aetna®

Texas highlights

- A complete product portfolio to meet your clients' Medicare needs: MA-only, MAPD, C-SNP, D-SNP.
- New C-SNP expansion counties for 2027: Cameron, El Paso, Galveston, Guadalupe and Hidalgo counties!
- Geographic expansion counties: Carson, Crosby, Deaf Smith, Edwards, Floyd, Frio, Garza, Hockley, Hudspeth, Hutchinson, Kinney, Lamb, Lynn, Mc Mullen, Real, Swisher, Terry, Uvalde, Val Verde, Zapata, Zavala.
- Aetna Medicare Prime HMO in Dallas, Houston and San Antonio, offers the richest benefits compared to our PPO offering in the same area, including $0 premium. Built on a provider network anchored in value-based care and high-performing providers, this plan promotes primary care centric benefits and coordination.
- Aetna Medicare Eagle plan offers additional benefits for veterans or individuals who already have prescription drug coverage. This plan features $0 premium; a Part B premium reduction; $0 PCP; dental, vision, hearing; an OTC allowance; and a SilverSneakers fitness benefit.
- Aetna Medicare Chronic Care is designed for individuals who want a $0 premium plan and are looking for support to help manage diabetes mellitus, chronic heart failure, and/or certain cardiovascular disorders. This plan offers dental, vision, hearing and fitness.
- New D-SNP QMB Only (H8597) plans are designed for consumers looking to supplement their Medicaid coverage and provide:
  - $0 PCP member copay.
  - Dental, vision, hearing, transportation and fitness.
  - A monthly allowance on an Extra Benefits Card that can be used to help pay for OTC products — and for those who qualify, to use for healthy foods and certain everyday expenses. Members in certain plans could also qualify for additional dollars when they select a High Value PCP.
  - A dedicated personal care team that supports health and access to care.

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 (PPO)
Plan number
H3288-051
Star rating
★★★½
Best suited for
For veterans or other clients with existing Rx coverage who are interested in Part C and supplemental coverage.
Submarket
Austin, Corpus Christi, Dallas Fort Worth, El Paso, Houston, North Non Metro, Panhandle, Rio Grande Valley, San Antonio, South Non Metro, Southwest Non Metro, Upper East
Current counties

Atascosa, Bandera, Bell, Bexar, Bowie, Brazoria, Cameron, Collin, Comal, Dallas, Ector, El Paso, Ellis, Fort Bend, Grayson, Gregg, Guadalupe, Hale, Harris, Hays, Hidalgo, Hood, Hunt, Jefferson, Johnson, Kendall, Kerr, Kleberg, Lubbock, Maverick, McLennan, Medina, Midland, Montgomery, Nueces, Parker, Potter, Randall, Smith, Starr, Tarrant, Tom Green, Travis, Webb, Wharton, Willacy, Williamson, Wilson
Expansion counties
N/A
Premium
$0
Part B giveback
$110
PCP in network
$0
PCP required
PCP required, referrals not required
Specialist in network
$40
Inpatient hospital
$445 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services
$40 - $400
Medical deductible in network
$0
Out-of-pocket in-network max
$4,900
Supplemental benefits

Dental: $1,500 every year
Vision: $275 every year
Hearing: $1,000 per ear every year
Post Discharge Meals: 14 meals/7 days
Chiropractic: twelve visits every year
Acupuncture: twenty visits every year
SilverSneakers®
$45 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.

Medicare Advantage Prescription Drug (MAPD) plans

Our MAPD plans are designed to deliver simple, easy-to-understand value with meaningful everyday benefits.

All Aetna MAPD plans include dental, vision, and hearing coverage—including $0 routine eye and hearing exams, as well as hearing aids starting at $0—plus $0 Tier 1 drugs. Together, these features help reduce out-of-pocket costs and remove common barriers to care. From preventive services to prescription drug coverage, these plans support members in managing their health and budgets with confidence, reinforcing consistent, day-to-day support.

