Missouri highlights

- A complete product portfolio to meet all your clients' Medicare needs: MA-only | MAPD | D-SNP | C-SNP.
- We know you better than the competition and remain focused on your goals and unique needs.
- We offer:
  - Access to quality care.
  - Personalized service and health advocacy for every member.
  - Simple, seamless and more connected health experiences.
  - Strategic insights, fewer barriers and a tenured account team that listens and evolves with you.
- Aetna Medicare Signature plan offers affordable, comprehensive coverage, featuring dental, vision and hearing, with $0 annual physicals, preventive screenings and Tier 1 drugs at preferred pharmacies.
- Aetna Medicare Value Plus plan provides additional value for consumers with Extra Help. Those who meet SSBCI eligibility criteria and are eligible for Extra Help get an Extra Supports Wallet to help pay for certain everyday expenses including healthy foods, utilities, and transportation.
- New for 2027: Aetna Medicare Chronic Care (HMO C-SNP) in Greene, Christian and Jasper counties! Our C-SNP is designed for individuals who want a $0 premium plan and are looking for support to help manage their diabetes mellitus, chronic heart failure, and/or certain cardiovascular disorders. Each member has access to a dedicated personal care team.
- Our D-SNPs are designed for consumers with Medicare and Medicaid who are looking for extra benefits and easier access to care. These plans include:
  - Dental, vision, hearing and SilverSneakers.
  - A dedicated personal care team that supports health and access to care.
  - An OTC Wallet on an Extra Benefits Card that can be used for OTC products. For members who meet SSBCI eligibility criteria, the wallet upgrades to the Extra Supports Wallet to use for healthy foods and certain everyday expenses.
- We will no longer offer Individual Medicare Advantage plans in Madison and New Madrid counties. Medicare Supplement plans and ancillary products remain available.

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 (HMO-POS)	Aetna Medicare Eagle (HMO-POS)	Aetna Medicare Eagle (HMO-POS)
Plan number		
H2663-022	H2663-069	H2663-025
Star rating		
★★★★	★★★★	★★★★
Best suited for		
For veterans or other clients with existing Rx coverage who are interested in Part C and supplemental coverage.	For veterans or other clients with existing Rx coverage who are interested in Part C and supplemental coverage.	For veterans or other clients with existing Rx coverage who are interested in Part C and supplemental coverage.
Submarket		
Joplin, Springfield	Central, Saint Louis, South East	Kansas City, Saint Joseph, Springfield

Current counties		
Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Newton, Ozark, Polk, Stone, Taney, Webster, Wright	Adair, Audrain, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Chariton, Cole, Cooper, Crawford, Dent, Franklin, Gasconade, Howard, Howell, Iron, Jefferson, Knox, Lewis, Lincoln, Linn, Macon, Maries, Marion, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, Oregon, Osage, Pemiscot, Perry, Phelps, Pike, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scott, Shannon, Shelby, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Stoddard, Sullivan, Texas, Warren, Washington, Wayne	Andrew, Atchison, Bates, Benton, Buchanan, Butler, Caldwell, Carroll, Cass, Clay, Clinton, Crawford, Daviess, DeKalb, Douglas, Franklin, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Jefferson, Johnson, Lafayette, Lincoln, Linn, Livingston, Marion, Mercer, Montgomery, Nodaway, Osage, Pettis, Platte, Ray, Saline, St. Clair, Vernon, Washington, Worth
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
Part B giveback		
$150	$150	$140
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		
$35	$40	$30

Inpatient hospital		
$395 per day, days 1-6; $0 per day, days 7-90	$425 per day, days 1-6; $0 per day, days 7-90	$425 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$395	$425	$395
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$3,400	$4,900	$5,500
Supplemental benefits		
Dental: $3,500 every year Vision: $425 every year Hearing: $1,250 per ear every year Post Discharge Meals: 14 meals/7 days Acupuncture: twelve visits every year SilverSneakers® $150 quarterly allowance on an Extra Benefits Card to pay for out-of-pocket costs for certain plan covered services as well as a $125 quarterly allowance to help pay for approved over-the-counter (OTC) products	Dental: $2,500 every year Vision: $300 every year Hearing: $1,250 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $80 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $2,000 every year Vision: $225 every year Hearing: $1,250 per ear every year Post Discharge Meals: 14 meals/7 days Acupuncture: twelve visits every year SilverSneakers® $45 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.

