aetna®

## New York highlights

- A complete product portfolio to meet your clients' Medicare needs: MA-only | MAPD | D-SNP | C-SNP.
- Comprehensive local network with no PCP referrals required, and all non-SNP plans have full access to the Aetna national multi-state network.
- NEW for 2027: PCP selection required at time of enrollment for HMO plans; otherwise, PCP will be auto-assigned.
- NEW for 2027: Chronic Care Total (HMO C-SNP) is available statewide (except Rochester); Chronic Care (HMO C-SNP) expands to Western NY.
- MORE EXPANSION for 2027: Aetna Medicare Elite plans now in Upstate NY.
- IMPROVED! Aetna Medicare Eagle Giveback plans offer additional benefits for veterans or individuals who already have prescription drug coverage. These $0 premium plans feature a $80 (H551-320)/$100 (H5521-323) Part B premium reduction, $0 PCP, dental, vision, hearing, an OTC allowance and a SilverSneakers® fitness benefit.
- STEADY! Aetna Medicare Full Dual Care (HMO D-SNP) (H3312-069) and Aetna Medicare Full Dual (HMO D-SNP) (H3312-070) include 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.
- All plans include dental, vision, hearing, $0 PCP copay, $0 Tier 1 copays at preferred pharmacies, post-discharge fresh foods, and SilverSneakers®.
- Most plans include $0 PCP copay and post-discharge fresh foods.

# 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) | Aetna Medicare Eagle Giveback (PPO) |
|---|---|
| **Plan number** | |
| H5521-320 | H5521-323 |
| **Star rating** | |
| ★★★★½ | ★★★★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** | |
| Long Island, Metro, Rockland Westchester | Capital Region, Central Upstate, Greater Rochester, Hudson Valley, Western |

| Current counties | | |
|---|---|---|
| Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester | Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Montgomery, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, Yates | |
| **Expansion counties** | | |
| N/A | N/A | |
| **Premium** | | |
| $0 | $0 | |
| **Part B giveback** | | |
| $80 | $100 | |
| **PCP in network** | | |
| $0 | $0 | |
| **PCP required** | | |
| PCP not required, referrals not required | PCP not required, referrals not required | |
| **Specialist in network** | | |
| $35 | $35 | |
| **Inpatient hospital** | | |

| | | |
|---|---|---|
| $395 per day, days 1-6; $0 per day, days 7-90 | $375 per day, days 1-6; $0 per day, days 7-90 | |
| **Outpatient hospital services** | | |
| $35 - $395 | $35 - $350 | |
| **Medical deductible in network** | | |
| $0 | $0 | |
| **Out-of-pocket in-network max** | | |
| $9,850 | $9,850 | |
| **Supplemental benefits** | | |
| 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>$60 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. | Dental: $2,000 every year<br>Vision: $375 every year<br>Hearing: Covered: $0 - $1,700<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers®<br>$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.

| NEW PLAN | NEW PLAN | NEW PLAN |
|---|---|---|
| Aetna Medicare Elite (HMO) | Aetna Medicare Elite (HMO) | Aetna Medicare Signature (HMO) |
| **Plan number** | | |
| H3312-107 | H3312-113 | H3312-108 |
| **Star rating** | | |
| ★★★ | ★★★ | ★★★ |
| **Best suited for** | | |
| For clients looking for competitive benefits and willing to pay a deductible on limited in-network services. | For clients looking for competitive benefits and willing to pay a deductible on limited in-network services. | For clients looking for essential coverage and value. |
| **Submarket** | | |

| | | |
|---|---|---|
| Central Upstate | Metro | Capital Region, Hudson Valley |
| **Current counties** | | |
| Chemung, Chenango, Clinton, Cortland, Essex, Oswego, Otsego, Tioga | Richmond | Albany, Columbia, Delaware, Dutchess, Greene, Montgomery, Orange, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington |
| **Expansion counties** | | |
| N/A | N/A | N/A |
| **Premium** | | |
| $59 | $109 | $109 |
| **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 | $50 | $50 |
| **Inpatient hospital** | | |
| $450 per day, days 1-5; $0 per day, days 6-90 | $490 per day, days 1-5; $0 per day, days 6-90 | $490 per day, days 1-5; $0 per day, days 6-90 |
| **Outpatient hospital services** | | |
| $50 - $450 | $50 - $490 | $50 - $490 |
| **Medical deductible in network** | | |

