aetna®

Pennsylvania highlights

- A complete product portfolio to meet your clients' Medicare needs: MA-only | MAPD | D-SNP | C-SNP.
- ROBUST, BEST IN CLASS, LOCAL AND NATIONAL NETWORK!
- Stable, consistent products enable you to build and retain your book for the long term – All plans include coverage for dental, eyewear, hearing aids, $0 Tier 1 copays at preferred pharmacies, $0 lab copay, $0 PCP copay, SilverSneakers® and more.
- For 2027, we're introducing a Classic C-SNP into the following counties: Erie, Crawford, Warren, Tioga and Lycoming. We're also expanding the footprint of the existing C-SNPs into Blair, Huntington, Somerset, Monroe and Schuylkill counties. C-SNP is now offered in 34 of 67 counties in PA.
- New D-SNP options available throughout the state. D-SNPs offer 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. Philadelphia D-SNP members may get additional dollars on the Extra Supports Wallet allowance each month when they select a qualifying High Value Provider PCP in our network.
- Aetna Medicare Eagle plan offers additional benefits for veterans or individuals who already have prescription drug coverage. This $0 premium plan features an increase in the Part B premium reduction, $0 PCP, dental, vision, hearing, and a SilverSneakers membership. Members also get an Extra Benefits Card with a quarterly OTC allowance. On H3959-041, those who meet SSBCI eligibility criteria get an Extra Supports Wallet allowance to help pay for certain everyday expenses including healthy foods, utilities and transportation.
- A mix of benefit-rich $0 premium HMO and PPO plans will continue through 2027.
- We will no longer offer SilverScript Choice PDP in PA in 2027. Brokers are encouraged to help members find alternate coverage this AEP.

Medicare Advantage (MA-only) plans

Aetna® Medicare Eagle™ plans deliver value with a $0 premium—and many include a Part B premium reduction—for individuals with existing drug coverage, such as veterans.

Members can count on a consistent set of core benefits, with practical value they can take advantage of every day, including dental, vision, hearing, fitness and OTC. With $0 copays for common services like PCP visits, labs and routine exams, these plans are designed to provide predictable costs, stability and everyday affordability.

NEW PLAN	LEAD PLAN
Aetna Medicare Advantra Eagle (HMO-POS)	Aetna Medicare Advantra Eagle Plus (HMO-POS)
Plan number	
H3959-094	H3959-041
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.
Submarket	
Philadelphia	Altoona Johnstown, Erie, Harrisburg, Lehigh Valley, Northeastern, Pittsburgh

Current counties		
Bucks, Chester, Delaware, Montgomery, Philadelphia	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York	
Expansion counties		
N/A	N/A	
Premium		
$0	$0	
Part B giveback		
$45	$135	
PCP in network		
$0	$0	
PCP required		
PCP required, referrals not required	PCP required, referrals not required	
Specialist in network		
$25	$10	

Inpatient hospital		
$455 per day, days 1-6; $0 per day, days 7-90	$495 per stay	
Outpatient hospital services		
$250	$250	
Medical deductible in network		
$0	$0	
Out-of-pocket in-network max		
$7,150	$5,500	
Supplemental benefits		
Dental: $1,000 every year Vision: $200 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days Chiropractic: twelve visits every year SilverSneakers® $45 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $3,000 every year Vision: $400 every year Hearing: $500 per ear every year Transportation: 12 one-way trips every year Post Discharge Meals: 14 meals/7 days Chiropractic: twelve visits every year SilverSneakers® All members receive a $90 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 $175 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.	

