aetna®

Ohio highlights

- Strong statewide portfolio of MAPD, MA-only and C-SNP plans with year-over-year stability.
- All plans include $0 PCP, $0 Tier 1 copays, dental, vision, hearing and SilverSneakers®.
- New! Aetna Medicare Prime Care in select counties offers richer benefits than other plans in the same area. Anchored in value-based care and high-performing providers, this plan promotes primary care centric benefits and coordination. Benefits include: $0 premium, $0 PCP, lower specialist copays and MOOP, $0 Tier 1 and 2 drugs, Extra Benefits Card, dental, vision, and hearing. Plus, a monthly bonus when members choose a High Value Provider (HVP) PCP.
- $0 SIGNATURE HMO-POS and PPO: Affordable, comprehensive coverage offering $0 premium, $0 PCP, dental, vision, hearing, and $0 Tier 1 drugs with access to our multi-state network.
- EAGLE GIVEBACK PPO: $0 premium plan for veterans or individuals who already have prescription drug coverage. Plan features a Part B premium reduction, $0 PCP, dental, vision, hearing, and OTC.
- C-SNPs include $0 PCP and $0 copays at certain in-network specialists; dental, vision, hearing; $0 Tier 1 drugs; and low cost-shares for certain drugs used for qualifying chronic conditions. It also has 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. Qualifying members who choose a High Value Provider as their PCP get an added allowance.

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
H5521-487
Star rating

Best suited for
For veterans or other clients with existing Rx coverage who are interested in Part C and supplemental coverage.
Submarket
Akron Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo, Youngstown
Current counties

Allen, Ashland, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Columbiana, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Franklin, Fulton, Gallia, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Hocking, Holmes, Huron, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Mercer, Miami, Montgomery, Muskingum, Noble, Paulding, Pickaway, Portage, Preble, Putnam, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Williams, Wood, Wyandot
Expansion counties
N/A
Premium
$0
Part B giveback
$105
PCP in network
$0
PCP required
PCP not required, referrals not required
Specialist in network
$30
Inpatient hospital
$380 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services
$35 - $380
Medical deductible in network
$0
Out-of-pocket in-network max
$6,900

Supplemental benefits
Dental: $2,750 every year Vision: $250 every year Hearing: $1,500 per ear every year SilverSneakers® $100 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	LEAD PLAN	LEAD PLAN
Aetna Medicare Prime Care (HMO-POS)	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature Care (HMO-POS)
Plan number		
H0628-045	H0628-021	H0628-001
Star rating		
★★★★	★★★★	★★★★
Best suited for		
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.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		

Columbus	Cincinnati, Dayton	Toledo
Current counties		
Delaware, Franklin, Licking, Madison, Morrow, Pickaway, Union	Adams, Brown, Butler, Champaign, Darke, Greene, Logan, Miami, Shelby	Allen, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, Wyandot
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		
$30	$50	$45
Inpatient hospital		
$325 per day, days 1-8; $0 per day, days 9-90	$400 per day, days 1-6; $0 per day, days 7-90	$380 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$0 - $275	$35 - $380	$35 - $380
Medical deductible in network		

$0	$0	$0
Out-of-pocket in-network max		
$5,500	$6,350	$5,500
Supplemental benefits		
Dental: $1,500 every year Vision: $175 every year Hearing: $1,250 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® All members receive a $40 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. Members who have a qualifying chronic condition and meet all other criteria also get a $45 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. Qualifying members who choose a high value provider as their PCP get a $30 quarterly allowance on the Extra Supports HVP Wallet.	Dental: $1,000 every year Vision: $125 every year Hearing: $1,000 per ear every year OTC: $15 quarterly Chiropractic: twelve visits every year SilverSneakers®	Dental: $1,000 every year Vision: $125 every year Hearing: $1,000 per ear every year Chiropractic: twelve visits every year SilverSneakers® All members receive a $25 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. Members who have a qualifying chronic condition and meet all other criteria also get a $25 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. Qualifying members who choose a high value provider as their PCP get a $30 quarterly allowance on the Extra Supports HVP Wallet.
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		
17%	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

LEAD PLAN		
Aetna Medicare Signature Care (HMO-POS)	Aetna Medicare Signature Care (HMO-POS)	Aetna Medicare Signature Extra (HMO-POS)
Plan number		
H0628-017	H0628-005	H0628-003
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		