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Prime Care (HMO)	Aetna Medicare Prime Care (HMO)	Aetna Medicare Prime Care (HMO)
Plan number		
H4523-020	H4523-021	H4523-024
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 affordability and enhanced benefits, who are comfortable with a specific provider network.	For clients looking for affordability and enhanced benefits, who are comfortable with a specific provider network.
Submarket		

San Antonio	Dallas Fort Worth	Houston
Current counties		
Bexar, Comal, Guadalupe	Collin, Dallas, Tarrant	Fort Bend, Harris
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 required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$40	$25	$30
Inpatient hospital		
$350 per day, days 1-6; $0 per day, days 7-90	$375 per day, days 1-6; $0 per day, days 7-90	$395 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services		
$40 - $275	$25 - $325	$30 - $200
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		

$3,900	$4,200	$4,450
Supplemental benefits		
Dental: $3,000 every year Vision: $150 every year Hearing: $1,000 per ear 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 $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: $3,000 every year Vision: $275 every year Hearing: $1,000 per ear every year SilverSneakers® All members receive a $65 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 $50 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: $2,000 every year Vision: $200 every year Hearing: $1,000 per ear 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 $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.
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	NEW PLAN	LEAD PLAN
Aetna Medicare Signature (HMO)	Aetna Medicare Signature (HMO)	Aetna Medicare Signature Care (HMO)
Plan number		
H4523-042	H4523-045	H4523-027
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		
El Paso	Dallas Fort Worth, North Non Metro	Rio Grande Valley, Southwest Non Metro
Current counties		
El Paso, Hudspeth	Collin, Dallas, Ellis, Hood, Johnson, Rockwall, Tarrant, Wise	Cameron, Hidalgo, Starr, Webb, Willacy

Expansion counties		
Hudspeth	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 required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$30	$50	$30
Inpatient hospital		
$395 per day, days 1-6; $0 per day, days 7-90	$425 per day, days 1-6; $0 per day, days 7-90	$455 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$30 - $350	$50 - $425	$30 - $275
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$7,150	$4,450
Supplemental benefits		

Dental: $1,000 every year Vision: $150 every year Hearing: $500 per ear every year SilverSneakers® $30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,250 every year Vision: $100 every year Hearing: $750 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: $100 every year Hearing: $1,000 per ear 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 $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.
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$300	$400	$400
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$5	$0	$0
Tier 3 preferred brand		
18%	13%	13%
Tier 4 nonpreferred drug		
30%	30%	30%
Tier 5 specialty		

30%	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	
Aetna Medicare Signature Extra (HMO)	Aetna Medicare Signature Extra (HMO)	Aetna Medicare Signature (HMO)
Plan number		
H4523-001	H4523-015	H4523-031
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		
Austin, San Antonio	Houston	Houston
Current counties		
Atascosa, Bexar, Caldwell, Comal, Guadalupe, Hays, Kendall, Medina, Travis, Williamson, Wilson	Brazoria, Chambers, Fort Bend, Hardin, Harris, Jefferson, Liberty, Montgomery, San Jacinto, Waller	Galveston
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 required	PCP required, referrals required	PCP required, referrals required
Specialist in network		
$40	$40	$60
Inpatient hospital		
$395 per day, days 1-6; $0 per day, days 7-90	$350 per day, days 1-5; $0 per day, days 6-90	$405 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$40 - $275	$40 - $250	$55 - $400
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$3,900	$7,150	$9,850
Supplemental benefits		

Dental: $2,500 every year Vision: $100 every year Hearing: $1,000 per ear every year SilverSneakers® $35 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $2,500 every year Vision: $175 every year Hearing: $750 per ear every year SilverSneakers® $35 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®
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$300	$400	$400
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$5	$0	$0
Tier 3 preferred brand		
18%	13%	13%
Tier 4 nonpreferred drug		
30%	30%	30%
Tier 5 specialty		
30%	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 PLAN	LEAD PLAN

Aetna Medicare Signature Extra (HMO)	Aetna Medicare Enhanced Extra (PPO)	Aetna Medicare Signature (PPO)
Plan number		
H8332-004	H2293-039	H3288-005
Star rating		
★★★★½	★★★★	★★★½
Best suited for		
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.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		
El Paso	Dallas Fort Worth, North Non Metro	Central Non Metro, Rio Grande Valley, South Non Metro, Southwest Non Metro
Current counties		
El Paso	Collin, Dallas, Hunt, Parker, Tarrant, Wise	Aransas, Brooks, Dimmit, Duval, Edwards, Frio, Jim Hogg, Jim Wells, Kenedy, Kinney, Kleberg, La Salle, McMullen, Real, Uvalde, Val Verde, Willacy, Zapata, Zavala
Expansion counties		
N/A	N/A	Edwards, Frio, Kinney, McMullen, Real, Uvalde, Val Verde, Zapata, Zavala
Premium		
$0	$60	$0
Part B giveback		