		NEW PLAN
Aetna Medicare Value Plus (HMO)	Aetna Medicare Value Plus (HMO)	Aetna Medicare Enhanced (HMO-POS)
Plan number		
H2663-052	H2663-064	H2663-118
Star rating		
★★★★	★★★★	★★★★
Best suited for		
For LIS-eligible clients that need to balance cost & coverage, as well as non-LIS clients who want additional benefits over the Signature plan.	For LIS-eligible clients that need to balance cost & coverage, as well as non-LIS clients who want additional benefits over the Signature plan.	For clients willing to pay a premium for additional Part C and supplemental coverage.

Submarket		
Kansas City	Joplin, Springfield	Kansas City
Current counties		
Butler, Caldwell, Clay, Clinton, Douglas, Franklin, Jackson, Jefferson, Johnson, Lafayette, Lincoln, Linn, Livingston, Marion, Osage, Platte, Saline, Washington	Barry, Barton, Cedar, Christian, Crawford, Dade, Dallas, Douglas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Montgomery, Newton, Ozark, Polk, St. Clair, Stone, Taney, Webster, Wright	Atchison, Bates, Benton, Caldwell, Carroll, Cass, Clay, Clinton, Douglas, Franklin, Henry, Jackson, Jefferson, Johnson, Lafayette, Linn, Livingston, Pettis, Platte, Ray, Saline, Vernon
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$1.50	$54
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		
$25	$35	$25
Inpatient hospital		
$350 per day, days 1-6; $0 per day, days 7-90	$400 per day, days 1-4; $0 per day, days 5-90	$350 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$350	$350	$350

Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$4,900	$5,500	$6,750
Supplemental benefits		
Dental: $2,000 every year Vision: $200 every year Hearing: $1,250 per ear every year Post Discharge Meals: 14 meals/7 days Acupuncture: twelve visits every year SilverSneakers® All members receive a $110 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. Members who have a qualifying chronic condition, get Extra Help and meet all other criteria also get a $110 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.	Dental: $2,500 every year Vision: $300 every year Hearing: $1,250 per ear every year Post Discharge Meals: 14 meals/7 days Acupuncture: twelve visits every year SilverSneakers® All members receive a $110 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. Members who have a qualifying chronic condition, get Extra Help and meet all other criteria also get a $110 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.	Dental: $2,500 every year Vision: $300 every year Hearing: $1,250 per ear every year Acupuncture: twelve visits every year SilverSneakers® $45 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		
$400	$400	$700
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$5

Tier 3 preferred brand		
13%	13%	17%
Tier 4 nonpreferred drug		
30%	30%	28%
Tier 5 specialty		
29%	29%	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 Enhanced Extra (HMO-POS)	Aetna Medicare Select (HMO-POS)	Aetna Medicare Signature (HMO-POS)
Plan number		
H2663-006	H2663-023	H2663-005
Star rating		
★★★★	★★★★	★★★★
Best suited for		
For clients willing to pay a premium for additional Part C and supplemental coverage.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		

Central, Saint Louis, South East	Joplin, Springfield	Saint Louis
Current counties		
Audrain, Bollinger, Boone, Butler, Callaway, Cape Girardeau, Cole, Cooper, Crawford, Franklin, Gasconade, Howard, Jefferson, Knox, Lincoln, Maries, Miller, Mississippi, Moniteau, Montgomery, Osage, Pemiscot, Perry, Pike, Pulaski, Scott, Shelby, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Stoddard, Warren, Washington, Wayne	Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Newton, Ozark, Polk, Stone, Taney, Webster, Wright	Callaway, Crawford, Franklin, Gasconade, Jefferson, Lincoln, St. Charles, St. Louis, St. Louis City, Warren
Expansion counties		
N/A	N/A	N/A
Premium		
$59	$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		
$20	$25	$25
Inpatient hospital		
$400 per day, days 1-6; $0 per day, days 7-90	$375 per day, days 1-6; $0 per day, days 7-90	$375 per day, days 1-7; $0 per day, days 8-90

Outpatient hospital services		
$300	$300	$375
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$5,900	$3,400	$3,400
Supplemental benefits		
Dental: $3,000 every year Vision: $350 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 pay for out-of-pocket costs for certain plan covered services as well as a $60 quarterly allowance to help pay for approved over-the-counter (OTC) products	Dental: $2,000 every year Vision: $175 every year Hearing: $1,250 per ear every year Acupuncture: twelve visits every year SilverSneakers® $40 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $2,000 every year Vision: $100 every year Hearing: $1,250 per ear every year SilverSneakers® $50 quarterly allowance on an Extra Benefits Card to pay for out-of-pocket costs for certain plan covered services as well as a $30 quarterly allowance to help pay for approved over-the-counter (OTC) products
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$700	$700	$500
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%	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

