$700
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$5	$5	$5

Tier 3 preferred brand		
17%	17%	17%
Tier 4 nonpreferred drug		
28%	28%	28%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Signature Extra (PPO)	Aetna Medicare Signature Legacy (PPO)	Aetna Medicare Signature Legacy (PPO)
Plan number		
H5521-434	H5521-271	H5521-305
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		
Central, North	Central, North	Panhandle Northwest

Current counties		
Clay, Duval, Flagler, Nassau, St. Johns, Volusia	Lake, Marion, Sumter	Escambia, Santa Rosa
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
Part B giveback		
No	No	No
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals not required	PCP required, referrals not required	PCP required, referrals not required
Specialist in network		
$65	$40	$60
Inpatient hospital		
$450 per day, days 1-6; $0 per day, days 7-90	$415 per day, days 1-6; $0 per day, days 7-90	$457 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$450	$415	$457
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$5,900	$7,150

Supplemental benefits		
Dental: $1,750 every year Vision: $100 every year Hearing: Covered: $0 - $1,700 SilverSneakers®	Dental: $1,500 every year Vision: $150 every year Hearing: Covered: $0 - $1,700 SilverSneakers® $45 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $750 every year Vision: $150 every year Hearing: Covered: $0 - $1,700 SilverSneakers®
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$700	$700	$700
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$5
Tier 3 preferred brand		
17%	17%	17%
Tier 4 nonpreferred drug		
29%	29%	28%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Chronic Condition Special Needs Plans (C-SNPs)

Our C-SNP portfolio reflects a focused approach to growth, expanding into six new states (AR, CA, CO, IA, KY and WA).

These plans support members with diabetes mellitus, chronic heart failure and/or certain cardiovascular disorders through coordinated care, a dedicated personal care team, and targeted benefits to meet their everyday needs. Built on high-performing, value-based networks, C-SNPs deliver a predictable, easy-to-navigate experience that supports coordination and a more seamless care journey. Aetna's C-SNPs offer some of the most robust and focused benefits in the portfolio. Members benefit from $0 copays for PCP visits and certain specialists related to eligible chronic conditions, as well as access to over 200 Tier 1 chronic condition prescription drugs with a $0 copay at in-network pharmacies. Plus, members will have a monthly allowance on an Extra Benefits Card that can be used for OTC products — and for those with a qualifying condition who meet all criteria, it can also be used additionally for certain healthy foods, personal care products, transportation and utilities.

NEW PLAN	NEW PLAN	NEW PLAN
Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)
Plan number		
H1609-098	H1609-099	H1609-101
Star rating		
★★★★½	★★★★½	★★★★½

Best suited for		
For clients looking for a C-SNP to help manage their chronic condition.	For clients looking for a C-SNP to help manage their chronic condition.	For clients looking for a C-SNP to help manage their chronic condition.
Submarket		
Southwest	Southwest	Treasure Coast
Current counties		
Manatee, Sarasota	Charlotte, Collier, Highlands, Lee	Indian River, St. Lucie
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0 - $20	$0 - $25	$0 - $15
Inpatient hospital		
$250 per day, days 1-7; $0 per day, days 8-90	$250 per day, days 1-7; $0 per day, days 8-90	$275 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$250	$250	$275
Medical deductible in network		

$0	$0	$0
Out-of-pocket in-network max		
$3,600	$3,900	$3,900
Supplemental benefits		
Dental: $1,000 every year Vision: $200 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $95 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $1,000 every year Vision: $200 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $140 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,000 every year Vision: $150 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $65 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.
Prescription drug coverage (at preferred pharmacies, if plan has preferred pharmacy network)		
Rx deductible		
$300	$300	$300
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
22%	22%	22%

Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
30%	30%	30%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

NEW PLAN		
Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)
Plan number		
H1609-102	H1609-080	H1609-081
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for a C-SNP to help manage their chronic condition.	For clients looking for a C-SNP to help manage their chronic condition.	For clients looking for a C-SNP to help manage their chronic condition.
Submarket		
Central, North	South	South
Current counties		
Flagler, Volusia	Broward	Palm Beach

Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0 - $15	$0	$0
Inpatient hospital		
$275 per day, days 1-6; $0 per day, days 7-90	$125 per day, days 1-5; $0 per day, days 6-90	$100 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services		
$275	$125	$100
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$4,200	$3,900	$3,400
Supplemental benefits		

Dental: $2,000 every year Vision: $200 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $65 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,500 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $95 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,500 every year Vision: $200 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $180 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.
Prescription drug coverage (at preferred pharmacies, if plan has preferred pharmacy network)		
Rx deductible		
$300	$0	$0
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
22%	22%	22%
Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
30%	33%	33%

LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)
Plan number		
H1609-082	H1609-084	H1609-085
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for a C-SNP to help manage their chronic condition.	For clients looking for a C-SNP to help manage their chronic condition.	For clients looking for a C-SNP to help manage their chronic condition.
Submarket		
West	North	Central
Current counties		
Hernando, Hillsborough, Pasco, Pinellas, Polk	Clay, Duval, Marion, Nassau, St. Johns	Lake, Orange, Osceola, Seminole, Sumter
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0

PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0	$0 - $15	$0 - $10
Inpatient hospital		
$250 per day, days 1-7; $0 per day, days 8-90	$205 per day, days 1-5; $0 per day, days 6-90	$225 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$250	$205	$225
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$3,900	$3,900	$4,200
Supplemental benefits		

Dental: $1,000 every year Vision: $200 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $94 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,000 every year Vision: $200 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $103 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,000 every year Vision: $200 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $70 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.

Prescription drug coverage (at preferred pharmacies, if plan has preferred pharmacy network)

Rx deductible		
$300	$300	$300
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
22%	22%	22%
Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
30%	30%	30%

LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Chronic Care (HMO C-SNP)

Plan number	
H1609-094	
Star rating	
	
Best suited for	
For clients looking for a C-SNP to help manage their chronic condition.	
Submarket	
South	
Current counties	
Miami-Dade	
Expansion counties	
N/A	
Premium	
$0	

PCP in network
$0
PCP required
PCP required, referrals required
Specialist in network
$0
Inpatient hospital
$100 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services
$100
Medical deductible in network
$0
Out-of-pocket in-network max
$3,900
Supplemental benefits

Dental: $2,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $93 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	
Prescription drug coverage (at preferred pharmacies, if plan has preferred pharmacy network)	
Rx deductible	
$0	
Tier 1 preferred generic	
$0	
Tier 2 generic	
$0	
Tier 3 preferred brand	
22%	
Tier 4 nonpreferred drug	
25%	
Tier 5 specialty	
33%	

LIS: Tier 1–5 (generic)
$0, $1.65, $5.80
LIS: Tier 1–5 (brand)
$0, $5, $14.40

Dual Eligible Special Needs Plans (D-SNPs)

Aetna's D-SNPs provide coordinated care solutions for members eligible for both Medicare and Medicaid, helping reduce barriers to care and improve health outcomes through a more coordinated and connected care experience.

Through coordinated Medicare and Medicaid benefits and a dedicated personal care team, these plans bring coverage and care management together to better support the whole person. Members can count on consistent, comprehensive coverage that works with their Medicaid benefits —helping ensure access to care, medications and essential services without added complexity. Plans are designed to deliver practical, day-to-day support, including competitive prescription drug coverage with $0 Tier 1 copays, dental, vision, hearing and fitness benefits. Plus, members will have a monthly allowance on an Extra Benefits Card that can be used for OTC products — and for those with a qualifying condition who meet all criteria, it can also be used additionally for certain healthy foods, personal care products, transportation and utilities. D-SNPs with "Care" in the name offer an added monthly allowance for qualifying members who choose a High Value Provider as their PCP.

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Full Dual Select (HMO D-SNP)	Aetna Medicare Full Dual Select (HMO D-SNP)	Aetna Medicare Full Dual Select (HMO D-SNP)
Plan number		
H1609-088	H1609-073	H1609-075
Star rating		

★★★★½	★★★★½	★★★★½
Designed for		
Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.
Submarket		
West	South	Southwest
Current counties		
Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Broward, Miami-Dade	Manatee, Sarasota
Expansion counties		
N/A	N/A	N/A
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0	$0	$0
Out-of-pocket in-network max		
$9,850	$9,850	$9,850
Supplemental benefits		

Dental: $2,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $323 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $3,500 every year Vision: $400 every year Hearing: $1,250 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $331 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,000 every year Vision: $300 every year Hearing: $1,250 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $316 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.
Prescription drug coverage		
Rx deductible		
$700	$700	$700
Deductible tiers		
Tier 3 - Tier 5	Tier 3 - Tier 5	Tier 3 - Tier 5
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
9%	9%	9%

Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Full Dual Select (HMO D-SNP)	Aetna Medicare Full Dual Select (HMO D-SNP)	Aetna Medicare Full Dual Select (HMO D-SNP)
Plan number		
H1609-089	H1609-090	H1609-074
Star rating		
★★★★½	★★★★½	★★★★½
Designed for		
Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.
Submarket		
Central	South	North
Current counties		

