aetna®

Massachusetts highlights

- A complete product portfolio to meet your clients' Medicare needs: MA-only | MAPD.
- All plans include coverage for dental, vision, hearing aids, SilverSneakers®, continuous glucose monitoring with 0% coinsurance. Some plans have meals post-service discharge. All plans also have a travel program that allows members access to care outside of their service area for up to 12 months. Access to the Resources for Living program provides help finding services and resources in the community.
- Most plans include $0 PCP copays, $0 Tier 1 drug copays at preferred pharmacies, and access to a statewide competitive network.
- Signature HMO plan in Central Massachusetts offers affordable, comprehensive coverage featuring a $0 premium, dental, vision, and hearing and $0 Tier 1 drug copay at preferred pharmacies.
- Aetna Medicare Eagle Giveback (PPO) offers additional benefits for veterans or individuals who already have prescription drug coverage. This $0 premium plan features a Part B premium reduction, $0 PCP, dental, vision, hearing, an OTC allowance and a SilverSneakers fitness benefit statewide.
- New low premium PPO plan with comprehensive dental available in most counties.
- We will no longer offer SilverScript Choice PDP in MA in 2027. Brokers are encouraged to help members find alternate coverage this AEP.

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
H5521-296
Star rating
★★★★½
Best suited for
For veterans or other clients with existing Rx coverage who are interested in Part C and supplemental coverage.
Submarket
Central, Eastern
Current counties

Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Worcester
Expansion counties
N/A
Premium
$0
Part B giveback
$90
PCP in network
$0
PCP required
PCP not required, referrals not required
Specialist in network
$45
Inpatient hospital
$415 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services
$400
Medical deductible in network
$0
Out-of-pocket in-network max
$7,150
Supplemental benefits

Dental: $2,000 every year
Vision: $300 every year
Hearing: Covered: $0 - $1,700
Post Discharge Meals: 14 meals/7 days
SilverSneakers®
$90 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	NEW AND LEAD PLAN	NEW AND LEAD PLAN
Aetna Medicare Signature (HMO-POS)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Enhanced (PPO)
Plan number		
H5793-014	H5521-760	H5521-761
Star rating		
★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients willing to pay a premium for additional Part C and supplemental coverage.	For clients willing to pay a premium for additional Part C and supplemental coverage.
Submarket		

Central	Central	Eastern
Current counties		
Hampden, Worcester	Hampden, Worcester	Bristol, Essex, Middlesex, Norfolk, Plymouth
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$60	$79
Part B giveback		
No	No	No
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals not required	PCP not required, referrals not required	PCP not required, referrals not required
Specialist in network		
$55	$50	$65
Inpatient hospital		
$395 per day, days 1-6; $0 per day, days 7-90	$450 per day, days 1-6; $0 per day, days 7-90	$495 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services		
$395	$375	$460
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		

$7,150	$6,750	$6,750
Supplemental benefits		
Dental: Preventive Dental Covered Vision: $100 every year Hearing: Covered: $0 - $1,700 SilverSneakers®	Dental: $1,000 every year Vision: $100 every year Hearing: Covered: $0 - $1,700 Post Discharge Meals: 14 meals/7 days SilverSneakers®	Dental: $1,000 every year Vision: $100 every year Hearing: Covered: $0 - $1,700 Post Discharge Meals: 14 meals/7 days SilverSneakers®
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$400	$700	$500
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$5	$5
Tier 3 preferred brand		
13%	17%	17%
Tier 4 nonpreferred drug		
30%	28%	28%
Tier 5 specialty		
29%	25%	28%
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 Elite (PPO)	Aetna Medicare Signature Extra (PPO)	
Plan number		
H5521-160	H5521-450	
Star rating		
★★★★½	★★★★½	
Best suited for		
For clients looking for competitive benefits and willing to pay a deductible on limited in-network services and all out-of-network services.	For clients looking for essential coverage and value, often for a $0 monthly premium.	
Submarket		
Central	Central	
Current counties		
Hampden, Worcester	Hampden, Worcester	
Expansion counties		
N/A	N/A	
Premium		
$0	$0	
Part B giveback		
No	No	
PCP in network		
$5	$0	
PCP required		

PCP not required, referrals not required	PCP not required, referrals not required
Specialist in network	
$65	$70
Inpatient hospital	
$458 per day, days 1-6; $0 per day, days 7-90	$436 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services	
$375	$350
Medical deductible in network	
$1,000	$0
Out-of-pocket in-network max	
$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®
Prescription drug coverage (at preferred pharmacies)	
Rx deductible	
$700	$400
Tier 1 preferred generic	
$0	$0
Tier 2 generic	
$5	$0

Tier 3 preferred brand		
17%	13%	
Tier 4 nonpreferred drug		
28%	30%	
Tier 5 specialty		
25%	29%	
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	