| | | |
|---|---|---|
| $1,000 | $1,500 | $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: 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 |

| | | NEW PLAN |
|---|---|---|
| Aetna Medicare Enhanced (HMO) | Aetna Medicare Signature (HMO-POS) | Aetna Medicare Elite (PPO) |
| **Plan number** | | |
| H3312-064 | H3312-065 | H5521-738 |
| **Star rating** | | |
| ★★★ | ★★★ | ★★★★½ |
| **Best suited for** | | |
| 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. | For clients looking for competitive benefits and willing to pay a deductible on limited in-network services and all out-of-network services. |
| **Submarket** | | |
| Long Island | Western | Western |
| **Current counties** | | |
| Nassau, Suffolk | Cattaraugus, Chautauqua, Erie, Niagara, Wyoming | Cattaraugus, Chautauqua, Erie, Niagara, Wyoming |
| **Expansion counties** | | |
| N/A | N/A | N/A |
| **Premium** | | |
| $104 | $0 | $35 |

| Part B giveback | | |
|---|---|---|
| No | No | No |
| **PCP in network** | | |
| $0 | $5 | $0 |
| **PCP required** | | |
| PCP required, referrals not required | PCP required, referrals not required | PCP not required, referrals not required |
| **Specialist in network** | | |
| $45 | $45 | $35 |
| **Inpatient hospital** | | |
| $450 per day, days 1-5; $0 per day, days 6-90 | $399 per day, days 1-6; $0 per day, days 7-90 | $950 per stay |
| **Outpatient hospital services** | | |
| $45 - $450 | $45 - $399 | $35 - $490 |
| **Medical deductible in network** | | |
| $0 | $0 | $1,000 |
| **Out-of-pocket in-network max** | | |
| $9,850 | $7,150 | $9,850 |
| **Supplemental benefits** | | |
| Dental: Preventive Dental Covered<br>Vision: $150 every year<br>Hearing: Covered: $0 - $1,700<br>Optional dental<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers® | Dental: $750 every year<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers® | 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® |

| 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 Elite (PPO) | Aetna Medicare Elite (PPO) | Aetna Medicare Elite (PPO) |
| **Plan number** | | |
| H5521-740 | H5521-739 | H5521-119 |

| 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 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 competitive benefits and willing to pay a deductible on limited in-network services and all out-of-network services. |
| **Submarket** | | |
| Central Upstate | Central Upstate | Capital Region, Hudson Valley |
| **Current counties** | | |
| Allegany, Broome, Cayuga, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Schuyler, St. Lawrence, Steuben, Tompkins | Chemung, Chenango, Cortland, Oswego, Otsego, Tioga | Albany, Dutchess, Greene, Orange, Putnam, Rensselaer, Saratoga, Schenectady, Sullivan, Warren, Washington |
| **Expansion counties** | | |
| N/A | N/A | N/A |
| **Premium** | | |
| $54 | $79 | $0 |
| **Part B giveback** | | |
| No | No | No |
| **PCP in network** | | |
| $0 | $0 | $5 |
| **PCP required** | | |
| PCP not required, referrals not required | PCP not required, referrals not required | PCP not required, referrals not required |

| Specialist in network | | |
|---|---|---|
| $40 | $40 | $55 |
| **Inpatient hospital** | | |
| $950 per stay | $425 per day, days 1-5; $0 per day, days 6-90 | $490 per day, days 1-5; $0 per day, days 6-90 |
| **Outpatient hospital services** | | |
| $40 - $490 | $40 - $425 | $55 - $490 |
| **Medical deductible in network** | | |
| $1,500 | $1,500 | $1,250 |
| **Out-of-pocket in-network max** | | |
| $9,850 | $9,850 | $9,850 |
| **Supplemental benefits** | | |
| Dental: $1,500 every year<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<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® | Dental: $750 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 |

| Aetna Medicare Elite (PPO) | Aetna Medicare Elite (PPO) | Aetna Medicare Elite Extra (PPO) |
|---|---|---|
| **Plan number** | | |
| H5521-120 | H5521-521 | H5521-698 |
| **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 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 competitive benefits and willing to pay a deductible on limited in-network services and all out-of-network services. |
| **Submarket** | | |
| Long Island, Metro, Rockland Westchester | Greater Rochester, Western | Metro |