Lake, Orange, Osceola, Seminole, Sumter	Palm Beach	Clay, Duval, Marion, Nassau, St. Johns
Expansion counties		
N/A	N/A	N/A
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0	$0	$0
Out-of-pocket in-network max		
$9,850	$9,850	$9,850
Supplemental benefits		

Dental: $1,500 every year Vision: $400 every year Hearing: $1,250 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $291 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $3,000 every year Vision: $400 every year Hearing: $1,250 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $367 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $3,000 every year Vision: $400 every year Hearing: $1,500 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $301 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.
Prescription drug coverage		
Rx deductible		
$700	$700	$700
Deductible tiers		
Tier 3 - Tier 5	Tier 3 - Tier 5	Tier 3 - Tier 5
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
9%	9%	9%

Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Full Dual Select (HMO D-SNP)	Aetna Medicare Full Dual Select (HMO D-SNP)	Aetna Medicare Full Dual Select (HMO D-SNP)
Plan number		
H1609-077	H1609-078	H1609-079
Star rating		
★★★★½	★★★★½	★★★★½
Designed for		
Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.
Submarket		
Central, North	Southwest	Panhandle Northwest
Current counties		

Flagler, Volusia	Charlotte, Collier, Highlands, Lee	Escambia, Santa Rosa
Expansion counties		
N/A	N/A	N/A
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0	$0	$0
Out-of-pocket in-network max		
$9,850	$9,850	$9,850
Supplemental benefits		

Dental: $1,500 every year Vision: $400 every year Hearing: $1,500 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $316 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $3,000 every year Vision: $400 every year Hearing: $1,500 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $316 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $1,000 every year Vision: $200 every year Hearing: $1,500 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $300 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.
Prescription drug coverage		
Rx deductible		
$700	$700	$700
Deductible tiers		
Tier 3 - Tier 5	Tier 3 - Tier 5	Tier 3 - Tier 5
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
9%	9%	9%

Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

LEAD PLAN	NEW PLAN	NEW PLAN
Aetna Medicare Full Dual Select (HMO D-SNP)	Aetna Medicare Partial Dual Select (HMO D-SNP)	Aetna Medicare Partial Dual Select (HMO D-SNP)
Plan number		
H1609-092	H1609-103	H1609-104
Star rating		
★★★★½	★★★★½	★★★★½
Designed for		
Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available.	Designed for partial dual-eligibles. Enrolling: SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for partial dual-eligibles. Enrolling: SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket		
Treasure Coast	South	South
Current counties		

Indian River, St. Lucie	Broward, Miami-Dade	Palm Beach
Expansion counties		
N/A	N/A	N/A
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0	$0	$0
Out-of-pocket in-network max		
$9,850	$9,850	$9,850
Supplemental benefits		

Dental: $3,000 every year Vision: $400 every year Hearing: $1,500 per ear every year Transportation: unlimited one-way trips every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twenty four visits every year Members get a $302 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $1,000 every year Vision: $200 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $115 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,500 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $193 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.
Prescription drug coverage		
Rx deductible		
$700	$700	$700
Deductible tiers		
Tier 3 - Tier 5	Tier 3 - Tier 5	Tier 3 - Tier 5
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
9%	9%	9%

Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

NEW PLAN		
Aetna Medicare Partial Dual Select (HMO D-SNP)	Aetna Medicare Partial Dual Select (HMO D-SNP)	Aetna Medicare Partial Dual Select (HMO D-SNP)
Plan number		
H1609-105	H1609-045	H1609-046
Star rating		
★★★★½	★★★★½	★★★★½
Designed for		
Designed for partial dual-eligibles. Enrolling: SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for QMB Only & other partial dual-eligibles. Enrolling: QMB, SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for QMB Only & other partial dual-eligibles. Enrolling: QMB, SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket		
West	North	Central
Current counties		

Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk	Clay, Duval, Marion, Nassau, St. Johns	Lake, Orange, Osceola, Seminole, Sumter
Expansion counties		
N/A	N/A	N/A
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$15	$0 -$15	$0 -$10
Out-of-pocket in-network max		
$9,850	$9,850	$9,850
Supplemental benefits		

Dental: $2,000 every year Vision: $150 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $161 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,000 every year Vision: $150 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $175 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $153 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.
Prescription drug coverage		
Rx deductible		
$700	$700	$700
Deductible tiers		
Tier 3 - Tier 5	Tier 3 - Tier 5	Tier 3 - Tier 5
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
9%	9%	9%
Tier 4 nonpreferred drug		

