



Market-specific training for 2026

Kentucky

September 2025

UPDATED: 9/22/2025



Kentucky

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Before we begin



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Important reminders

- You are not permitted to market or advertise 2026 plans or benefits until October 1, 2025 (even for October 1 sales events). And you must be ready to sell for 2026 before doing so.
- You cannot solicit or accept any enrollment application for 2026 plans prior to the start date of the Annual Election Period (AEP) on October 15.
- You're required to follow all Aetna® and Centers for Medicare & Medicaid (CMS) requirements when marketing or selling our products.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).



Ways Aetna helps you succeed

Broker tools and resources

Resource	Description
Producer World®	Your go-to hub for tools, training and updates
AetnaMedicare.com for Producers	Plan info and sales support
Aetna Marketing Portal (AMP)	Order and customize marketing materials
Producer Guide	Everything you need to know, all in one place
Enrollment kits	Ready-to-use materials to support your sales conversations
ThinkAgent™	Digital tools to streamline the enrollment experience
Provider search tool	Help members find care that fits their needs
BenefitsCheckUp®	Help clients discover benefits they may qualify for
Aetna® Medicare website	Plan details, resources and support for members

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Aetna Broker Services (BSD):

- Local market support
- Application status reports, commission information, up-to-date plan information and more in our [Producer Guide](#) and online with [Producer World](#)
- Phone and email support via Aetna Medicare Broker Services

Contact:

Aetna Medicare Broker Services

1-866-714-9301

Monday to Friday, 8 a.m. to 8 p.m. ET

Saturday, 9 a.m. to 2 p.m.

BrokerSupport@Aetna.com





Tailored Coverage for Every Client

Your clients are unique — their coverage should be too.

With Aetna Senior Supplemental Insurance ancillary offerings, you can create a personalized care package that goes beyond MAPD plans — delivering added peace of mind and more complete protection.

Mix and Match from Our Ancillary Product Portfolio:



Hospital Indemnity Flex

Extra support for unexpected hospital stays that can reimburse hospital copays



Cancer and Heart Attack or Stroke / Plus – Added financial protection during critical health events



Dental, Vision, and Hearing

Additional coverage for dental vision and hearing



Home Care Plus

Help clients recover comfortably at home



Recovery Care

Support during transitions from hospital to home

Learn more at: [AetnaSeniorProducts.com](https://www.aetna.com/seniorproducts)



How value-based care (VBC) delivers more — for everyone



For members:

Better care, better experience

- **Coordinated, personalized care** that improves health outcomes
- **Stronger provider relationships** through one-on-one engagement
- **Confidence from day one** with smoother onboarding to their PCP and health plan
- **A care model that puts patients first**, not paperwork



For brokers:

Stronger retention, smarter growth

- **Stronger client relationships** through better care experiences
- **Higher member satisfaction** drives increased **retention**
- When members thrive, **your business grows**. VBC helps make that happen.





Continued access to essential benefits and programs



Resources For Living

Connects members and their loved ones to local community resources tailored to their specific needs, with consultants available to help find support services and solutions.



SilverSneakers®

SilverSneakers® gives members access to fitness programs, gym memberships and wellness resources — helping them stay active, healthy and socially connected.



Travel Advantage and Explorer

Travel Advantage (available on select HMO plans, excluding California) and **Explorer** (available on PPO plans) allow members to remain outside their service area for up to 12 months. During this time, members can access Aetna's national network, pay in-network cost shares and must follow standard plan rules, including PCP selection and referral requirements, where applicable.



Alternative medicine benefits

Medicare covers chiropractic care for spinal subluxation and acupuncture for chronic low-back pain. Some Aetna plans go further, offering additional routine chiropractic and acupuncture services beyond Medicare coverage.



Vaccine coverage

Members can get vaccines, like COVID-19, flu, pneumonia and shingles, at over 64,000 network pharmacies — often with no appointment and \$0 cost-share.



Roche diabetic supplies **(NEW for 2026)**

In 2026, **Roche** and **Trividia** will become our co-exclusive manufacturers for covered blood glucose monitors and test strips.

Common brand name (Roche): Accu-Chek



Continuous glucose monitor (CGM)

CGMs, like **Dexcom** and **FreeStyle Libre**, are covered under Part B with up to 20% in-network cost. They provide real-time glucose readings and work with or without an insulin pump. **Requires a prescription and prior authorization.**



Virtual health, transportation and Healthy Home Visit program



MinuteClinic® video visits

Members can access this benefit 24/7 via the website or CVS Health® app (available in 48 states).



Teladoc®

Provides telephonic or video visits for general medical needs. Members will need to contact Teladoc directly to register. Members' cost share will be equal to their PCP copay.



Routine transportation

Some 2026 plans offer members with transportation to and from routine medical appointments and other plan-approved locations. **Not all plans include a transportation benefit.**

In Kentucky, only **Aetna DSNPs** will include a transportation benefit. The number of trips allowed per year varies by plan.

NEW: Access2Care has been acquired by MTM requiring rebranding of materials.



24-hour nursing hotline

For quick answers to health questions. The phone number is located on the back of the member's card.



Healthy Home Visit program

Allows our members to receive a non-invasive health exam and assessment performed by a licensed clinical provider, at no additional cost through **Signify Health**.

The Healthy Home Visit does not replace the member's PCP. Instead, it provides the member a chance to receive preventive care in addition to their annual PCP appointment.



Key industry change for 2026

VBID model to sunset

Impact to any plans operating with filed VBID benefits

Ex: D-SNP, LIS plan

VBID (Value-Based Insurance Design)

- Included benefits on Part C or Part D
- \$0 Rx cost-shares based on LIS eligibility
- Eligible for Extra Supports Wallet (healthy food, utilities, etc.) based on LIS status
- Verification automatically via files received from CMS
- No member-level attestation needed
- VBID model will end at year-end 2025



SSBCI (Special Supplemental Benefits for the Chronically Ill)

- Includes Part C benefits only (no Part D benefits)
- Part D cost-shares will revert back to LIS cost-sharing (unless plans “buy down” tiers to a lower cost-share)
- Eligibility based on one or more chronic condition
- Requires member-level attestation and/or verification
- Identified through self-attestation and/or claims data



Rx copays for LIS

Copays for those on Extra Help/LIS are listed below (MAPD or Part D plans).

- Due to **VBID model ending**, beginning in 2026, members with **Extra Help** will return to their LIS cost-sharing structure (unless a plan “buys down” specific tiers).

