aetna®

## New Jersey highlights

- All MAPD plans include dental, vision, hearing, $0 Tier 1 at preferred pharmacies, and SilverSneakers®.
- Aetna Medicare Prime plans (Bergen, Hunterdon, Mercer, Monmouth, Morris, Passaic, Somerset, Sussex, Union and Warren counties) start at $0 premium with enhanced benefits, and a select network of trusted local providers.
- Aetna Medicare FIDE (HMO D-SNP) (H6399-001) includes 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.
- IMPROVED! Aetna Medicare Eagle Giveback plan offers additional benefits for veterans or individuals who already have prescription drug coverage. These plans feature a $0 premium, $0 PCP, $70 quarterly OTC allowance, dental, vision, hearing and a SilverSneakers® fitness benefit. Part B premium reduction increased to $90 for H5521-504 and $100 for H3152-045.
- NEW for 2027: PCP selection required at time of enrollment for HMO.
- Most plans offer $0 PCP copay. None of our plans require PCP referrals.

# 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 (HMO) | Aetna Medicare Eagle Giveback (PPO) | |
|---|---|---|
| **Plan number** | | |
| H3152-045 | H5521-504 | |
| **Star rating** | | |
| ★★★★ | ★★★★½ | |
| **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. | |
| **Submarket** | | |
| North, South | North, South | |
| **Current counties** | | |

| | | |
|---|---|---|
| Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren | Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren | |
| **Expansion counties** | | |
| N/A | N/A | |
| **Premium** | | |
| $0 | $0 | |
| **Part B giveback** | | |
| $100 | $90 | |
| **PCP in network** | | |
| $0 | $0 | |
| **PCP required** | | |
| PCP required, referrals not required | PCP not required, referrals not required | |
| **Specialist in network** | | |
| $40 | $45 | |
| **Inpatient hospital** | | |
| $395 per day, days 1-6; $0 per day, days 7-90 | $455 per day, days 1-5; $0 per day, days 6-90 | |
| **Outpatient hospital services** | | |
| $40 - $395 | $45 - $455 | |
| **Medical deductible in network** | | |
| $0 | $0 | |

| Out-of-pocket in-network max | | |
|---|---|---|
| $9,850 | $9,850 | |
| **Supplemental benefits** | | |
| Dental: $2,000 every year<br>Vision: $200 every year<br>Hearing: Covered: $0 - $1,700<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers®<br>$70 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. | Dental: $1,500 every year<br>Vision: $200 every year<br>Hearing: Covered: $0 - $1,700<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers®<br>$70 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 |
|---|---|---|
| Aetna Medicare Signature Extra (HMO) | Aetna Medicare Signature (HMO) | Aetna Medicare Prime (HMO-POS) |
| **Plan number** | | |
| H3152-082 | H3152-048 | H3152-080 |
| **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. | For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network. |
| **Submarket** | | |

| | | |
|---|---|---|
| North, South | North | North |
| **Current counties** | | |
| Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Middlesex, Monmouth, Ocean, Salem | Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Somerset, Sussex, Union, Warren | Bergen, Hunterdon, Mercer, Monmouth, Morris, Passaic, Somerset, Sussex, Union, Warren |
| **Expansion counties** | | |
| N/A | N/A | N/A |
| **Premium** | | |
| $0 | $109 | $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** | | |
| $40 | $45 | $45 |
| **Inpatient hospital** | | |
| $460 per day, days 1-5; $0 per day, days 6-90 | $450 per day, days 1-5; $0 per day, days 6-90 | $435 per day, days 1-5; $0 per day, days 6-90 |
| **Outpatient hospital services** | | |
| $40 - $460 | $45 - $450 | $45 - $435 |
| **Medical deductible in network** | | |
| $0 | $0 | $0 |

| Out-of-pocket in-network max | | |
|---|---|---|
| $9,850 | $9,850 | $9,850 |
| **Supplemental benefits** | | |
| Dental: Preventive Dental Covered<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<br>Optional dental<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers® | Dental: Preventive Dental Covered<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<br>Optional dental<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers® | Dental: $1,000 every year<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<br>Post Discharge Meals: 14 meals/7 days<br>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 |