No	No	No
PCP in network		
$0	$0	$0
PCP required		
PCP required, referrals required	PCP required, referrals not required	PCP required, referrals not required
Specialist in network		
$45	$50	$70
Inpatient hospital		
$445 per day, days 1-6; $0 per day, days 7-90	$455 per day, days 1-6; $0 per day, days 7-90	$455 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$45 - $300	$50 - $350	$70 - $450
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$4,450	$7,150	$7,150
Supplemental benefits		
Dental: $1,000 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: Preventive Dental Covered Vision: $100 every year Hearing: $500 per ear every year SilverSneakers® $30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: Preventive Dental Covered 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.
Prescription drug coverage (at preferred pharmacies)		

Rx deductible		
$400	$700	$700
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		
$0	$5	$5
Tier 3 preferred brand		
13%	17%	17%
Tier 4 nonpreferred drug		
30%	28%	28%
Tier 5 specialty		
29%	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 Signature (PPO)	Aetna Medicare Signature Extra (PPO)	Aetna Medicare Signature Extra (PPO)
Plan number		
H3288-011	H2293-014	H3288-006
Star rating		

★★★½	★★★★	★★★½
Best suited for		
For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		
Panhandle	North Non Metro, Upper East	Houston, Southeast Non Metro
Current counties		
Carson, Crosby, Deaf Smith, Ector, Floyd, Garza, Hale, Hockley, Hutchinson, Lamb, Lubbock, Lynn, Midland, Potter, Randall, Swisher, Terry, Tom Green	Anderson, Bell, Bosque, Cass, Ellis, Fannin, Gregg, Harrison, Hill, Hood, Hunt, Johnson, Marion, McLennan, Montague, Nacogdoches, Navarro, Parker, Rains, Rockwall, Rusk, Smith, Somervell, Upshur, Van Zandt, Wise, Wood	Austin, Brazoria, Brazos, Chambers, Fort Bend, Galveston, Grimes, Hardin, Jasper, Jefferson, Liberty, Madison, Matagorda, Montgomery, Newton, Polk, San Jacinto, Tyler, Walker, Waller, Washington, Wharton
Expansion counties		
Carson, Crosby, Deaf Smith, Floyd, Garza, Hockley, Hutchinson, Lamb, Lynn, Swisher, Terry	N/A	N/A
Premium		
$0	$0	$0
Part B giveback		
No	No	No
PCP in network		
$0	$0	$5
PCP required		
PCP required, referrals not required	PCP required, referrals not required	PCP required, referrals not required

Specialist in network		
$60	$30	$75
Inpatient hospital		
$425 per day, days 1-6; $0 per day, days 7-90	$350 per day, days 1-7; $0 per day, days 8-90	$455 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$45 - $350	$30 - $275	$75 - $450
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$6,750	$7,150	$7,150
Supplemental benefits		
Dental: Preventive Dental Covered Vision: $125 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: $2,000 every year Vision: $175 every year Hearing: $500 per ear every year SilverSneakers®	Dental: Preventive Dental Covered Vision: $125 every year Hearing: $500 per ear every year SilverSneakers®
Prescription drug coverage (at preferred pharmacies)		
Rx deductible		
$400	$400	$700
Tier 1 preferred generic		
$0	$0	$0
Tier 2 generic		

$0	$0	$5
Tier 3 preferred brand		
13%	13%	17%
Tier 4 nonpreferred drug		
30%	30%	28%
Tier 5 specialty		
29%	29%	25%
LIS: Tier 1–5 (generic)		
$0, $1.65, $5.80	$0, $1.65, $5.80	$0, $1.65, $5.80
LIS: Tier 1–5 (brand)		
$0, $5, $14.40	$0, $5, $14.40	$0, $5, $14.40

Aetna Medicare Enhanced (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Enhanced (PPO)
Plan number		
H3288-007	H3288-009	H3288-047
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		

El Paso	Central Non Metro, Corpus Christi, Rio Grande Valley, Southwest Non Metro	Houston
Current counties		
El Paso, Hudspeth	Cameron, Edwards, Frio, Hidalgo, Kinney, Maverick, McMullen, Nueces, Real, Starr, Uvalde, Val Verde, Webb, Zapata, Zavala	Harris
Expansion counties		
Hudspeth	Edwards, Frio, Kinney, McMullen, Real, Uvalde, Val Verde, Zapata, Zavala	N/A
Premium		
$55	$55	$65
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	$35	$50
Inpatient hospital		
$450 per day, days 1-6; $0 per day, days 7-90	$440 per day, days 1-6; $0 per day, days 7-90	$450 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services		
$50 - $400	$35 - $325	$50 - $275

Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$7,150	$9,850
Supplemental benefits		
Dental: $1,000 every year Vision: $125 every year Hearing: $500 per ear every year SilverSneakers® $30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,500 every year Vision: $275 every year Hearing: $500 per ear every year SilverSneakers® $30 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: $1,000 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

Aetna Medicare Signature (PPO)	Aetna Medicare Signature (PPO)	Aetna Medicare Signature (PPO)
Plan number		
H2293-016	H3288-008	H3288-046
Star rating		
★★★★	★★★½	★★★½
Best suited for		
For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.	For clients looking for essential coverage and value, often for a $0 monthly premium.
Submarket		
Houston	North Non Metro, Upper East	Austin, Central Non Metro, Houston, San Antonio
Current counties		

Brazoria, Fort Bend, Hardin, Harris, Jasper, Montgomery, San Jacinto, Tyler, Walker, Washington	Anderson, Bell, Bosque, Bowie, Cass, Comanche, Ellis, Erath, Falls, Fannin, Grayson, Gregg, Harrison, Hill, Hood, Houston, Hunt, Johnson, Lamar, Leon, Limestone, Marion, McLennan, Montague, Morris, Nacogdoches, Navarro, Panola, Parker, Rains, Red River, Rockwall, Rusk, San Augustine, Smith, Somervell, Titus, Upshur, Van Zandt, Wise, Wood	Atascosa, Bandera, Bee, Caldwell, Calhoun, Fayette, Goliad, Gonzales, Guadalupe, Hays, Jackson, Karnes, Kendall, Kerr, Lavaca, Lee, Live Oak, Medina, Milam, Robertson, Victoria, Wilson
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$0	$0
Part B giveback		
No	No	No
PCP in network		
$4	$0	$4
PCP required		
PCP required, referrals not required	PCP required, referrals not required	PCP required, referrals not required
Specialist in network		
$75	$40	$75
Inpatient hospital		
$455 per day, days 1-6; $0 per day, days 7-90	$435 per day, days 1-6; $0 per day, days 7-90	$455 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$75 - $450	$40 - $300	$75 - $400

Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$6,750	$7,150
Supplemental benefits		
Dental: Preventive Dental Covered Vision: $100 every year Hearing: $500 per ear every year SilverSneakers®	Dental: $2,000 every year Vision: $200 every year Hearing: $500 per ear every year SilverSneakers® $45 quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products.	Dental: Preventive Dental Covered 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

Aetna Medicare Signature Extra (PPO)	Aetna Medicare Signature Extra (PPO)	Aetna Medicare Signature Extra (PPO)
Plan number		
H2293-017	H2293-019	H2293-026
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.
Submarket		
Corpus Christi, Rio Grande Valley, Southwest Non Metro	San Antonio	Austin
Current counties		
Cameron, Hidalgo, Nueces, Webb, Willacy	Atascosa, Bexar, Comal, Guadalupe, Kendall, Medina, Wilson	Hays, Travis
Expansion counties		
N/A	N/A	N/A
Premium		

$0	$0	$25
Part B giveback		
No	No	No
PCP in network		
$0	$4	$0
PCP required		
PCP required, referrals not required	PCP required, referrals not required	PCP required, referrals not required
Specialist in network		
$60	$75	$75
Inpatient hospital		
$455 per day, days 1-6; $0 per day, days 7-90	$455 per day, days 1-6; $0 per day, days 7-90	$455 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$60 - $300	$75 - $450	$75 - $450
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,150	$7,150	$7,150
Supplemental benefits		
Dental: $500 every year Vision: $100 every year Hearing: $500 per ear every year SilverSneakers®	Dental: Preventive Dental Covered Vision: $100 every year Hearing: $500 per ear every year SilverSneakers®	Dental: Preventive Dental Covered 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

Aetna Medicare Value Plus (PPO)	Aetna Medicare Value Plus (PPO)	Aetna Medicare Value Plus (PPO)
Plan number		
H3288-048	H3288-002	H3288-003
Star rating		