2026 maximum LIS beneficiary cost-share table	LIS category	Deductible	Copay up to out-of- pocket threshold	
			Generic	Brand
Full-benefit dual eligible beneficiaries	Institutionalized or receiving home and community-based service	\$0	\$0	\$0
	With income less than or equal to 100% FPL		\$1.60	\$4.90
	With income between 100% and 150% FPL		\$5.10	\$12.65
Non-full-benefit dual eligible beneficiaries	Applied or are eligible for Medicare Savings Program: QMB-only, SLMB-only or QI; or Supplemental Security Income – but not Medicaid		\$5.10	\$12.65
	Applied and with income less than or equal to 150% of the FPL for 2025 with resources less than or equal to \$17, 600 (\$35,130 if married).		\$5.10	\$12.65

Dental, vision and hearing designs



Deluxe Dental

Most MA/MAPD plans in Kentucky

This design covers routine preventive dental services plus additional comprehensive services with member cost-sharing.

Comprehensive services include full-mouth X-rays, crowns, bridges, dentures, the removal of impacted teeth and general anesthesia.

Annual allowance limits vary by plan and frequency limits apply to services.

Preventive services do not accrue toward annual allowance limits, only comprehensive services accrue.

Frequency limits, medical necessity review, claim edits and alternate benefits apply to covered services.

Dental network options

In- and out-of-network coverage options:

- Deluxe EPO POS mandatory
 - (HMO plans with Point of Service dental benefit)
- Deluxe PPO mandatory
 - (PPO plans)

Member pays

In-network coverage:

- **\$0 member copay** for covered preventive services
- **20% to 50% member coinsurance** for covered comprehensive services, depending on the service

Out-of-network coverage:

- **50% member coinsurance** for covered preventive services
- **50% to 70% member coinsurance** for covered comprehensive services

Schedule of benefits available with coverage and frequencies by ADA code. See plan details for further information.



Enhanced SNP dental design

Kentucky D-SNPs

This design covers **most ADA-recognized dental services**, excluding only implants, orthodontics, cosmetic services, those considered medical in nature and administrative charges.

Annual allowance limits vary by plan.

Both preventive and comprehensive services accrue toward the annual allowance.

Frequency limits, medical necessity review, claim edits and alternate benefits apply to covered services.

Dental network options

In-network only options:

- Enhanced EPO

Member pays

In-network coverage:

- **\$0 member copay** for covered services, up to the benefit allowance amount.

Out-of-network coverage:

- NO COVERAGE

Schedule of benefits available with coverage and frequencies by ADA code. See plan details for further information.



Preventive-Only Dental

Louisville Signature HMO-POS (H0628-024)

This design covers preventive dental services such as exams, cleanings and X-rays.

Frequency limits apply to services.



Dental network options

In- and out-of-network coverage options:

- Preventive-Only 0% out-of-network EPO POS

Member pays

In-network coverage:

- **\$0 member copay** for covered preventive services

Out-of-network coverage:

- The preventive-only 0% out-of-network EPO POS design has **0% member coinsurance** for covered preventive services.

Schedule of benefits available with coverage and frequencies by ADA code. See plan details for further information.



Vision benefit: EyeMed

EyeMed vision benefit Included on all KY plans

- One **annual routine eye exam**, plus an **annual allowance for prescription eyewear**, including glasses and contact lenses.
- **Annual allowances vary by plan.**
- Any amount over the allowance will be paid by the member **at point of sale.**
- Aetna members can schedule appointments with any of EyeMed's vision providers.
- To find an in-network vision provider, members can visit [AetnaMedicareVision.com](https://www.aetnamedicarevision.com) or call the phone number on their ID card.
- Out-of-network benefits are available on **PPO plans only**. PPO members may save on routine eye exams by seeing an in-network provider.



NationsHearing hearing aid benefit

Included on all KY plans

NationsHearing provides coverage for **one annual non-Medicare-covered (NMC) routine hearing exam and fitting at a \$0 copay.**

Members receive coverage up to their annual allowance amount toward the purchase of hearing aids.

Allowance levels are per ear, and vary depending on plan:

- \$1,000
- \$1,250
- \$1,500
- \$2,000

Hearing aids **must be purchased** through our exclusive vendor, **NationsHearing.**

To schedule:

Call **1-877-225-0137** (Monday–Friday, 8 a.m. to 8 p.m. ET)

Or visit NationsHearing.com/Aetna

Aetna Medicare

MA/MAPD/DSNP

Key changes to know

Plan terms and reductions

1

SmartFit PPO termination

Aetna Medicare SmartFit PPO (H5521-442) to terminate in all counties, effective 12/31/2025.

Members will need to actively select a new plan for 2026 plan year.

****This plan will become non-commissionable for applications with a signature date on and after September 1, 2025.**

There is **no impact to renewal compensation** for existing membership in this plan through 2025.

2

Additional plan terminations

Aetna Medicare Value PPO (H5521-259) will terminate in Greater Louisville, and members will need to actively select a new plan for 2026 plan year.

Aetna Medicare Premier HMO-POS (H0628-023) will terminate in Northern Kentucky, and members will need to actively select a new plan for 2026 plan year.

****These plans will become non-commissionable for applications with a signature date on and after September 1, 2025.**

There is **no impact to renewal compensation** for existing membership in this plan through 2025.

3

PPO (H5521) Service Area Reduction

Aetna Medicare PPO plans will no longer be offered in six counties across the KY Service Area. These six counties will continue to offer HMO plans, including Signature HMO and DSNP offerings.

PPO Service Area Reduction includes: Breckinridge, Christian, Laurel, Todd, Webster, and Woodford.

Non-commissionable plans

Kentucky

What you need to know

- The below KY plans will become non-commissionable as of the effective date listed for each plan
- Impact is to new business only
- Renewal compensation will continue for renewing plans (H5521-260)

Non-commissionable Effective Date	State	Contract-PBP	Plan Name	Service Area	Notes
9/1/2025	KY	H0628-023	Aetna Medicare Premier (HMO-POS)	Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Harrison, Kenton, Mason, Pendleton, Robertson	Plan is terminating 12/31/2025
9/1/2025	KY	H5521-259	Aetna Medicare Value (PPO)	Trimble, Bullitt, Henry, Jefferson, Nelson, Oldham, Owen, Shelby, Spencer	Plan is terminating 12/31/2025
9/1/2025	KY	H5521-442	Aetna Medicare SmartFit (PPO)	Bullitt, Butler, Calloway, Campbell, Carroll, Carter, Christian, Clark, Edmonson, Fayette, Floyd, Franklin, Gallatin, Grant, Graves, Grayson, Greenup, Hancock, Hardin, Harrison, Hart, Henderson, Henry, Hopkins, Jefferson, Jessamine, Kenton, Knott, Knox, Larue, Laurel, Letcher, Lewis, Logan, McCracken, McCreary, McLean, Madison, Marshall, Martin, Mason, Meade, Montgomery, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Pendleton, Pike, Pulaski, Robertson, Rowan, Russell, Scott, Shelby, Spencer, Taylor, Todd, Trimble, Warren, Wayne, Webster, Whitley, Woodford, Barren, Boone, Boyd, Bracken, Breckinridge	Plan is terminating 12/31/2025
1/1/2026	KY	H5521-260	Aetna Medicare Signature (PPO)	Allen, Barren, Butler, Calloway, Edmonson, Graves, Grayson, Hancock, Hardin, Hart, Henderson, Hopkins, Larue, Logan, Marshall, McCracken, McLean, Meade, Muhlenberg, Ohio, Simpson, Warren	Renewals will continue for renewing members. No commissions for new business written for plan year 2026, effective January 1, 2026.