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature Extra (HMO-POS)
Plan number		
H2663-041	H2663-026	H2663-043
Star rating		
★★★★	★★★★	★★★★
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, South East	Kansas City	Joplin, Springfield
Current counties		

Adair, Audrain, Bollinger, Boone, Butler, Camden, Cape Girardeau, Carter, Chariton, Cole, Cooper, Dent, Howard, Howell, Iron, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, Oregon, Osage, Pemiscot, Perry, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scott, Shannon, Shelby, St. Francois, Stoddard, Sullivan, Texas, Washington, Wayne	Caldwell, Clay, Clinton, Douglas, Franklin, Jackson, Jefferson, Johnson, Lafayette, Linn, Livingston, Platte, Saline	Barry, Barton, Cedar, Christian, Crawford, Dade, Dallas, Douglas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Montgomery, Newton, Ozark, Polk, St. Clair, Stone, Taney, Webster, Wright
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		
$50	$25	$35
Inpatient hospital		
$440 per day, days 1-6; $0 per day, days 7-90	$340 per day, days 1-6; $0 per day, days 7-90	$425 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		

$440	$350	$350
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$5,500	$4,200	$4,200
Supplemental benefits		
Dental: $500 every year Vision: $100 every year Hearing: $1,250 per ear every year SilverSneakers®	Dental: $2,000 every year Vision: $225 every year Hearing: $1,250 per ear every year Acupuncture: twelve visits every year SilverSneakers® $50 quarterly allowance on an Extra Benefits Card to pay for out-of-pocket costs for certain plan covered services as well as a $70 quarterly allowance to help pay for approved over-the-counter (OTC) products	Dental: $1,500 every year Vision: $200 every year Hearing: $1,250 per ear every year Acupuncture: twelve visits every year 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		
$700	$700	$400
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$5	$5	$0
Tier 3 preferred brand		
17%	17%	13%
Tier 4 nonpreferred drug		

28%	28%	30%
Tier 5 specialty		
25%	25%	29%
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 AND LEAD PLAN
Aetna Medicare Premier (HMO-POS)	Aetna Medicare Value Plus (HMO-POS)	Aetna Medicare Elite (PPO)
Plan number		
H2663-021	H2663-057	H5521-750
Star rating		
★★★★	★★★★	★★★★½
Best suited for		
For clients willing to pay a premium for richer coverage.	For LIS-eligible clients that need to balance cost & coverage, as well as non-LIS clients who want additional benefits over the Signature plan.	For clients looking for competitive benefits and willing to pay a deductible on limited in-network services and all out-of-network services.
Submarket		
Joplin, Springfield	Central, Saint Louis, South East	Central, Saint Louis
Current counties		

Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Newton, Ozark, Polk, Stone, Taney, Webster, Wright	Adair, Audrain, Bollinger, Boone, Butler, Callaway, Camden, Cape Girardeau, Carter, Chariton, Cole, Cooper, Crawford, Dent, Franklin, Gasconade, Howard, Howell, Iron, Jefferson, Knox, Lewis, Lincoln, Linn, Macon, Maries, Marion, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, Oregon, Osage, Pemiscot, Perry, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scott, Shannon, Shelby, St. Charles, St. Francois, St. Louis, St. Louis City, Stoddard, Sullivan, Texas, Warren, Washington, Wayne	Adair, Audrain, Boone, Callaway, Camden, Carter, Chariton, Cole, Cooper, Crawford, Dent, Franklin, Gasconade, Howard, Howell, Iron, Jefferson, Knox, Lewis, Lincoln, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Oregon, Osage, Perry, Phelps, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Shannon, Shelby, St. Charles, St. Francois, St. Louis, St. Louis City, Sullivan, Texas, Warren, Washington
Expansion counties		
N/A	N/A	N/A
Premium		
$25	$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		
$20	$40	$55
Inpatient hospital		