★★★½	★★★½	★★★½
Best suited for		
For LIS-eligible clients that need to balance cost & coverage.	For LIS-eligible clients that need to balance cost & coverage, willing to pay a minimal premium for additional benefits over the Signature plan.	For LIS-eligible clients that need to balance cost & coverage, willing to pay a minimal premium for additional benefits over the Signature plan.
Submarket		
Austin, Central Non Metro, Houston, San Antonio	Dallas Fort Worth	Houston
Current counties		
Atascosa, Bandera, Bee, Caldwell, Calhoun, Fayette, Goliad, Gonzales, Guadalupe, Hays, Jackson, Karnes, Kendall, Kerr, Lavaca, Lee, Live Oak, Medina, Milam, Robertson, Victoria, Wilson	Collin, Dallas, Tarrant	Harris
Expansion counties		
N/A	N/A	N/A
Premium		
$0	$5	$6.30
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		
$60	$75	$75
Inpatient hospital		
$405 per day, days 1-6; $0 per day, days 7-90	$455 per day, days 1-6; $0 per day, days 7-90	$450 per day, days 1-6; $0 per day, days 7-90
Outpatient hospital services		
$60 - $450	$75 - $450	$75 - $450
Medical deductible in network		
$0	$0	$0
Out-of-pocket in-network max		
$7,500	$6,350	$7,150
Supplemental benefits		
Dental: Preventive Dental Covered Vision: $125 every year Hearing: $500 per ear 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 $15 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 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 $30 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 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 $30 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		

$500	$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		
28%	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.

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		
H4523-047	H4523-048	H4523-049
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		
Rio Grande Valley	El Paso	Houston
Current counties		
Cameron, Hidalgo	El Paso	Harris
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		
$485 per day, days 1-5; $0 per day, days 6-90	$1885 per stay	$2070 per stay
Outpatient hospital services		
$450	20%	20%

Medical deductible in network		
$0	$283	$283
Out-of-pocket in-network max		
$7,150	$9,850	$9,850
Supplemental benefits		
Dental: $2,000 every year Vision: $100 every year Hearing: $500 per ear every year 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. 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: $500 per ear every year SilverSneakers® Members get a $70 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: $500 per ear every year SilverSneakers® Members get a $65 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%	2%	2%
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 PLAN	NEW PLAN	
Aetna Medicare Chronic Care Total (HMO C-SNP)	Aetna Medicare Chronic Care Total (HMO C-SNP)	Aetna Medicare Chronic Care (HMO C-SNP)
Plan number		
H4523-050	H4523-051	H4523-037
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.	For clients looking for a C-SNP to help manage their chronic condition.
Submarket		

Rio Grande Valley	San Antonio	Houston
Current counties		
Hidalgo	Bexar	Fort Bend, Galveston, Harris
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% - 20%	0% - 20%	$0 - $25
Inpatient hospital		
$1850 per stay	$2175 per stay	$485 per day, days 1-5; $0 per day, days 6-90
Outpatient hospital services		
20%	20%	$450
Medical deductible in network		
$283	$283	$0
Out-of-pocket in-network max		
$9,850	$9,850	$7,150
Supplemental benefits		

Dental: $2,000 every year Vision: $225 every year Hearing: $500 per ear every year SilverSneakers® Members get a $65 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: $500 per ear every year SilverSneakers® Members get a $90 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: $150 every year Hearing: $500 per ear every year 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.
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	$5
Tier 3 preferred brand		
2%	2%	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

Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Chronic Care Total (HMO C-SNP)	
Plan number		
H4523-038	H4523-039	
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.	
Submarket		
San Antonio	Dallas Fort Worth	
Current counties		
Bexar, Comal, Guadalupe	Collin, Dallas, Tarrant	
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 - $30	0% - 20%	
Inpatient hospital		
$485 per day, days 1-5; $0 per day, days 6-90	$390 per day, days 1-5; $0 per day, days 6-90	
Outpatient hospital services		
$450	20%	
Medical deductible in network		
$0	$283	
Out-of-pocket in-network max		
$7,150	$9,850	
Supplemental benefits		

Dental: $2,000 every year Vision: $125 every year Hearing: $500 per ear every year SilverSneakers® 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. Qualifying members who choose a high value provider as their PCP get an added $30 monthly allowance on the Extra Supports HVP Wallet.	Dental: $2,500 every year Vision: $150 every year Hearing: $500 per ear every year 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.	
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		
18%	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	

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.