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	LEAD PLAN
Aetna Medicare Advantra Enhanced (HMO-POS)	Aetna Medicare Advantra Prime Plus (HMO-POS)	Aetna Medicare Advantra Signature (HMO-POS)
Plan number		
H3959-001	H3959-053	H3959-037
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		

Pittsburgh	Philadelphia	Altoona Johnstown, Harrisburg, Northeastern
Current counties		
Allegheny	Philadelphia	Bradford, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Montour, Northumberland, Pike, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming
Expansion counties		
N/A	N/A	N/A
Premium		
$34	$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	$40	$35
Inpatient hospital		
$350 per stay	$350 per day, days 1-7; $0 per day, days 8-90	$475 per stay
Outpatient hospital services		
$275	$350	$325

Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$5,500	$7,500	$7,500
Supplemental benefits		
Dental: $1,250 every year Vision: $250 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days Chiropractic: twelve visits every year SilverSneakers® $45 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $750 every year Vision: $100 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days 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.	Dental: $500 every year Vision: $100 every year Hearing: $500 per ear every year Chiropractic: twelve visits every year SilverSneakers®
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$400	$400	$400
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0

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

LEAD PLAN	LEAD PLAN	NEW AND LEAD PLAN
Aetna Medicare Advantra Signature (HMO-POS)	Aetna Medicare Advantra Signature Plus (HMO-POS)	Aetna Medicare PinnacleHealth Prime (HMO-POS)
Plan number		
H3959-052	H3959-010	H3959-093
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 affordability and enhanced benefits, who are comfortable with a specific provider network.
Submarket		

Philadelphia	Pittsburgh	Harrisburg
Current counties		
Bucks, Chester, Delaware, Montgomery, Philadelphia	Allegheny	Cumberland, Dauphin, Juniata, Perry, York
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		
$45	$30	$20
Inpatient hospital		
$375 per day, days 1-7; $0 per day, days 8-90	$260 per day, days 1-7; $0 per day, days 8-90	$400 per stay
Outpatient hospital services		
$375	$260	$250
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		

$9,850	$5,500	$7,150
Supplemental benefits		
Dental: $500 every year Vision: $100 every year Hearing: $500 per ear every year SilverSneakers®	Dental: $1,250 every year Vision: $250 every year Hearing: $500 per ear every year SilverSneakers® All members receive a $30 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 $75 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.	Dental: $1,250 every year Vision: $250 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days Chiropractic: 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		
$400	$400	$400
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
13%	13%	13%
Tier 4 nonpreferred drug		
30%	30%	30%
Tier 5 specialty		

29%	29%	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	LEAD PLAN	LEAD PLAN
Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature Extra Plus (HMO-POS)	Aetna Medicare Signature Plus (HMO-POS)
Plan number		
H3959-101	H3959-032	H3959-011
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		
Lehigh Valley	Erie	Altoona Johnstown, Erie, Pittsburgh
Current counties		

Carbon, Lehigh, Monroe, Northampton, Schuylkill	Crawford, Erie, Forest, McKean, Mercer, Venango, Warren	Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Mifflin, Somerset, Venango, Warren, Washington, Westmoreland
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		
$35	$35	$30
Inpatient hospital		
$350 per day, days 1-7; $0 per day, days 8-90	$425 per stay	$260 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services		
$350	$250	$260
Medical deductible in network		
$0	$0	$0

Out-of-pocket in-network max		
$9,850	$5,900	$5,500
Supplemental benefits		
Dental: $750 every year Vision: $100 every year Hearing: $500 per ear every year SilverSneakers® $15 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,000 every year Vision: $125 every year Hearing: $500 per ear every year Chiropractic: twelve visits every year SilverSneakers® All members receive a $15 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 $75 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.	Dental: $1,250 every year Vision: $250 every year Hearing: $500 per ear 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 $75 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$400	$400	$400
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$0	$0
Tier 3 preferred brand		
13%	13%	13%
Tier 4 nonpreferred drug		

30%	30%	30%
Tier 5 specialty		
29%	29%	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

LEAD PLAN		
Aetna Medicare Value Care (HMO-POS)	Aetna Medicare Advantra Enhanced (HMO-POS)	Aetna Medicare Advantra Enhanced (HMO-POS)
Plan number		
H3959-033	H3959-002	H3959-039
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 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		
Philadelphia	Altoona Johnstown, Erie, Pittsburgh	Harrisburg, Lehigh Valley, Northeastern
Current counties		