25%	25%	25%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Partial Dual Select (HMO D-SNP)	Aetna Medicare Partial Dual Select (HMO D-SNP)	Aetna Medicare Partial Dual Select (HMO D-SNP)
Plan number		
H1609-047	H1609-055	H1609-056
Star rating		
★★★★½	★★★★½	★★★★½
Designed for		
Designed for QMB Only & other partial dual-eligibles. Enrolling: QMB, SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for QMB Only & other partial dual-eligibles. Enrolling: QMB, SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for QMB Only & other partial dual-eligibles. Enrolling: QMB, SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket		
Southwest	Central, North	Southwest
Current counties		

Manatee, Sarasota	Flagler, Volusia	Charlotte, Collier, Highlands, Lee
Expansion counties		
N/A	N/A	N/A
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0 -$20	$0 -$20	$0 -$25
Out-of-pocket in-network max		
$9,850	$9,850	$9,850
Supplemental benefits		
Dental: $2,000 every year Vision: $150 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $170 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $1,500 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $167 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,500 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $183 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.

Prescription drug coverage		
Rx deductible		
$700	$700	$700
Deductible tiers		
Tier 3 - Tier 5	Tier 3 - Tier 5	Tier 3 - Tier 5
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
9%	9%	9%
Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Partial Dual Select (HMO D-SNP)	Aetna Medicare Partial Dual Select (HMO D-SNP)	Aetna Medicare QMB Only Select (HMO D-SNP)

Plan number		
H1609-064	H1609-062	H1609-044
Star rating		
★★★★½	★★★★½	★★★★½
Designed for		
Designed for QMB Only & other partial dual-eligibles. Enrolling: QMB, SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for QMB Only & other partial dual-eligibles. Enrolling: QMB, SLMB, QDWI, QI. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for QMB Only. Enrolling: QMB Only. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket		
Panhandle Northwest	Treasure Coast	West
Current counties		
Escambia, Santa Rosa	Indian River, St. Lucie	Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk
Expansion counties		
N/A	N/A	N/A
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$0 -$25	$0 -$15	$0
Out-of-pocket in-network max		

$9,850	$9,850	$9,850
Supplemental benefits		
Dental: $2,000 every year Vision: $150 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $170 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,000 every year Vision: $200 every year Hearing: $1,500 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $141 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,000 every year Vision: $200 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $207 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.
Prescription drug coverage		
Rx deductible		
$700	$700	$700
Deductible tiers		
Tier 3 - Tier 5	Tier 3 - Tier 5	Tier 3 - Tier 5
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		

9%	9%	9%
Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare QMB Only Select (HMO D-SNP)	Aetna Medicare QMB Only Select (HMO D-SNP)	
Plan number		
H1609-048	H1609-043	
Star rating		
★★★★½	★★★★½	
Designed for		
Designed for QMB Only. Enrolling: QMB Only. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for QMB Only. Enrolling: QMB Only. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	
Submarket		
South	South	

Current counties		
Palm Beach	Broward, Miami-Dade	
Expansion counties		
N/A	N/A	
PCP in network		
$0	$0	
PCP required		
PCP required, referrals required	PCP required, referrals required	
Specialist in network		
$0	$0	
Out-of-pocket in-network max		
$9,850	$9,850	
Supplemental benefits		

Dental: $3,000 every year Vision: $300 every year Hearing: $1,000 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $242 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.	Dental: $2,000 every year Vision: $300 every year Hearing: $1,250 per ear every year Post Discharge Meals: 28 meals/14 days SilverSneakers Fall Prevention: $150 every year Chiropractic: twelve visits every year Members get a $217 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities.

Prescription drug coverage	
Rx deductible	
$700	$700
Deductible tiers	
Tier 3 - Tier 5	Tier 3 - Tier 5
Tier 1 preferred generic	
$0	$0
Tier 2 generic	
$0	$0
Tier 3 preferred brand	
9%	9%

Tier 4 nonpreferred drug		
25%	25%	
Tier 5 specialty		
25%	25%	
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	

Prescription drug plans (PDPs)

In 2027, we will offer SilverScript Choice as a non-commissionable product in 22 states including Washington, D.C. We will continue to pay renewal commissions on all existing commissionable SilverScript PDP business.

SilverScript Choice
Plan highlights
Solid generic and brand coverage
Monthly plan premium
$126
Deductible
$700 - Tier 1 - Tier 5
Rx OOP
$2,400
90-day supply
3x retail cost sharing
Pharmacy network
Large national pharmacy network consisting of chains and local pharmacies
Prescription drug coverage at any network pharmacy
Tier 1 preferred generic
$0

Tier 2 generic
$7
Tier 3 preferred brand
23%
Tier 4 nonpreferred drug
34%
Tier 5 specialty
25%
LIS: Tier 1–5 (generic)
$0, $1.65, $5.80
LIS: Tier 1–5 (brand)
$0, $5, $14.40