LEAD PLAN	LEAD PLAN	LEAD PLAN
Aetna Medicare Full Dual (HMO D-SNP)	Aetna Medicare Full Dual Extra Care (HMO D-SNP)	Aetna Medicare Full Dual Extra Care (HMO D-SNP)
Plan number		
H4523-028	H4523-034	H4523-029
Star rating		

★★★★	★★★★	★★★★
Designed for		
Designed for full dual-eligibles. Enrolling: QMB+, SLMB+. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll. New enrollment is closed to full dual-eligibles in Bexar, El Paso, or Hidalgo counties. Current members in these counties may remain enrolled in the plan.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll. New enrollment is closed to full dual-eligibles in Harris county. Current members in this county may remain enrolled in the plan.
Submarket		
Austin	Austin, Central Non Metro, Corpus Christi, El Paso, Houston, North Non Metro, Panhandle, Rio Grande Valley, San Antonio, Southeast Non Metro, South Non Metro, Southwest Non Metro, Upper East	Houston
Current counties		

Hays, Travis, Williamson	Anderson, Aransas, Atascosa, Bandera, Bee, Bell, Bexar, Brooks, Burleson, Burnet, Caldwell, Calhoun, Cameron, Carson, Cass, Comal, Comanche, Coryell, Crosby, Deaf Smith, Dimmit, Duval, Ector, Edwards, El Paso, Erath, Falls, Fayette, Floyd, Frio, Garza, Goliad, Gonzales, Gregg, Guadalupe, Hale, Harrison, Hidalgo, Hockley, Houston, Hudspeth, Hutchinson, Jackson, Jasper, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lamar, Lamb, Lampasas, Lavaca, Lee, Leon, Live Oak, Lubbock, Lynn, Madison, Marion, Maverick, McMullen, Medina, Midland, Milam, Morris, Nacogdoches, Newton, Nueces, Panola, Potter, Rains, Real, Red River, Refugio, Robertson, Rusk, San Augustine, San Patricio, Starr, Swisher, Terry, Titus, Tom Green, Tyler, Upshur, Uvalde, Val Verde, Van Zandt, Webb, Willacy, Wilson, Wood, Zapata	Austin, Brazoria, Brazos, Chambers, Fort Bend, Galveston, Grimes, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Polk, San Jacinto, Victoria, Walker, Waller, Washington, Wharton
Expansion counties		
N/A	Carson, Crosby, Deaf Smith, Edwards, Floyd, Frio, Garza, Hockley, Hudspeth, Hutchinson, Kinney, Lamb, Lynn, McMullen, Real, Swisher, Terry, Uvalde, Val Verde, Zapata	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: $1,250 every year Vision: $350 every year Hearing: $2,000 per ear every year Transportation: 12 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year 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: $2,000 every year Vision: $400 every year Hearing: $1,500 per ear every year Transportation: 36 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $190 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: $1,250 every year Vision: $375 every year Hearing: $2,000 per ear every year Transportation: 12 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year 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	$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%	17%
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	NEW PLAN	NEW PLAN
Aetna Medicare Full Dual Extra Care (HMO D-SNP)	Aetna Medicare QMB Only Care (HMO D-SNP)	Aetna Medicare QMB Only Care (HMO D-SNP)
Plan number		
H4523-030	H8597-006	H8597-004
Star rating		
★★★★	★★★½	★★★½
Designed for		

Designed for full dual-eligibles. Enrolling: QMB+, SLMB+. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll. New enrollment is closed to full dual-eligibles in Dallas county. Current members in this county may remain enrolled in the plan.	Designed for QMB Only. Enrolling: QMB Only. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for QMB Only. Enrolling: QMB Only. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket		
Dallas Fort Worth, North Non Metro, Upper East	Houston	Austin, Central Non Metro, Corpus Christi, El Paso, Houston, North Non Metro, Panhandle, Rio Grande Valley, San Antonio, Southeast Non Metro, South Non Metro, Southwest Non Metro, Upper East
Current counties		