Bucks, Chester, Delaware, Montgomery, Philadelphia	Armstrong, Beaver, Bedford, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland	Adams, Berks, Bradford, Clinton, Columbia, Cumberland, Dauphin, Franklin, Juniata, Lackawanna, Lancaster, Lebanon, Luzerne, Lycoming, Montour, Northumberland, Perry, Pike, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York
Expansion counties		
N/A	N/A	N/A
Premium		
$43	$39	$58
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	$35	$30
Inpatient hospital		
$375 per day, days 1-7; $0 per day, days 8-90	$300 per day, days 1-7; $0 per day, days 8-90	$275 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services		
$375	$300	$275
Medical deductible in network		

$0	$0	$0
Out-of-pocket in-network max		
$9,850	$5,500	$7,500
Supplemental benefits		
Dental: $1,000 every year Vision: $275 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® All members receive a $50 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 $75 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: $200 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days Chiropractic: twelve visits every year SilverSneakers® $50 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,500 every year Vision: $300 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days Chiropractic: twelve visits every year SilverSneakers® $90 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	$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

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Advantra Signature (PPO)	Aetna Medicare Advantra Signature Giveback (PPO)	Aetna Medicare Enhanced (PPO)
Plan number		
H5522-004	H5522-017	H5522-032
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 additional Part C and supplemental coverage.
Submarket		

Altoona Johnstown, Harrisburg, Lehigh Valley, Northeastern	Altoona Johnstown, Erie, Harrisburg, Lehigh Valley, Northeastern, Philadelphia, Pittsburgh	Lehigh Valley
Current counties		
Adams, Berks, Blair, Bradford, Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Cameron, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Luzerne, Lycoming, McKean, Mercer, Mifflin, Montgomery, Montour, Northumberland, Perry, Philadelphia, Pike, Potter, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York	Carbon, Lehigh, Monroe, Northampton, Schuylkill
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$76
Part B giveback		
No	$42	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		
$40	$50	$35
Inpatient hospital		
$335 per day, days 1-7; $0 per day, days 8-90	$388 per day, days 1-7; $0 per day, days 8-90	$325 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services		
$335	$388	$325
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$9,250	$9,850	$9,850
Supplemental benefits		
Dental: $500 every year Vision: $100 every year Hearing: $500 per ear every year SilverSneakers®	Dental: $500 every year Vision: $100 every year Hearing: $500 per ear every year SilverSneakers® $15 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,500 every year Vision: $250 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® $75 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

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Premier Plus (PPO)	Aetna Medicare Premier Plus (PPO)	Aetna Medicare Signature (PPO)
Plan number		
H5522-005	H5522-001	H5521-261
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients willing to pay a premium for richer coverage.	For clients willing to pay a premium for richer coverage.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		

Altoona Johnstown, Erie, Pittsburgh	Pittsburgh	Altoona Johnstown, Erie, Pittsburgh
Current counties		
Armstrong, Beaver, Bedford, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland	Allegheny	Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Fulton, Greene, Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Somerset, Venango, Warren, Washington, Westmoreland
Expansion counties		
N/A	N/A	N/A
Premium		
$39	$49	$0
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		
$25	$30	$30
Inpatient hospital		
$375 per stay	$275 per stay	$175 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services		

$325	$250	$175
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$5,500	$5,500
Supplemental benefits		
Dental: $2,000 every year Vision: $200 every year Hearing: $750 per ear every year Post Discharge Meals: 14 meals/7 days Chiropractic: twelve visits every year SilverSneakers® All members receive a $30 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 $75 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.	Dental: $1,000 every year Vision: $400 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days Chiropractic: twelve visits every year SilverSneakers® All members receive a $45 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 $75 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.	Dental: $1,500 every year Vision: $175 every year Hearing: $500 per ear every year 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 Signature Giveback (PPO)	Aetna Medicare Value Plus (PPO)	Aetna Medicare Advantra Premier (PPO)
Plan number		
H5522-022	H5522-013	H5522-002
Star rating		
★★★★½	★★★★½	★★★★½
Best suited for		
For clients looking for essential coverage and value, often for a $0 monthly premium.	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 richer coverage.