Columbus	Akron Canton, Cleveland, Youngstown	Cincinnati, Dayton
Current counties		
Athens, Delaware, Fairfield, Franklin, Gallia, Guernsey, Jackson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Pickaway, Ross, Scioto, Union, Vinton, Washington	Ashland, Belmont, Carroll, Columbiana, Cuyahoga, Harrison, Holmes, Jefferson, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas	Clark, Clermont, Hamilton, Montgomery, Warren
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		
$40	$40	$40
Inpatient hospital		
$330 per day, days 1-7; $0 per day, days 8-90	$325 per day, days 1-6; $0 per day, days 7-90	$380 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$35 - $330	$35 - $310	$35 - $380

Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$5,900	$4,900	$4,900
Supplemental benefits		
Dental: $1,000 every year Vision: $125 every year Hearing: $1,250 per ear every year Chiropractic: twelve visits every year SilverSneakers® All members receive a $25 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. Members who have a qualifying chronic condition and meet all other criteria also get a $25 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. Qualifying members who choose a high value provider as their PCP get a $30 quarterly allowance on the Extra Supports HVP Wallet.	Dental: $1,250 every year Vision: $175 every year Hearing: $1,250 per ear every year Chiropractic: twelve visits every year SilverSneakers® All members receive a $40 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. Members who have a qualifying chronic condition and meet all other criteria also get a $30 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. Qualifying members who choose a high value provider as their PCP get a $30 quarterly allowance on the Extra Supports HVP Wallet.	Dental: $1,000 every year Vision: $150 every year Hearing: $1,000 per ear every year OTC: $15 quarterly Chiropractic: twelve visits every year SilverSneakers®
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$400	$400	$500
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%	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	
Aetna Medicare Signature (PPO)	Aetna Medicare Signature (PPO)	Aetna Medicare Premier (PPO)
Plan number		
H5521-087	H5521-088	H5521-020
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients willing to pay a premium for richer coverage.
Submarket		

Cincinnati, Dayton	Akron Canton, Cleveland, Toledo, Youngstown	Akron Canton, Cincinnati, Cleveland, Columbus, Dayton, Toledo, Youngstown
Current counties		
Brown, Butler, Champaign, Clark, Clermont, Darke, Greene, Hamilton, Logan, Miami, Montgomery, Preble, Shelby, Warren	Allen, Ashland, Auglaize, Belmont, Carroll, Columbiana, Crawford, Cuyahoga, Defiance, Erie, Fulton, Geauga, Hancock, Hardin, Harrison, Holmes, Huron, Jefferson, Lake, Lorain, Lucas, Mahoning, Medina, Mercer, Paulding, Portage, Putnam, Sandusky, Seneca, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Williams, Wood, Wyandot	Ashland, Belmont, Brown, Butler, Clark, Clermont, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Hamilton, Hancock, Harrison, Jefferson, Lake, Licking, Lucas, Mahoning, Marion, Medina, Miami, Muskingum, Portage, Seneca, Stark, Summit, Trumbull, Wood
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$105
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	$45	$40
Inpatient hospital		

$475 per day, days 1-5; $0 per day, days 6-90	$475 per day, days 1-5; $0 per day, days 6-90	$325 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$40 - $350	$40 - $350	$35 - $285
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$4,900	$5,900	$4,900
Supplemental benefits		
Dental: $500 every year Vision: $100 every year Hearing: $1,000 per ear every year OTC: $35 quarterly SilverSneakers®	Dental: $1,000 every year Vision: $200 every year Hearing: $1,250 per ear every year OTC: $80 quarterly SilverSneakers®	Dental: $1,000 every year Vision: $150 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 $90 quarterly allowance to help pay for approved over-the-counter (OTC) products
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$700	$500	$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%	28%	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

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.

Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)
Plan number		
H0628-036	H0628-037	H0628-038
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		
Akron Canton, Cleveland, Youngstown	Cincinnati, Dayton	Columbus
Current counties		
Ashland, Ashtabula, Belmont, Carroll, Columbiana, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, Wayne	Adams, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Greene, Hamilton, Highland, Logan, Miami, Montgomery, Preble, Shelby, Warren	Athens, Coshocton, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Hocking, Jackson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton, Washington
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 - $25	$0 - $30
Inpatient hospital		
$325 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 1-6; $0 per day, days 7-90

Outpatient hospital services		
$325	$325	$325
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$7,150	$7,150
Supplemental benefits		
Dental: $2,000 every year Vision: $225 every year Hearing: $1,000 per ear every year SilverSneakers® Members get a $33 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: $2,000 every year Vision: $225 every year Hearing: $1,000 per ear every year SilverSneakers® Members get a $33 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: $175 every year Hearing: $1,000 per ear every year SilverSneakers® Members get a $32 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 (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%	18%	18%
Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care Total (HMO C-SNP)	Aetna Medicare Chronic Care Total (HMO C-SNP)
Plan number		
H0628-039	H0628-033	H0628-034
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		
Toledo	Columbus	Toledo
Current counties		
Allen, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, Wyandot	Athens, Coshocton, Delaware, Fairfield, Fayette, Franklin, Gallia, Guernsey, Hocking, Jackson, Knox, Lawrence, Licking, Madison, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Ross, Scioto, Union, Vinton, Washington	Allen, Auglaize, Crawford, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wood, Wyandot
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 - $30	0% - 20%	0% - 20%
Inpatient hospital		

$375 per day, days 1-6; $0 per day, days 7-90	$2241 per stay	$2241 per stay
Outpatient hospital services		
$325	20%	20%
Medical deductible in network		
$0	$283	$283
Out-of-pocket in-network max		
$7,150	$9,850	$9,850
Supplemental benefits		
Dental: $1,500 every year Vision: $125 every year Hearing: $1,000 per ear every year SilverSneakers® Members get a $32 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: $1,750 every year Vision: $275 every year Hearing: $1,000 per ear every year SilverSneakers® Members get a $192 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: $1,750 every year Vision: $275 every year Hearing: $1,000 per ear every year SilverSneakers® Members get a $167 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities. 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 (at preferred pharmacies, if plan has preferred pharmacy network)		
Rx deductible		
$700	$700	$700
Tier 1 preferred generic		

$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
18%	9%	9%
Tier 4 nonpreferred drug		
25%	25%	25%
Tier 5 specialty		
25%	25%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Chronic Care Total (HMO C-SNP)	Aetna Medicare Chronic Care Total (HMO C-SNP)	
Plan number		
H0628-031	H0628-032	
Star rating		
★★★★	★★★★	
Best suited for		

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		
Akron Canton, Cleveland, Youngstown	Cincinnati, Dayton	
Current counties		
Ashland, Ashtabula, Belmont, Carroll, Columbiana, Cuyahoga, Geauga, Harrison, Holmes, Jefferson, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Tuscarawas, Wayne	Adams, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Greene, Hamilton, Highland, Logan, Miami, Montgomery, Preble, Shelby, Warren	
Expansion counties		
N/A	N/A	
Premium		
$0	$0	
PCP in network		
$0	$0	
PCP required		
PCP required, referrals not required	PCP required, referrals not required	
Specialist in network		
0% - 20%	0% - 20%	
Inpatient hospital		
$2241 per stay	$2241 per stay	

Outpatient hospital services		
20%	20%	
Medical deductible in network		
$283	$283	
Out-of-pocket in-network max		
$9,850	$9,850	
Supplemental benefits		
Dental: $2,500 every year Vision: $375 every year Hearing: $1,250 per ear every year SilverSneakers® Members get a $217 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities. Qualifying members who choose a high value provider as their PCP get an added $30 monthly allowance on the Extra Supports HVP Wallet.	Dental: $2,250 every year Vision: $300 every year Hearing: $1,250 per ear every year SilverSneakers® Members get a $192 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 (at preferred pharmacies, if plan has preferred pharmacy network)		
Rx deductible		
$700	$700	
Tier 1 preferred generic		
$0	$0	

Tier 2 generic		
$0	$0	
Tier 3 preferred brand		
9%	9%	
Tier 4 nonpreferred drug		
25%	25%	
Tier 5 specialty		
25%	25%	
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	

Prescription drug plans (PDPs)

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

SilverScript Choice
Plan highlights
Solid generic and brand coverage
Monthly plan premium
$127.40
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
35%
Tier 5 specialty
25%
LIS: Tier 1–5 (generic)
$0, $1.65, $5.80
LIS: Tier 1–5 (brand)
$0, $5, $14.40