Bosque, Collin, Dallas, Ellis, Fannin, Grayson, Hill, Hood, Hunt, Johnson, Limestone, McLennan, Montague, Navarro, Parker, Rockwall, Somervell, Tarrant, Wise	Austin, Brazoria, Brazos, Chambers, Fort Bend, Galveston, Grimes, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Polk, San Jacinto, Victoria, Walker, Waller, Washington, Wharton	Anderson, Aransas, Atascosa, Bandera, Bee, Bell, Bexar, Bowie, Brooks, Burleson, Burnet, Caldwell, Calhoun, Cameron, Carson, Cass, Comal, Comanche, Coryell, Crosby, Deaf Smith, Dimmit, Duval, Ector, Edwards, El Paso, Erath, Falls, Fayette, Floyd, Frio, Garza, Goliad, Gonzales, Gregg, Guadalupe, Hale, Harrison, Hidalgo, Hockley, Houston, Hudspeth, Hutchinson, Jackson, Jasper, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lamar, Lamb, Lampasas, Lavaca, Lee, Leon, Live Oak, Lubbock, Lynn, Madison, Marion, Maverick, McMullen, Medina, Midland, Milam, Morris, Nacogdoches, Newton, Nueces, Panola, Potter, Rains, Randall, Real, Red River, Refugio, Robertson, Rusk, San Augustine, San Patricio, Starr, Swisher, Terry, Titus, Tom Green, Tyler, Upshur, Uvalde, Val Verde, Van Zandt, Webb, Willacy, Wilson, Wood, Zapata
Expansion counties		
N/A	N/A	Carson, Crosby, Deaf Smith, Edwards, Floyd, Frio, Garza, Hockley, Hudspeth, Hutchinson, Kinney, Lamb, Lynn, McMullen, Real, Swisher, Terry, Uvalde, Val Verde, Zapata
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: $1,250 every year Vision: $275 every year Hearing: $2,000 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $160 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: $500 every year Vision: $100 every year Hearing: $1,000 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $45 monthly allowance on an Extra Benefits Card for certain over-the-counter (OTC) products. Members with a qualifying chronic condition who meet all other eligibility requirements can use the monthly allowance to help pay for additional everyday expenses, including certain healthy foods, personal care products, transportation, and utilities. Qualifying members who choose a high value provider as their PCP get an added $30 monthly allowance on the Extra Supports HVP Wallet.	Dental: $1,000 every year Vision: $225 every year Hearing: $1,250 per ear every year Transportation: 12 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $105 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	$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 PLAN		
Aetna Medicare QMB Only Care (HMO D-SNP)	Aetna Medicare Full Dual Care (HMO D-SNP)	Aetna Medicare Full Dual Care (HMO D-SNP)
Plan number		
H8597-005	H8597-003	H8597-002
Star rating		
★★★½	★★★½	★★★½

Designed for		
Designed for QMB Only. Enrolling: QMB Only. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll. New enrollment is closed to full dual-eligibles in Harris county. Current members in this county may remain enrolled in the plan.	Designed for full dual-eligibles. Enrolling: QMB+, SLMB+. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll. New enrollment is closed to full dual-eligibles in Dallas county. Current members in this county may remain enrolled in the plan.
Submarket		
Dallas Fort Worth, North Non Metro, Upper East	Houston	Dallas Fort Worth, North Non Metro, Upper East
Current counties		
Bosque, Collin, Dallas, Ellis, Fannin, Grayson, Hill, Hood, Hunt, Johnson, Limestone, McLennan, Montague, Navarro, Parker, Rockwall, Somervell, Tarrant, Wise	Austin, Brazoria, Brazos, Chambers, Fort Bend, Galveston, Grimes, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Polk, San Jacinto, Victoria, Walker, Waller, Washington, Wharton	Bosque, Collin, Dallas, Ellis, Fannin, Grayson, Hill, Hood, Hunt, Johnson, Limestone, McLennan, Montague, Navarro, Parker, Rockwall, Somervell, Tarrant, Wise
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: $1,250 per ear every year Transportation: 12 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year 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: $500 every year Vision: $100 every year Hearing: $1,000 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $70 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: $1,000 every year Vision: $325 every year Hearing: $1,250 per ear every year Transportation: 12 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $115 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	$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 Full Dual Care (HMO D-SNP)	Aetna Medicare QMB Only Extra Care (HMO D-SNP)	Aetna Medicare QMB Only Extra Care (HMO D-SNP)
Plan number		
H8597-001	H4523-043	H4523-041
Star rating		
★★★½	★★★★	★★★★
Designed for		

Designed for full dual-eligibles. Enrolling: QMB+, SLMB+. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll. New enrollment is closed to full dual-eligibles in Bexar, El Paso, or Hidalgo counties. Current members in these counties may remain enrolled in the plan.	Designed for QMB Only. Enrolling: QMB Only. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.	Designed for QMB Only. Enrolling: QMB Only. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket		
Austin, Central Non Metro, Corpus Christi, El Paso, Houston, North Non Metro, Panhandle, Rio Grande Valley, San Antonio, Southeast Non Metro, South Non Metro, Southwest Non Metro, Upper East	Houston	Austin, Central Non Metro, Corpus Christi, El Paso, Houston, North Non Metro, Panhandle, Rio Grande Valley, San Antonio, Southeast Non Metro, South Non Metro, Southwest Non Metro, Upper East
Current counties		