Submarket		
Harrisburg, Lehigh Valley	Altoona Johnstown, Harrisburg, Lehigh Valley, Northeastern	Altoona Johnstown, Harrisburg, Lehigh Valley, Northeastern
Current counties		
Adams, Berks, Carbon, Cumberland, Dauphin, Franklin, Juniata, Lancaster, Lebanon, Lehigh, Monroe, Northampton, Perry, Schuylkill, York	Adams, Berks, Blair, Bradford, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Luzerne, Lycoming, Mifflin, Montour, Northumberland, Perry, Pike, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York	Adams, Berks, Blair, Bradford, Carbon, Centre, Clinton, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$35	$99
Part B giveback		
$26	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	$30	$30

Inpatient hospital		
$375 per day, days 1-7; $0 per day, days 8-90	$550 per stay	$265 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services		
$375	$300	$275
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$7,500	$5,900
Supplemental benefits		
Dental: $500 every year Vision: $100 every year Hearing: $500 per ear every year SilverSneakers®	Dental: $1,250 every year Vision: $100 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days Chiropractic: twelve visits every year SilverSneakers® All members receive a $15 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 $75 quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.	Dental: $1,000 every year Vision: $250 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days Chiropractic: twelve visits every year SilverSneakers® $30 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

Aetna Medicare Advantra Premier (PPO)	Aetna Medicare Elite (PPO)	Aetna Medicare Signature Extra (PPO)
Plan number		
H5522-014	H5522-028	H5521-263
Star rating		
★★★★½	★★★★½	★★★★½

Best suited for		
For clients willing to pay a premium for richer 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 essential coverage and value, often for a $0 monthly premium.
Submarket		
Philadelphia	Philadelphia	Altoona Johnstown, Harrisburg, Lehigh Valley, Northeastern, Philadelphia
Current counties		
Bucks, Chester, Delaware, Montgomery, Philadelphia	Bucks, Chester, Delaware, Montgomery, Philadelphia	Adams, Berks, Bradford, Bucks, Carbon, Chester, Clinton, Columbia, Cumberland, Dauphin, Delaware, Franklin, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne, Lycoming, Mifflin, Monroe, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Pike, Potter, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming, York
Expansion counties		
N/A	N/A	N/A
Premium		
$128	$0	$0
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		
$40	$50	$45
Inpatient hospital		
$325 per day, days 1-7; $0 per day, days 8-90	$385 per day, days 1-7; $0 per day, days 8-90	$435 per day, days 1-7; $0 per day, days 8-90
Outpatient hospital services		
$325	$385	$435
Medical deductible in network		
$0	$800	$0
Out-of-pocket in-network max		
$7,150	$9,850	$7,150
Supplemental benefits		
Dental: $1,000 every year Vision: $275 every year Hearing: $500 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: $500 every year Vision: $100 every year Hearing: $500 per ear every year SilverSneakers®	Dental: $500 every year Vision: $100 every year Hearing: $500 per ear every year 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

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.

LEAD PLAN	NEW PLAN	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		
H3959-076	H3959-097	H3959-098
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		
Altoona Johnstown, Pittsburgh	Erie	Northeastern
Current counties		
Allegheny, Armstrong, Beaver, Butler, Fayette, Somerset, Washington, Westmoreland	Crawford, Erie, Warren	Lycoming, Tioga
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 - $25
Inpatient hospital		
$375 per day, days 1-7; $0 per day, days 8-90	$350 per day, days 1-5; $0 per day, days 6-90	$400 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services		
$375	$350	$400

Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$7,150	$7,150
Supplemental benefits		
Dental: $750 every year Vision: $175 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $40 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: $175 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $20 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: $750 every year Vision: $100 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $40 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