| Current counties | | |
|---|---|---|
| Bronx, Kings, Nassau, Queens, Rockland, Suffolk, Westchester | Genesee, Livingston, Monroe, Ontario, Orleans | Bronx, Kings, Queens |
| **Expansion counties** | | |
| N/A | N/A | N/A |
| **Premium** | | |
| $0 | $109 | $47 |
| **Part B giveback** | | |
| No | No | No |
| **PCP in network** | | |
| $0 | $0 | $0 |
| **PCP required** | | |
| PCP not required, referrals not required | PCP not required, referrals not required | PCP not required, referrals not required |
| **Specialist in network** | | |
| $45 | $55 | $45 |
| **Inpatient hospital** | | |
| $490 per day, days 1-5; $0 per day, days 6-90 | $490 per day, days 1-5; $0 per day, days 6-90 | $950 per stay |
| **Outpatient hospital services** | | |
| $45 - $490 | $55 - $490 | $45 - $490 |
| **Medical deductible in network** | | |
| $1,250 | $1,750 | $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>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: $1,500 every year<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<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 Enhanced (PPO) | Aetna Medicare Enhanced Extra (PPO) |
|---|---|---|
| **Plan number** | | |
| H5521-381 | H5521-520 | H5521-457 |
| **Star rating** | | |
| ★★★★½ | ★★★★½ | ★★★★½ |
| **Best suited for** | | |
| 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. | For clients willing to pay a premium for additional Part C and supplemental coverage. |
| **Submarket** | | |
| Western | Central Upstate | Metro |
| **Current counties** | | |
| Chautauqua, Erie, Niagara, Wyoming | Chemung, Chenango, Cortland, Oswego, Tioga | Bronx |
| **Expansion counties** | | |
| N/A | N/A | N/A |
| **Premium** | | |
| $41 | $86 | $32 |
| **Part B giveback** | | |
| No | No | No |
| **PCP in network** | | |
| $0 | $0 | $0 |
| **PCP required** | | |

| | | |
|---|---|---|
| PCP not required, referrals not required | PCP not required, referrals not required | PCP not required, referrals not required |
| **Specialist in network** | | |
| $35 | $45 | $45 |
| **Inpatient hospital** | | |
| $350 per day, days 1-6; $0 per day, days 7-90 | $490 per day, days 1-5; $0 per day, days 6-90 | $460 per day, days 1-5; $0 per day, days 6-90 |
| **Outpatient hospital services** | | |
| $35 - $350 | $45 - $490 | $45 - $460 |
| **Medical deductible in network** | | |
| $0 | $0 | $0 |
| **Out-of-pocket in-network max** | | |
| $9,850 | $9,850 | $9,850 |
| **Supplemental benefits** | | |
| Dental: $2,000 every year<br>Vision: $250 every year<br>Hearing: Covered: $0 - $1,700<br>Post Discharge Meals: 14 meals/7 days<br>Chiropractic: twelve visits every year<br>SilverSneakers® | Dental: Preventive Dental Covered<br>Vision: $150 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 | $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 Premier (PPO) | Aetna Medicare Signature (PPO) | Aetna Medicare Signature (PPO) |
|---|---|---|
| **Plan number** | | |
| H5521-340 | H5521-077 | H5521-215 |
| **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 Upstate | Central Upstate | Western |
| **Current counties** | | |
| Allegany, Broome, Cayuga, Franklin, Fulton, Hamilton, Jefferson, Lewis, Madison, Oneida, Onondaga, St. Lawrence, Steuben, Tompkins | Allegany, Broome, Cayuga, Franklin, Fulton, Hamilton, Jefferson, Lewis, Madison, Oneida, Onondaga, St. Lawrence, Steuben, Tompkins | Chautauqua, Erie, Niagara, Wyoming |
| **Expansion counties** | | |
| N/A | N/A | N/A |
| **Premium** | | |
| $60 | $0 | $0 |
| **Part B giveback** | | |
| No | No | No |
| **PCP in network** | | |
| $0 | $5 | $0 |
| **PCP required** | | |
| PCP not required, referrals not required | PCP not required, referrals not required | PCP not required, referrals not required |
| **Specialist in network** | | |
| $40 | $50 | $40 |
| **Inpatient hospital** | | |
| $399 per day, days 1-5; $0 per day, days 6-90 | $490 per day, days 1-5; $0 per day, days 6-90 | $375 per day, days 1-6; $0 per day, days 7-90 |
| **Outpatient hospital services** | | |
| $40 - $399 | $50 - $490 | $40 - $375 |

| Medical deductible in network | | |
|---|---|---|
| $0 | $0 | $0 |
| **Out-of-pocket in-network max** | | |
| $9,250 | $9,850 | $9,850 |
| **Supplemental benefits** | | |
| Dental: $1,500 every year<br>Vision: $150 every year<br>Hearing: Covered: $0 - $1,700<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers®<br>$30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. | 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 | $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 |