| | LEAD PLAN | LEAD PLAN |
|---|---|---|
| Aetna Medicare Enhanced (HMO-POS) | Aetna Medicare Elite (PPO) | Aetna Medicare Prime Giveback (PPO) |
| **Plan number** | | |
| H3152-022 | H5521-123 | H5521-277 |
| **Star rating** | | |
| ★★★★ | ★★★★½ | ★★★★½ |
| **Best suited for** | | |
| For clients willing to pay a premium for additional Part C and supplemental coverage. | 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 affordability and enhanced benefits, who are comfortable with a specific provider network. |
| **Submarket** | | |
| South | South | North |
| **Current counties** | | |
| Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, Salem | Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean | Bergen, Hunterdon, Mercer, Monmouth, Morris, Passaic, Somerset, Sussex, Union, Warren |
| **Expansion counties** | | |
| N/A | N/A | N/A |
| **Premium** | | |
| $79 | $65 | $0 |

| Part B giveback | | |
|---|---|---|
| No | No | $15 |
| **PCP in network** | | |
| $0 | $0 | $10 |
| **PCP required** | | |
| PCP required, referrals not required | PCP not required, referrals not required | PCP not required, referrals not required |
| **Specialist in network** | | |
| $35 | $45 | $60 |
| **Inpatient hospital** | | |
| $350 per day, days 1-6; $0 per day, days 7-90 | $330 per day, days 1-6; $0 per day, days 7-90 | $360 per day, days 1-5; $0 per day, days 6-90 |
| **Outpatient hospital services** | | |
| $35 - $350 | $45 - $330 | $60 - $360 |
| **Medical deductible in network** | | |
| $0 | $1,500 | $0 |
| **Out-of-pocket in-network max** | | |
| $9,850 | $9,850 | $9,850 |
| **Supplemental benefits** | | |
| Dental: $1,500 every year<br>Vision: $250 every year<br>Hearing: Covered: $0 - $1,700<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers® | Dental: Preventive Dental Covered<br>Vision: $150 every year<br>Hearing: Covered: $0 - $1,700<br>Optional dental<br>SilverSneakers® | Dental: Preventive Dental Covered<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<br>Optional dental<br>Post Discharge Meals: 14 meals/7 days<br>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 Enhanced (PPO) | Aetna Medicare Prime Extra (PPO) | |
|---|---|---|
| **Plan number** | | |
| H5521-512 | H5521-275 | |

| Star rating | |
|---|---|
| ★★★★½ | ★★★★½ |
| **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. |
| **Submarket** | |
| South | North |
| **Current counties** | |
| Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean | Bergen, Hunterdon, Mercer, Monmouth, Morris, Passaic, Somerset, Sussex, Union, Warren |
| **Expansion counties** | |
| N/A | N/A |
| **Premium** | |
| $80 | $84 |
| **Part B giveback** | |
| No | No |
| **PCP in network** | |
| $0 | $0 |
| **PCP required** | |
| PCP not required, referrals not required | PCP not required, referrals not required |
| **Specialist in network** | |
| $45 | $45 |

| Inpatient hospital | | |
|---|---|---|
| $408 per day, days 1-6; $0 per day, days 7-90 | $380 per day, days 1-5; $0 per day, days 6-90 | |
| **Outpatient hospital services** | | |
| $45 - $408 | $45 - $380 | |
| **Medical deductible in network** | | |
| $1,000 | $0 | |
| **Out-of-pocket in-network max** | | |
| $9,850 | $9,850 | |
| **Supplemental benefits** | | |
| Dental: Preventive Dental Covered<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<br>Optional dental<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers® | Dental: Preventive Dental Covered<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<br>Optional dental<br>Post Discharge Meals: 14 meals/7 days<br>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 | |

# 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.

| Aetna Medicare FIDE (HMO D-SNP) |
| --- |
| **Plan number** |
| H6399-001 |
| **Star rating** |

★★★

| Designed for |
| --- |
| Designed for full dual-eligibles. Enrolling: QMB+, FBDE. Must be enrolled in full Medicaid benefits and in managed care. Integrated SEP available. |
| **Submarket** |
| North, South |
| **Current counties** |
| Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren |
| **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: Covered
Vision: Covered
Hearing: Covered
Transportation: Covered
Post Discharge Meals: 14 meals/7 days
SilverSneakers
Chiropractic: Covered
Acupuncture: Covered
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** |
| $0 |
| **Deductible tiers** |
| N/A |
| **Tier 1 preferred generic** |
| $0 |
| **Tier 2 generic** |
| $0 |
| **Tier 3 preferred brand** |
| $0 |
| **Tier 4 nonpreferred drug** |
| $0 |
| **Tier 5 specialty** |
| $0 |

# 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** |
| **$120.50** |
| **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 |