LEAD PLAN	LEAD PLAN	
Aetna Medicare Chronic Care Value (HMO C-SNP)	Aetna Medicare Chronic Care Value (HMO C-SNP)	Aetna Medicare Chronic Care Value (HMO C-SNP)
Plan number		
H3959-085	H3959-074	H3959-075
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 who receive Extra Help (LIS) or are non-cost share protected duals.	For clients looking for a C-SNP to help manage their chronic condition. May be a good fit for those who receive Extra Help (LIS) or are non-cost share protected duals.	For clients looking for a C-SNP to help manage their chronic condition. May be a good fit for those who receive Extra Help (LIS) or are non-cost share protected duals.
Submarket		

Altoona Johnstown, Harrisburg	Lehigh Valley, Philadelphia	Pittsburgh, Altoona Johnstown
Current counties		
Adams, Blair, Cumberland, Dauphin, Franklin, Huntingdon, Lancaster, Lebanon, Perry, York	Berks, Bucks, Carbon, Chester, Delaware, Lehigh, Monroe, Montgomery, Northampton, Philadelphia, Schuylkill	Allegheny, Armstrong, Beaver, Butler, Fayette, Somerset, Washington, Westmoreland
Expansion counties		
N/A	N/A	N/A
Premium		
$0.50	$12.80	$12.80
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 - $15	$0 - $25	$0 - $10
Inpatient hospital		
$475 per day, days 1-5; $0 per day, days 6-90	$480 per day, days 1-5; $0 per day, days 6-90	$385 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services		
$475	$480	$385
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		

$9,850	$9,850	$9,850
Supplemental benefits		
Dental: $1,000 every year Vision: $225 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $50 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: $500 every year Vision: $125 every year Hearing: $500 per ear every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $55 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: $300 every year Hearing: $500 per ear every year Transportation: 6 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers® Members get a $54 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		
$0	$5	$5
Tier 3 preferred brand		
22%	25%	25%

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 Care (HMO D-SNP)	Aetna Medicare Full Dual Extra (HMO D-SNP)	Aetna Medicare Full Dual Extra (HMO D-SNP)
Plan number		
H3959-089	H3959-088	H3959-090
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		
Philadelphia	Altoona Johnstown, Erie, Pittsburgh	Altoona Johnstown, Pittsburgh
Current counties		
Bucks, Chester, Delaware, Montgomery, Philadelphia	Cameron, Clarion, Clearfield, Erie, Forest, McKean, Mercer, Venango, Warren	Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, Westmoreland
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: $1,000 every year Vision: $325 every year Hearing: $500 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $100 every year Members get a $255 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: $375 every year Hearing: $500 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $100 every year Members get a $270 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: $1,750 every year Vision: $375 every year Hearing: $500 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $100 every year Members get a $290 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	$0	$0

Tier 3 preferred brand		
9%	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

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 Dual (HMO D-SNP)
Plan number		
H3959-091	H3959-092	H3959-036
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 QMB Only and full dual-eligibles. Enrolling: QMB, QMB+, SLMB+, FBDE. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket		

Altoona Johnstown, Lehigh Valley, Northeastern	Harrisburg, Lehigh Valley	Altoona Johnstown, Erie, Harrisburg, Lehigh Valley, Northeastern, Pittsburgh
Current counties		
Bradford, Carbon, Centre, Clinton, Columbia, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Snyder, Sullivan, Susquehanna, Union, Wayne, Wyoming	Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry, York	Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Snyder, Somerset, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, York
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: $1,750 every year Vision: $375 every year Hearing: $500 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $100 every year Members get a $275 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: $1,750 every year Vision: $375 every year Hearing: $500 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $100 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: $2,500 every year Vision: $450 every year Hearing: $500 per ear every year Transportation: 24 one-way trips 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	$0	$0
Tier 3 preferred brand		

9%	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 Dual Care (HMO D-SNP)

Plan number
H3959-035
Star rating
★★★★
Designed for
Designed for QMB Only and full dual-eligibles. Enrolling: QMB, QMB+, SLMB+, FBDE. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket
Philadelphia

Current counties
Bucks, Chester, Delaware, Montgomery, Philadelphia
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: $375 every year Hearing: $500 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $100 every year Members get a $230 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
21%
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