$350 per day, days 1-6; $0 per day, days 7-90	$395 per day, days 1-6; $0 per day, days 7-90	$450 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$300	$395	$425
Medical deductible in network		
$0	$0	$800
Out-of-pocket in-network max		
$3,600	$5,500	$4,900
Supplemental benefits		
Dental: $3,000 every year Vision: $225 every year Hearing: $1,250 per ear every year Post Discharge Meals: 14 meals/7 days Acupuncture: twelve visits every year SilverSneakers® $50 quarterly allowance on an Extra Benefits Card to pay for out-of-pocket costs for certain plan covered services as well as a $45 quarterly allowance to help pay for approved over-the-counter (OTC) products	Dental: $2,000 every year Vision: $475 every year Hearing: $1,250 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® All members receive a $150 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. Members who have a qualifying chronic condition, get Extra Help and meet all other criteria also get a $150 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.	Dental: Preventive Dental Covered Vision: $100 every year Hearing: $500 per ear every year SilverSneakers®
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$700	$400	$700
Tier 1 preferred generic		

$0	$0	$0
Tier 2 generic		
$5	$0	$5
Tier 3 preferred brand		
17%	13%	17%
Tier 4 nonpreferred drug		
28%	30%	28%
Tier 5 specialty		
25%	29%	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	NEW PLAN	NEW PLAN
Aetna Medicare Elite (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Signature (PPO)
Plan number		
H5521-746	H5521-748	H5521-749
Star rating		
★★★★½	★★★★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 willing to pay a premium for additional Part C and supplemental coverage.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		
Saint Joseph	Central, Saint Louis	South East
Current counties		
Andrew, Atchison, Buchanan, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Mercer, Nodaway, Worth	Adair, Audrain, Boone, Callaway, Camden, Carter, Chariton, Cole, Cooper, Crawford, Dent, Franklin, Gasconade, Howard, Howell, Iron, Jefferson, Knox, Lewis, Lincoln, Linn, Macon, Maries, Marion, Miller, Moniteau, Monroe, Montgomery, Morgan, Oregon, Osage, Perry, Phelps, Pike, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Shannon, Shelby, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Sullivan, Texas, Warren, Washington	Bollinger, Butler, Cape Girardeau, Mississippi, Pemiscot, Scott, Stoddard, Wayne
Expansion counties		
N/A	N/A	N/A
Premium		
$59	$70	$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	$45	$40
Inpatient hospital		
$450 per day, days 1-6; $0 per day, days 7-90	$390 per day, days 1-6; $0 per day, days 7-90	$300 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$400	$300	$300
Medical deductible in network		
$1,500	$0	$0
Out-of-pocket in-network max		
$7,150	$7,500	$7,150
Supplemental benefits		
Dental: $500 every year Vision: $150 every year Hearing: $750 per ear every year Acupuncture: twelve visits every year SilverSneakers®	Dental: $1,500 every year Vision: $200 every year Hearing: $1,250 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: $200 every year Hearing: $1,250 per ear every year 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		
$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

NEW PLAN	NEW PLAN	
Aetna Medicare Signature (PPO)	Aetna Medicare Signature (PPO)	
Plan number		
H5521-742	H5521-744	
Star rating		
★★★★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.	

Submarket		
Kansas City	Joplin, Springfield	
Current counties		
Caldwell, Clay, Clinton, Douglas, Franklin, Jackson, Jefferson, Johnson, Lafayette, Linn, Livingston, Platte, Saline	Barry, Barton, Cedar, Christian, Crawford, Dade, Dallas, Douglas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Montgomery, Newton, Ozark, Polk, St. Clair, Stone, Taney, Webster, Wright	
Expansion counties		
N/A	N/A	
Premium		
$0	$0	
Part B giveback		
No	No	
PCP in network		
$0	$0	
PCP required		
PCP required, referrals not required	PCP required, referrals not required	
Specialist in network		
$55	$40	
Inpatient hospital		
$455 per day, days 1-6; $0 per day, days 7-90	$450 per day, days 1-6; $0 per day, days 7-90	
Outpatient hospital services		
$510	$375	

Medical deductible in network		
$0	$0	
Out-of-pocket in-network max		
$6,750	$5,500	
Supplemental benefits		
Dental: $500 every year Vision: $100 every year Hearing: $500 per ear every year Acupuncture: twelve visits every year SilverSneakers®	Dental: $1,000 every year Vision: $175 every year Hearing: $500 per ear every year Acupuncture: twelve visits every year SilverSneakers®	
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$700	$700	
Tier 1 preferred generic		
$0	$0	
Tier 2 generic		
$5	$5	
Tier 3 preferred brand		
17%	17%	
Tier 4 nonpreferred drug		
28%	28%	
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