Key dates



➤ Terminating plans & Service Area Reductions

- Non-renewal/termination notices will begin mailing on 9/23/2025
- Letters should be in-home by 10/2/2025
- **This letter will notify members of their rights**
 - *SEP, MedSupp guaranteed issue, etc.*

➤ Members in non-renewing plans will need to select a new plan for 2026

- Coverage will continue through 12/31/2025
- **Effective 1/1/2026**, if no new plan has been selected, member will return to Original Medicare
- Impacted members have SEP through 02/28/2026

Plan name changes in KY

National initiative to create consistent naming conventions across markets

1

Value PPO re-named to
Signature PPO

2

Premier HMO-POS re-named to
Signature HMO-POS

3

Assure 1 DSNP re-named to
HIDE DSNP

*This is a change to PLAN NAME only.
Contract-PBPs remain the same year-over-year.*



Simplified national portfolio

For 2026, we aligned our plans to a **simplified, national portfolio**.

This approach helps **ensure consistency across markets** and makes our offerings **easier to understand**.

MAPD plans:

- Signature / Prime / Elite — Core plans with \$0 premium* and essential benefits
- Value (Plus or Care) — Targeted for Low-Income Subsidy (LIS) or non-LIS members willing to pay a premium for additional benefits (not available in all markets)
- Enhanced / Premier — Offers improved benefits over the Signature plan for a monthly premium

MA-only:

- Eagle — Designed for veterans or those with other drug coverage; rich supplemental benefits

SNPs (not available in all markets):

- C-SNP — Offers support and benefits for members managing chronic conditions
- D-SNP (Dual, Dual Care, HIDE, FIDE) — Plans that supplement a member's state Medicaid coverage

As part of this change, many existing members will see their plan's name change and receive a new Member ID card.

*17 Signature/Prime/Elite plans have a monthly premium (95% offer \$0 premium).



2026 Plan Name Changes

2025 Plan Name	Contract Number	NEW 2026 Plan Name
Aetna Medicare Premier (HMO-POS)	H0628-007	Aetna Medicare Signature Extra (HMO-POS)
Aetna Medicare Premier (HMO-POS)	H0628-008	Aetna Medicare Signature (HMO-POS)
Aetna Medicare Premier (HMO-POS)	H0628-010	Aetna Medicare Signature (HMO-POS)
Aetna Medicare Assure 1 (HMO-DSNP)	H0628-012	Aetna Medicare HIDE (HMO-DSNP)
Aetna Medicare Premier (HMO-POS)	H0628-024	Aetna Medicare Signature (HMO-POS)
N/A – New for 2026	H0628-040	Aetna Medicare Partial Dual (HMO-DSNP)
Aetna Medicare Value (PPO)	H5521-085	Aetna Medicare Signature (PPO)
Aetna Medicare Value (PPO)	H5521-156	Aetna Medicare Signature (PPO)
Aetna Medicare Value (PPO)	H5521-260	Aetna Medicare Signature (PPO)
Aetna Medicare Eagle (PPO)	H5521-488	Aetna Medicare Eagle Giveback (PPO)
Aetna Medicare Value Plus (PPO)	H5521-490	Aetna Medicare Value Plus (PPO)

Kentucky highlights

MA/MAPD/DSNP



**Value Plus PPO
(LIS/SSBCI plan)**

**HIDE (full)
HMO-DSNP**

**Partial
HMO-DSNP**

**Signature
HMO**

**Signature
PPO**

**Eagle Giveback PPO
(MA-only)**

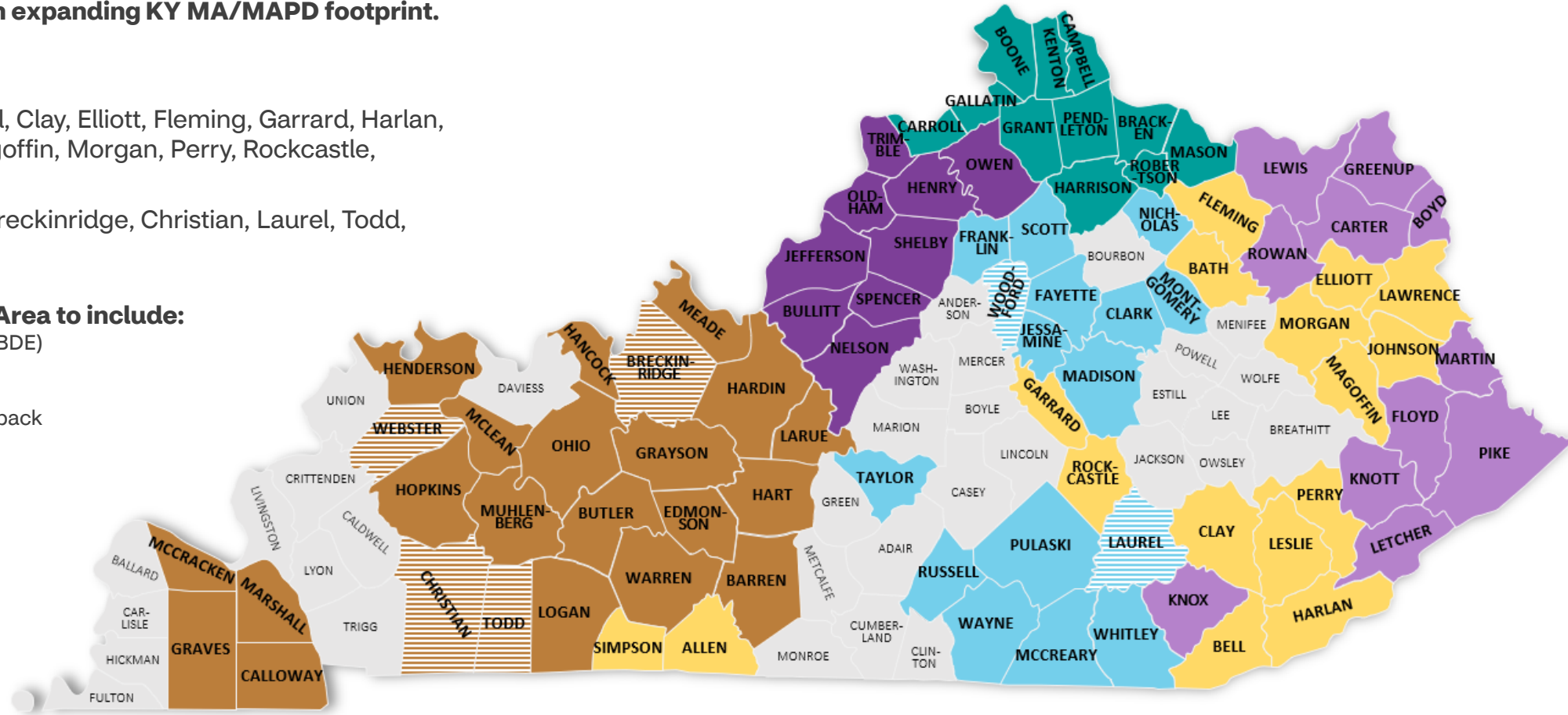
MAPD Service Area

Service Area highlights

≡ PPO (H5521) REDUCTION: Breckinridge, Christian, Laurel, Todd,
Webster, Woodford