Anderson, Aransas, Atascosa, Bandera, Bee, Bell, Bexar, Bowie, Brooks, Burleson, Burnet, Caldwell, Calhoun, Cameron, Carson, Cass, Comal, Comanche, Coryell, Crosby, Deaf Smith, Dimmit, Duval, Ector, Edwards, El Paso, Erath, Falls, Fayette, Floyd, Frio, Garza, Goliad, Gonzales, Gregg, Guadalupe, Hale, Harrison, Hidalgo, Hockley, Houston, Hudspeth, Hutchinson, Jackson, Jasper, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lamar, Lamb, Lampasas, Lavaca, Lee, Leon, Live Oak, Lubbock, Lynn, Madison, Marion, Maverick, McMullen, Medina, Midland, Milam, Morris, Nacogdoches, Newton, Nueces, Panola, Potter, Rains, Randall, Real, Red River, Refugio, Robertson, Rusk, San Augustine, San Patricio, Starr, Swisher, Terry, Titus, Tom Green, Tyler, Upshur, Uvalde, Val Verde, Van Zandt, Webb, Willacy, Wilson, Wood, Zapata	Austin, Brazoria, Brazos, Chambers, Fort Bend, Galveston, Grimes, Hardin, Harris, Jefferson, Liberty, Matagorda, Montgomery, Polk, San Jacinto, Victoria, Walker, Waller, Washington, Wharton	Anderson, Aransas, Atascosa, Bandera, Bee, Bell, Bexar, Brooks, Burleson, Burnet, Caldwell, Calhoun, Cameron, Carson, Cass, Comal, Comanche, Coryell, Crosby, Deaf Smith, Dimmit, Duval, Ector, Edwards, El Paso, Erath, Falls, Fayette, Floyd, Frio, Garza, Goliad, Gonzales, Gregg, Guadalupe, Hale, Harrison, Hidalgo, Hockley, Houston, Hudspeth, Hutchinson, Jackson, Jasper, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, La Salle, Lamar, Lamb, Lampasas, Lavaca, Lee, Leon, Live Oak, Lubbock, Lynn, Madison, Marion, Maverick, McMullen, Medina, Midland, Milam, Morris, Nacogdoches, Newton, Nueces, Panola, Potter, Rains, Real, Red River, Refugio, Robertson, Rusk, San Augustine, San Patricio, Starr, Swisher, Terry, Titus, Tom Green, Tyler, Upshur, Uvalde, Val Verde, Van Zandt, Webb, Willacy, Wilson, Wood, Zapata
Expansion counties		
Carson, Crosby, Deaf Smith, Edwards, Floyd, Frio, Garza, Hockley, Hudspeth, Hutchinson, Kinney, Lamb, Lynn, McMullen, Real, Swisher, Terry, Uvalde, Val Verde, Zapata	N/A	Carson, Crosby, Deaf Smith, Edwards, Floyd, Frio, Garza, Hockley, Hudspeth, Hutchinson, Kinney, Lamb, Lynn, McMullen, Real, Swisher, Terry, Uvalde, Val Verde, Zapata
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: $2,500 every year Vision: $450 every year Hearing: $1,500 per ear every year Transportation: 36 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $150 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: $1,250 every year Vision: $275 every year Hearing: $1,250 per ear every year Transportation: 12 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $75 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: $1,250 every year Vision: $300 every year Hearing: $2,000 per ear every year Transportation: 12 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $110 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	$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 QMB Only Extra Care (HMO D-SNP)

Plan number	
H4523-044	
Star rating	
★★★★	

Designed for
Designed for QMB Only. Enrolling: QMB Only. Outside of AEP and OEP, consumers are limited to special circumstance SEPs to enroll.
Submarket
Dallas Fort Worth, North Non Metro, Upper East
Current counties
Bosque, Collin, Dallas, Ellis, Fannin, Grayson, Hill, Hood, Hunt, Johnson, Limestone, McLennan, Montague, Navarro, Parker, Rockwall, Somervell, Tarrant, Wise
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: $1,250 every year Vision: $150 every year Hearing: $2,000 per ear every year Transportation: 24 one-way trips every year Post Discharge Meals: 14 meals/7 days SilverSneakers Fall Prevention: $150 every year Members get a $85 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	

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

Prescription drug plans (PDPs)

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

SilverScript Choice
Plan highlights
Solid generic and brand coverage
Monthly plan premium
$111.40
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