# 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 Total (HMO C-SNP) | Aetna Medicare Chronic Care Total (HMO C-SNP) |
| **Plan number** | | |
| H3312-105 | H3312-111 | H3312-112 |
| **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. May be a good fit for those that are dual eligible & receive cost share protection. Medicaid is not required to enroll. | For clients looking for a C-SNP to help manage their chronic condition. May be a good fit for those that are dual eligible & receive cost share protection. Medicaid is not required to enroll. |
| **Submarket** | | |
| Western | Long Island, Metro, Rockland Westchester | Capital Region, Central Upstate, Hudson Valley, Western |
| **Current counties** | | |
| Cattaraugus, Chautauqua, Erie, Niagara, Wyoming | Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester | Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Niagara, Oneida, Onondaga, Orange, Oswego, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wyoming |
| **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 - $55 | 0% - 20% | 0% - 20% |
| **Inpatient hospital** | | |
| $490 per day, days 1-5; $0 per day, days 6-90 | $2199 per stay | $2240 per stay |
| **Outpatient hospital services** | | |
| $55 - $490 | 20% | 20% |
| **Medical deductible in network** | | |
| $0 | $283 | $283 |
| **Out-of-pocket in-network max** | | |
| $9,850 | $9,850 | $9,850 |
| **Supplemental benefits** | | |
| Dental: $750 every year<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<br>SilverSneakers®<br>Members get a $25 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: $1,250 every year<br>Vision: $150 every year<br>Hearing: Covered: $0 - $1,700<br>SilverSneakers®<br>Members get a $35 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<br>Vision: $150 every year<br>Hearing: Covered: $0 - $1,700<br>SilverSneakers®<br>Members get a $30 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 | $0 | $0 |
| **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.

| Aetna Medicare Full Dual (HMO D-SNP) | Aetna Medicare Full Dual Care (HMO D-SNP) | |
|---|---|---|
| **Plan number** | | |
| H3312-070 | H3312-069 | |
| **Star rating** | | |

| | | |
|---|---|---|
| ★★★ | ★★★ | |
| **Designed for** | | |
| Designed for full dual-eligibles. Enrolling: QMB+, FBDE. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll. | Designed for full dual-eligibles. Enrolling: QMB+, FBDE. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll. | |
| **Submarket** | | |
| Capital Region, Central Upstate, Hudson Valley, Western | Long Island, Metro, Rockland Westchester | |
| **Current counties** | | |
| Albany, Allegany, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Niagara, Oneida, Onondaga, Orange, Oswego, Otsego, Putnam, Rensselaer, Saratoga, Schenectady, Schoharie, Schuyler, St. Lawrence, Steuben, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wyoming | Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester | |
| **Expansion counties** | | |
| N/A | N/A | |
| **PCP in network** | | |
| $0 | $0 | |
| **PCP required** | | |
| PCP required, referrals not required | PCP required, referrals not required | |

| Specialist in network | | |
|---|---|---|
| $0 | $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>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers<br>Fall Prevention: $150 every year<br>Chiropractic: twelve visits every year<br>Acupuncture: twelve visits every year<br>Members get a $130 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: Preventive Dental Covered<br>Vision: $100 every year<br>Hearing: Covered: $0 - $1,700<br>Post Discharge Meals: 14 meals/7 days<br>SilverSneakers<br>Fall Prevention: $150 every year<br>Acupuncture: twelve visits every year<br>Members get a $165 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 | $700 | |
| **Deductible tiers** | | |

| | | |
|---|---|---|
| Tier 3 - Tier 5 | Tier 3 - Tier 5 | |
| **Tier 1 preferred generic** | | |
| $0 | $0 | |
| **Tier 2 generic** | | |
| $0 | $10 | |
| **Tier 3 preferred brand** | | |
| 17% | 22% | |
| **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** |
| **$166.60** |
| **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** |
| 32% |
| **Tier 5 specialty** |
| 25% |
| **LIS: Tier 1–5 (generic)** |
| $0, $1.65, $5.80 |
| **LIS: Tier 1–5 (brand)** |
| $0, $5, $14.40 |