- HIDE (full) DSNP (QMB+, SLMB+, FBDE)
- Partial DSNP (QMB only)
- Value Plus PPO (LIS plan)
- MA-only PPO with \$125 Part B giveback
- \$0 Signature HMO-POS
- \$0 Signature PPO

- Ashland & Eastern Kentucky
- Lexington
- Louisville
- Northern Kentucky
- Western Kentucky



Kentucky DSNPs & LIS plan



Aetna Medicare Extra Benefits Card

KY DSNPs, Value Plus LIS plan



Members to receive a single **Aetna Medicare Extra Benefits Card** for the following programs (wallets and eligibility vary by plan):



OTC Wallet

- **CVS Health® OTC Wallet** lets members buy OTC products in **CVS Health stores**, mail order, or online at CVS Health
- **OTC Wallet (Broad Network)** lets members buy OTC products in any **in-network retail store**, CVS mail order, or online at CVS Health



Extra Supports Wallet*

Utilize for food, OTC, utilities, transportation (including gas) and personal care supplies

**Must meet SSBCI eligibility criteria*

Changes in 2026:

The **Extra Supports Wallet** requires members to qualify to receive the benefit. Due to the **Value Based Insurance Design (VBID) termination**, qualifications for the Extra Supports Wallet have changed:

- **DSNPs:** all members get a monthly **OTC Wallet** allowance to pay for approved over-the-counter (OTC) products. If members have a **qualifying chronic condition**, their OTC Wallet will upgrade to an Extra Supports Wallet and they will get additional spending categories to help pay for healthy foods, personal care products, transportation and utilities, as well as OTC items
- **Value Plus plan:** members must have a **qualifying chronic condition** and qualify for **Extra Help (LIS subsidy)** to receive a quarterly Extra Supports Wallet

Any unused benefit amount from the previous month/quarter **does not roll over**. Any unused funds will be forfeited.

Kentucky

Dual Eligible Special Needs Plans (D-SNPs)

DSNP eligibility change

Assure 1 HMO-DSNP (H0628-012)

(Re-naming to HIDE HMO-DSNP)

Eligibility Levels: QMB+, SLMB+, FBDE

Change: QMB only removed for 2026



NEW: Partial Dual HMO-DSNP (H0628-040)

Eligibility Level: QMB only

Current QMB only members will be automatically mapped into new Partial Dual plan

Action required: None, it's automatic for January 1 effective date



D-SNP availability in Kentucky

Plan Name	MSP Category	Payment of Part B premium?	Payment of Part C premium?	Payment of Part D premium?	Cost-share protected?
Partial Dual (HMO-DSNP) H0628-040	QMB only	State	\$0	100% covered under LIS	Yes
HIDE (HMO-DSNP) H0628-012	QMB+	State	\$0	100% covered under LIS	Yes
HIDE (HMO-DSNP) H0628-012	SLMB+	State	\$0	100% covered under LIS	Yes*
HIDE (HMO-DSNP) H0628-012	FBDE	State	\$0	100% covered under LIS	Yes*

**The member is cost-share protected if the service is also covered by Medicaid.
For services not covered by Medicaid, the member may be billed a cost share.*

Eligibility

D-SNP plans limit enrollment to beneficiaries who are eligible for specific categories of financial assistance.

Beneficiaries with the following levels of assistance are eligible to enroll in our D-SNP plans:

- **Aetna Medicare Partial Dual (HMO D-SNP):**
 - QMB only
- **Aetna Medicare HIDE (HMO D-SNP):**
 - QMB+
 - SLMB+
 - Full Benefit Dual Eligible (FBDE)



2026 KY D-SNPs

Key benefits and programs on D-SNPs include:



No premiums



Dental



Vision



Hearing



\$0 (T1) or \$0
(T1/T2)



\$0 PCP



OTC



SilverSneakers®
Fitness



Fall prevention



Personal Emergency
Response System



Transportation



Care
management



Post-discharge
meals



Resources For
Living®

Extra Benefits Card

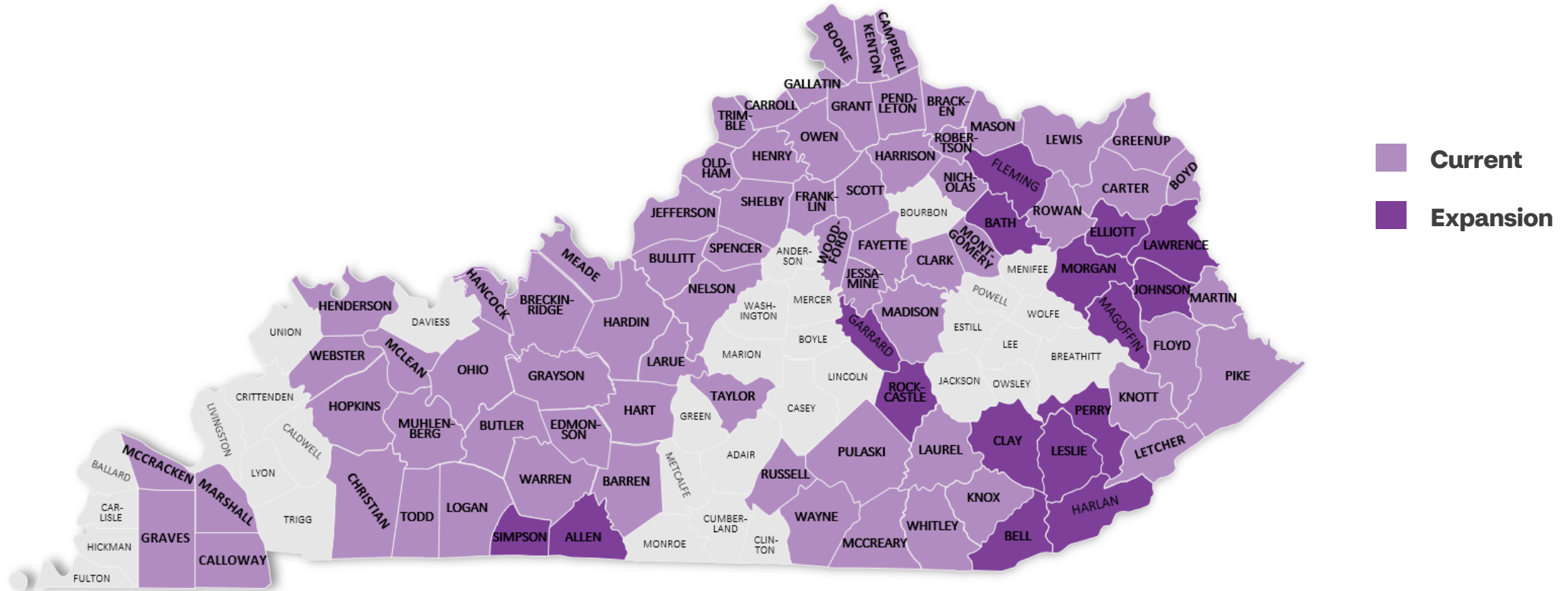
D-SNP members with a qualifying chronic condition through Special Supplemental Benefit for Chronically Ill (SSBCI) will receive a monthly **Extra Supports Wallet** allowance to use toward:

- Healthy food
- Transportation
- Utilities
- Personal care supplies
- OTC

Members that do not qualify for SSBCI due to not having a chronic condition, will receive the monthly **over-the-counter (OTC) wallet** allowance only.



Kentucky D-SNP service area



SERVICE AREA: Allen, Barren, Bath, Bell, Boone, Boyd, Bracken, Breckinridge, Bullitt, Butler, Calloway, Campbell, Carroll, Carter, Christian, Clark, Clay, Edmonson, Elliott, Fayette, Fleming, Floyd, Franklin, Gallatin, Garrard, Grant, Graves, Grayson, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henderson, Henry, Hopkins, Jefferson, Jessamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Leslie, Letcher, Lewis, Logan, McCracken, McCreary, McLean, Madison, Magoffin, Marshall, Martin, Mason, Meade, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Oldham, Owen, Pendleton, Perry, Pike, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Simpson, Spencer, Taylor, Todd, Trimble, Warren, Wayne, Webster, Whitley, Wayne

KY DSNPs

HIDE (full) DSNP:

- Assure 1 re-named to HIDE
- Eligibility levels: QMB+, SLMB+, FBDE
- QMB only members will be moved to new Partial Dual plan automatically
- \$170/month Extra Supports Wallet (SSBCI qualification)
- \$0 Tier 1 and \$0 Tier 2 drugs
- PERS thru LifeStation reinstated
- \$2,750 dental allowance with coverage for most ADA dental codes (excludes implants)

NEW - Partial (QMB only) DSNP:

- Eligibility level: QMB only
- \$100/month Extra Supports Wallet (SSBCI qualification)
- \$0 Tier 1 drugs
- PERS thru LifeStation
- \$1,850 dental allowance

Plan	H0628-012	NEW: H0628-040
Plan type	Aetna Medicare HIDE (HMO D-SNP)	Aetna Medicare Partial Dual (HMO D-SNP)
Monthly Premium	\$0	\$0
Eligibility Levels accepted	FULL DUALS: QMB+, SLMB+, FBDE	PARTIAL DUALS: QMB only
INN Deductible	\$0	\$0
IP Hospital – Acute	\$0	\$0
IP Hospital – Psych	\$0	\$0
SNF	\$0	\$0
PCP	\$0	\$0
Specialist	\$0	\$0
Lab	\$0	\$0
Radiology	\$0	\$0
OP Hospital/OP Obs	\$0	\$0
ASC	\$0	\$0
Ground/Air Amb	\$0	\$0
Podiatry	\$0	\$0
Part D		
Formulary	B2	B2
Deductible	\$0	\$0
Deductible Tiers	N/A	N/A
Tier 1 (30 day/100 day)	\$0	\$0
Tier 2 (30 day/100 day)	\$0	\$10 or LIS cost-sharing (whichever is less)
Tier 3 (30 day/100 day)	LIS cost-sharing	LIS cost-sharing
Tier 4 (30 day/100 day)	LIS cost-sharing	LIS cost-sharing
Tier 5 (30 day)	LIS cost-sharing	LIS cost-sharing
Supplemental Benefits		
Dental	\$2,750/yr. Preventive & Comprehensive	\$1,850/yr. Preventive & Comprehensive
Dental Plan Name	Enhanced SNP EPO	Enhanced SNP EPO
Hearing	\$2,000/yr. per ear	\$1,250/yr. per ear
Vision	\$325/yr.	\$275/yr.
Meals	14 meals/7 days	14 meals/7 days
Extra Benefits Card – CVS Broad Network	\$170/month Extra Supports Wallet (SSBCI) (Benefit is OTC-only for Non-SSBCI members)	\$100/month Extra Supports Wallet (SSBCI) (Benefit is OTC-only for Non-SSBCI members)
Transportation	36 one-way trips per year, up to 80 miles per trip	12 one-way trips per year, up to 80 miles per trip
Other/Additional	\$400/yr. Wigs Allowance	\$400/yr. Wigs Allowance
	\$150/year Fall Prevention Allowance	\$150/year Fall Prevention Allowance



Wallets: Extra Supports

HIDE (HMO D-SNP) and Partial Dual (HMO D-SNP)

Extra Supports Wallet:

HIDE (full duals) - **\$170/monthly**

Partial Dual (QMB only) - **\$100/monthly**

- **Eligibility:** All DSNP (H0628-012 & H0628-040) members must meet SSBCI criteria to qualify for this wallet
- *If members do NOT meet SSBCI qualification, they will receive OTC Wallet ONLY*
- Card allowance is monthly, no rollover

How members can use Extra Supports Wallet:

- **Healthy food:** Fresh and canned fruits and vegetables, frozen produce and meats, dairy products, meat and seafood, beans, nutritional shakes/bars, etc.
- **Personal care items:** Cleaning supplies (cleaners, laundry/dishwasher detergent, dish soap, etc.), personal supplies (soap, shampoo/conditioner, bath wash, etc.), paper products (paper towels, toilet paper, napkins, paper plates, etc.).
- **Transportation:** Taxis, ride shares, gas at the pump, public transportation, and certain ride share services.
- **Utilities:** Electricity, heating oil, natural gas, water, sewer, trash, internet, cell phone.
- **Over-the-counter (OTC) items:** OTC-approved health and wellness products, including allergy medicine, pain relievers, first aid supplies and more.



Broad Network

Members can use their card at participating retail locations, including CVS retail stores, Dollar General, Kroger, Walmart and more, or online through CVS Health®.

Allowance on HIDE DSNP (H0628-012) is \$170/monthly.

Allowance on Partial Dual DSNP (H0628-040) is \$100/monthly.



Extra Supports Wallet

Participating retail stores

Now connected to a broad network that includes over 70,000 locations nationally.