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		
Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)
Plan number		
H2663-107	H2663-098	H2663-102
Star rating		
★★★★	★★★★	★★★★

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		
Joplin, Springfield	Kansas City	Saint Louis
Current counties		
Christian, Greene, Jasper	Clay, Jackson, Johnson, Platte	Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Louis, St. Louis City, Warren
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
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		
$0 - $25	$0 - $35	$0 - $25
Inpatient hospital		
$410 per day, days 1-6; $0 per day, days 7-90	$410 per day, days 1-6; $0 per day, days 7-90	$410 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$375	$375	$375
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: $100 every year Hearing: $500 per ear every year SilverSneakers® Members get a $45 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: $100 every year Hearing: $500 per ear every year SilverSneakers® Members get a $45 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. Qualifying members who choose a high value provider as their PCP get an added $30 monthly allowance on the Extra Supports HVP Wallet.	Dental: $1,500 every year Vision: $100 every year Hearing: $500 per ear every year SilverSneakers® Members get a $45 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		
$700	$700	$700
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$5	$5	$5
Tier 3 preferred brand		

22%	22%	22%
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

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.

NEW AND LEAD PLAN	NEW AND LEAD PLAN	NEW AND LEAD PLAN
Aetna Medicare Full Dual Extra (HMO D-SNP)	Aetna Medicare Full Dual Extra (HMO D-SNP)	Aetna Medicare Full Dual Extra (HMO D-SNP)
Plan number		
H2663-110	H2663-112	H2663-114
Star rating		

★★★★	★★★★	★★★★
Designed for		
Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket		
Joplin, Springfield	Saint Louis	Central, South East
Current counties		
Barry, Barton, Cedar, Christian, Dade, Dallas, Douglas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Newton, Ozark, Polk, St. Clair, Stone, Taney, Webster, Wright	Callaway, Crawford, Franklin, Gasconade, Jefferson, Lincoln, St. Charles, St. Louis, St. Louis City, Warren	Adair, Audrain, Bollinger, Boone, Butler, Camden, Cape Girardeau, Carter, Chariton, Cole, Cooper, Dent, Howard, Howell, Iron, Knox, Lewis, Linn, Macon, Maries, Marion, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, Oregon, Osage, Pemiscot, Perry, Phelps, Pike, Pulaski, Putnam, Ralls, Randolph, Reynolds, Ripley, Schuyler, Scott, Shannon, Shelby, St. Francois, Ste. Genevieve, Stoddard, Sullivan, Texas, Washington, Wayne
Expansion counties		
N/A	N/A	N/A
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		

$0	$0	$0
Out-of-pocket in-network max		
$9,850	$9,850	$9,850
Supplemental benefits		
Dental: $1,500 every year Vision: $200 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $100 every year Acupuncture: twelve visits every year Members get a $245 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: $225 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $285 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: $200 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $100 every year Members get a $260 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	$10	$0
Tier 3 preferred brand		
21%	22%	21%
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 AND LEAD PLAN

Aetna Medicare Full Dual Extra Care (HMO D-SNP)

Plan number	
H2663-109	
Star rating	
★★★★	
Designed for	

Designed for full dual-eligibles. Enrolling: QMB+, SLMB+, FBDE. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket
Kansas City, Saint Joseph
Current counties
Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray, Saline, Vernon, Worth
Expansion counties
N/A
PCP in network
$0
PCP required
PCP required, referrals not required
Specialist in network
$0
Out-of-pocket in-network max
$9,850
Supplemental benefits

Dental: $1,500 every year Vision: $200 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $100 every year Acupuncture: twelve visits every year Members get a $195 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. Qualifying members who choose a high value provider as their PCP get an added $30 monthly allowance on the Extra Supports HVP Wallet.	
Prescription drug coverage	
Rx deductible	
$700	
Deductible tiers	
Tier 3 - Tier 5	
Tier 1 preferred generic	
$0	
Tier 2 generic	
$0	
Tier 3 preferred brand	

25%
Tier 4 nonpreferred drug
25%
Tier 5 specialty
25%
LIS: Tier 1–5 (generic)
$0, $1.65, $5.80
LIS: Tier 1–5 (brand)
$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
$119.20
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
33%
Tier 5 specialty
25%
LIS: Tier 1–5 (generic)
$0, $1.65, $5.80
LIS: Tier 1–5 (brand)
$0, $5, $14.40