All wallets on the Aetna Medicare Extra Benefits Card, other than the CVS OTC Wallet*, are connected to a broad retail network that includes brands members know and use. Members can use the card in store at participating retailers or providers to pay for approved services or purchases. Depending on the wallet, members may also be able to make purchases online at www.CVS.com/Aetna or by phone, too.

Members can search for retail locations at www.CVS.com/Aetna, through the CVS OTC Health Solutions app, or by calling 1-844-428-8147 (TTY: 711).

*The CVS OTC Wallet has a different network, consisting of over 7,000 CVS Pharmacy locations nationwide (excluding those in Target and Shnucks).



Value Plus PPO (LIS/SSBCI plan)

All members:

- \$1,500 dental allowance for comprehensive coverage
- \$1,000/ear hearing aid allowance
- \$250 eyewear allowance
- \$95/quarter CVS OTC Wallet on Extra Benefits Card

LIS + SSBCI qualifying members:

- All benefits above, PLUS...
- \$0 monthly plan premium
- \$52/quarterly Extra Supports Wallet on Extra Benefits Card

Plan	H5521-490	LIS + SSBCI
Plan type	Aetna Medicare Value Plus (PPO)	
Monthly Premium	\$38.40	\$0
MOOP/Combined	\$5,500/\$8,950	\$5,500/\$8,950
INN/OON Deductible	\$0	\$0
IP Hospital – Acute	\$285/day, days 1-6	\$285/day, days 1-6
Emergency Services/Urgent Care	\$130/\$50	\$130/\$50
SNF	\$0/day, days 1-20; \$218/day, days 21-100	\$0/day, days 1-20; \$218/day, days 21-100
PCP	\$0	\$0
Specialist	\$35	\$35
Lab	\$0	\$0
Diagnostic Procedures/Tests	\$50	\$50
Diagnostic Radiology	\$100	\$100
OP Hospital/OP Obs	\$285/\$285	\$285/\$285
ASC	\$250	\$250
Ground/Air Amb	\$285/20%	\$285/20%
Podiatry (includes 12 NMC visits)	\$35	\$35
Part D		
Formulary	B2, Bronze 0	B2, Bronze 0
Deductible	\$615	\$0
Deductible Tiers	Tier 3-5	N/A
Tier 1 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 2 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 3 (30 day/100 day)	22%/22%	LIS cost-sharing
Tier 4 (30 day/100 day)	25%/25%	LIS cost-sharing
Tier 5 (30 day)	25%	LIS cost-sharing
Supplemental Benefits		
Dental	\$1,500 Comprehensive	\$1,500 Comprehensive
Dental Plan Name	Deluxe PPO	Deluxe PPO
Hearing	\$1,000/yr. per ear	\$1,000/yr. per ear
Vision	\$250/yr.	\$250/yr.
Meals	14 meals/7 days	14 meals/7 days
OTC Wallet on EBC (CVS Narrow)	\$95/quarterly	\$95/quarterly
Extra Supports Wallet on EBC (Broad Network)	LIS & SSBCI qualification required	\$52/quarterly Extra Supports Wallet
Other/Additional	\$400/yr. Wigs Allowance	\$400/yr. Wigs Allowance



Wallets: CVS Health Over the Counter (OTC) Value Plus PPO (LIS/SSBCI plan)

CVS Health OTC Wallet

\$95/quarterly allowance for CMS-approved OTC items

- **Eligibility:** Value Plus PPO (H5521-490) members receive this wallet **automatically**; there are no additional eligibility requirements to receive this stand-alone OTC benefit.

How members can use OTC wallet:

- Members can use it to pay for OTC items in CVS stores, or order from catalog/online.
- **Network: CVS stores**
- Members have access to the mail order option.
- Members can contact Aetna to receive an OTC catalog or view it online.
- Members must use the full benefit amount each quarter (**no rollover of unused funds**).



CVS Narrow Network

Members can use their card at **CVS Health stores**, or access mail order option online through CVS Health®.

Allowance on Value Plus PPO (H5521-490) is \$95/quarterly.

*See eligibility section for more information and examples. OTC items are only included in the Extra Supports Wallet for D-SNPs and Georgia/Gulf States market plans
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Wallets: Extra Supports

Value Plus PPO (LIS/SSBCI plan)

Extra Supports Wallet \$52 quarterly

- **Eligibility:** Members enrolled in Value Plus PPO (H5521-490) who receive **Extra Help/LIS** **and** **meet SSBCI qualification** will receive an additional “wallet” added to their **Extra Benefits Card** (this is IN ADDITION to their CVS Health OTC Wallet).

How members can use Extra Supports Wallet:

- **Healthy food:** Fresh and canned fruits and vegetables, frozen produce and meats, dairy products, meat and seafood, beans, nutritional shakes/bars, etc.
- **Personal care items:** Cleaning supplies (cleaners, laundry/dishwasher detergent, dish soap, etc.), personal supplies (soap, shampoo/conditioner, bath wash, etc.), paper products (paper towels, toilet paper, napkins, paper plates, etc.).
- **Transportation:** Taxis, ride shares, gas at the pump, public transportation, and certain ride share services.
- **Utilities:** Electricity, heating oil, natural gas, water, sewer, trash, internet, cell phone.
- **Over-the-counter (OTC) items:** OTC-approved health and wellness products, including allergy medicine, pain relievers, first aid supplies and more.



Broad Network

Members can use their card at participating retail locations, including CVS retail stores, Dollar General, Kroger, Walmart and more, or online through CVS Health®.

Allowance on Value Plus PPO (H5521-490) is \$52/quarterly.



SSBCI Attestation

Extra Supports Wallet



2026 Attestation Information

Renewing Members

- Returning members cannot self-attest, and eligibility will be determined through claims review
- Claims data (medical) will be used to qualify current members for SSBCI benefit, and will look back to 7/1/2024 and forward for medical claims having an ICD10 code tied to at least 1 of 26 chronic conditions
- Claims data (Rx) will follow same process, but ONLY applies to DSNP members
- Members without claims support in 2025 will receive notification during Q4 along with directions on next steps
- Renewing members may also have a provider attestation

NEW-to-Aetna Members

- Self-Attest by calling Member Services with a warm transfer to Engagement Hub (only available for new, incoming members)
- Incoming new members may begin self-attesting on 10/15 for 2026 Extra Supports Wallet
- Submission of self-attestation through Aetna Health member portal will also be available

Attestation MUST happen before the 15th of the month to access current monthly or quarterly benefits (due to no rollover of benefit).



SSBCI—Qualifying chronic conditions*



1. Anemia

2. Autoimmune disorders limited to:

- a) Dermatomyositis
- b) Polyarteritis nodosa
- c) Polymyalgia rheumatica
- d) Polymyositis
- e) Psoriatic arthritis
- f) Rheumatoid arthritis
- g) Scleroderma
- h) Systemic lupus erythematosus

3. Cancer

4. Cardiovascular disorders limited to:

- a) Cardiac arrhythmias
- b) Coronary artery disease
- c) Peripheral vascular disease
- d) Chronic venous thromboembolic disorder
- e) Valvular heart disease

5. Chronic alcohol use disorder and other substance use disorders (SUDS)

6. Chronic and disabling mental health conditions limited to:

- a) Anxiety disorders
- b) Eating disorders
- c) Bipolar disorders
- d) Major depressive disorders
- e) Paranoid personality disorder
- f) Post-traumatic stress disorder (PTSD)
- g) Schizophrenia
- h) Schizoaffective disorder

7. Chronic conditions that impair vision, hearing (deafness), taste, touch and smell

8. Chronic gastrointestinal disease limited to:

- a) Chronic liver disease
- b) Hepatitis B
- c) Hepatitis C
- d) Irritable bowel syndrome
- e) Inflammatory bowel disease
- f) Non-alcoholic fatty liver disease (NAFLD)
- g) Pancreatitis

9. Chronic heart failure

10. Chronic kidney disease (CKD) limited to:

- a) CKD not requiring dialysis
- b) CKD requiring dialysis/End-stage renal disease (ESRD)

11. Chronic lung disorders limited to:

- a) Asthma
- b) Chronic bronchitis
- c) Chronic obstructive pulmonary disease (COPD)
- d) Cystic fibrosis
- e) Emphysema
- f) Pulmonary fibrosis
- g) Pulmonary hypertension

12. Chronic Pain

13. Conditions associated with cognitive impairment limited to:

- a) Alzheimer's disease
- b) Disabling mental illness associated with cognitive impairment
- c) Intellectual disabilities and developmental disabilities
- d) Mild cognitive impairment
- e) Traumatic brain injuries

14. Conditions that require continued therapy services in order for individuals to maintain certain functioning

15. Conditions with functional challenges and require similar services including the following:

- a) Arthritis
- b) Limb loss
- c) Paralysis
- d) Spinal cord injuries
- e) Stroke

16. Dementia

17. Diabetes mellitus

18. HIV/AIDS

19. Hyperlipidemia

20. Hypertension

21. Immunodeficiency and immunosuppressive disorders

22. Neurologic disorders limited to:

- a) Amyotrophic lateral sclerosis (ALS)
- b) Chronic fatigue syndrome
- c) Epilepsy
- d) Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)
- e) Fibromyalgia
- f) Huntington's disease
- g) Multiple sclerosis (MS)
- h) Parkinson's disease
- i) Polyneuropathy
- j) Spinal cord injuries
- k) Spinal stenosis
- l) Stroke-related neurologic deficit

23. Overweight, obesity, and metabolic syndrome

24. Post-organ transplantation care

25. Severe hematologic disorders limited to

- a) Aplastic anemia
- b) Chronic venous thromboembolic disorder
- c) Hemophilia
- d) Immune thrombocytopenic purpura
- e) Myelodysplastic syndrome
- f) Sickle-cell disease (excluding sickle-cell trait)

26. Stroke

*SSBCI qualification is determined through medical claims submission. Members not identified via claims as eligible for SSBCI can call Member Services to begin the process to determine eligibility. All members will receive a letter in October 2026 letting them know whether they automatically qualify for SSBCI via claims or whether they need to contact Member Services to determine eligibility. Eligibility must be determined by the 15th of the month to receive additional spending categories added to their EBC otherwise the member will receive the additional spending categories the following month. See Evidence of Coverage for more info.

Kentucky MA-only plan

Eagle Giveback PPO (MA-only)

Key highlights:

- Expansion into 16 additional counties
- Removed from 6 counties
(Breckinridge, Christian, Laurel, Todd, Webster, Woodford)
- Incredible stability YoY in plan design and cost-shares
- \$125/month Part B giveback
- Dental uses Deluxe package, including molar root canals, crowns & dentures
- Preventive dental does NOT apply towards allowance!
- Includes Explorer travel program for extended (out of area) stays!

Plan	H5521-488
Plan type	Aetna Medicare Eagle Giveback (PPO)
Monthly Premium	\$0
Part B Buyback	\$125/month
MOOP/Combined	\$6,900/\$9,550
INN/OON Deductible	\$0
IP Hospital – Acute	\$380/day, days 1-7
Emergency Services/Urgent Care	\$115/\$40
SNF	\$0/day, days 1-20; \$218/day, days 21-100
PCP	\$0
Specialist	\$40
Lab	\$0
Diagnostic Procedures/Tests	\$75
OP Hospital/OP Obs	\$35-\$380/\$380
ASC	\$300
Ground/Air Amb	\$280/20%
Podiatry NMC	\$40/twelve visits per yr.
Part D	
Formulary	N/A
Deductible	N/A
Deductible Tiers	N/A
Tier 1 (30 day/100 day)	N/A
Tier 2 (30 day/100 day)	N/A
Tier 3 (30 day/100 day)	N/A
Tier 4 (30 day/100 day)	N/A
Tier 5 (30 day)	N/A
Supplemental Benefits	
Dental	\$1,000 Comprehensive (Preventive does not apply towards allowance)
Dental Plan Name	Deluxe PPO
Hearing	\$1,000/yr. per ear
Vision	\$200/yr.
OTC	\$100/quarterly (OTCHS)
Other/Additional	\$400/yr. Wigs Allowance
	SilverSneakers

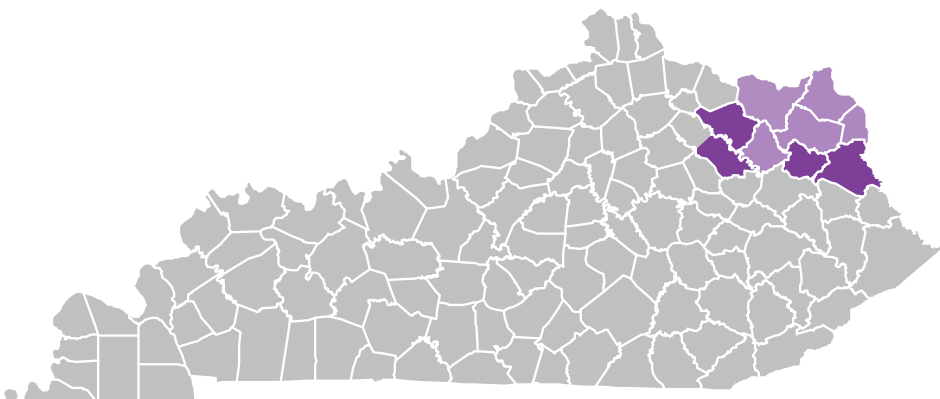
A photograph of an older man with a mustache, wearing a light-colored short-sleeved shirt and a straw hat, sitting on a wooden bench. He is smiling and has his hands clasped in his lap. The background is a blurred outdoor setting with trees. The entire image is overlaid with a semi-transparent dark blue filter.

KY submarket highlights



Ohio/Kentucky

KY Ashland



Service area:

Bath, Boyd, Carter, **Elliott, Fleming**, Greenup,
Lawrence, Lewis, Rowan

 **Current**  **Expansion**

Medicare eligibles:

48,867

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Market highlights:

- **\$0 Aetna Medicare Signature HMO-POS:**
 - **Incredible stability** with **4,500 MOOP**, \$0 PCP, \$40 Specialist, \$0 labs, no referrals required, & **\$15 chiropractic** benefit for Non-Medicare Covered services!
 - **Robust supplementals** include \$115/quarter OTC allowance, \$1,250 dental with coverage for crowns & dentures, plus out-of-network coverage on dental services, and \$275 eyewear allowance
- **\$0 Aetna Medicare Signature PPO:**
 - Features \$0 PCP, \$40 Specialist, \$0 labs
 - **Robust supplementals** include \$70/quarter OTC allowance, **\$2,000 dental** includes crowns & dentures (with out-of-network coverage), plus **\$150 eyewear** benefit and \$1,000 per ear hearing aid allowance
- **\$0 Aetna Medicare Eagle Giveback PPO (MA-only):**
 - **Stable plan design** with minimal changes year-over-year
 - **\$125 Part B giveback**, \$1,000 dental coverage includes crowns and dentures, plus \$200 eyewear & \$1,000 hearing aid allowance
- **\$0 Aetna Medicare HIDE (HMO-D-SNP):**
 - **Loaded D-SNP:** \$2,750 dental allowance with coverage for most ADA dental codes (excludes implants), \$2,000/ear hearing aid benefit, \$325 eyewear allowance, \$0 Tier 1 and Tier 2 drugs, and more
 - **Extra Benefits Card: \$170/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **NEW: Aetna Medicare Partial Dual (HMO D-SNP):**
 - *QMB only members will be automatically cross-walked from HIDE D-SNP into new partial plan*
 - \$1,850 dental allowance with coverage for most ADA dental codes (excludes implants), \$1,250/ear hearing aid benefit, \$275 eyewear allowance, \$0 Tier 1 drugs, and more
 - **Extra Benefits Card: \$100/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **\$38.40/month Aetna Medicare Value Plus PPO (LIS plan):**
 - **All members:** \$1,500 dental allowance for comprehensive dental services, \$1,000/ear hearing aid benefit, \$250 eyewear allowance, \$95/quarter OTC, \$0 Tier 1 and Tier 2 drugs
 - **LIS + SSBCI members:** All benefits **PLUS** premium reduced to \$0, \$0 Rx deductible, **AND** Extra Benefits Card with **\$52/quarter** allowance toward healthy foods, OTC, utilities, gas/transportation, & personal care items
 - **GREAT FIT** for consumers with **Extra Help/LIS** or those willing to pay premium for richer supplemental benefits.

Why sell our plans?

- Our plans **cover the gaps** in Medicare Advantage, while providing members with both **great value** and **financial protection**. With **best-in-class features**, members can receive care **when they need it, where they need it**.
- **Seamless multi-state network** provides access to **any in-network provider anywhere** in the country at **in-network cost shares**.
- **Explorer and Travel Advantage programs** allow members **access to care** outside of their service area, for up to **12 months**.

Strong network:

- Lexington Clinic
- Cabell Huntington and St. Mary's Medical Center (in WV)
- King's Daughters Medical Center
- Saint Claire Regional
- Appalachian Regional Hospitals
- Southern Ohio Medical and Mercy (in OH)
- HMO members can access **multi-state network** without referral, including Ohio and West Virginia (*excludes DSNP except in select bordering counties*)

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Submarket: Ashland

Signature HMO-POS

- Premier HMO re-named
- MOOP & core benefits remain stable
- \$0 PCP & \$0 labs
- \$0 Rx deductible on T1/T2
- \$0 T1/T2 drugs
- \$15 NMC chiropractic
- Supplementals remain strong

Signature PPO

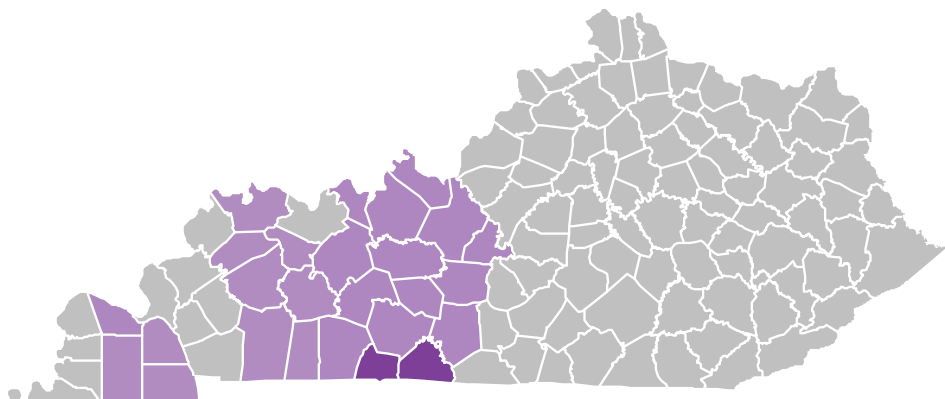
- Value PPO re-named
- \$0 PCP & \$0 labs
- \$0 Rx deductible on T1/T2
- \$0 T1/T2 drugs
- Continued coverage for dental, vision, hearing & OTC

Plan	H0628-010	H5521-085
Plan type	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature (PPO)
Monthly Premium	\$0	\$0
MOOP/Combined	\$4,500	\$6,750/\$10,100
INN/OON Deductible	\$0	\$650 (OON only)
IP Hospital – Acute	\$280/day, days 1-5	\$310/day, days 1-5
Emergency/Urgent Care	\$130/\$50	\$130/\$50
SNF	\$0/day, days 1-20; \$218/day, days 21-100	\$0/day, days 1-20; \$218/day, days 21-100
PCP	\$0	\$0
Specialist	\$40	\$40
Lab	\$0	\$0
Diagnostic Radiology	\$150	\$100
OP Hospital/OP Obs	\$35-\$280; \$280	\$35-\$310; \$310
ASC	\$200	\$250
Ground/Air Amb	\$250/20%	\$250/20%
Diagnostic Procedures/Tests	\$100	\$50
Part D		
Formulary	B2, Bronze 6	B2, Bronze 2
Deductible	\$500	\$615
Deductible Tiers	Tier 3-5	Tier 3-5
Tier 1 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 2 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 3 (30 day/100 day)	22%/22%	24%/24%
Tier 4 (30 day/100 day)	25%/25%	25%/25%
Tier 5 (30 day)	27%	25%
Supplemental Benefits		
Dental	\$1,250 Comprehensive	\$2,000 Comprehensive
Dental Plan Name	Deluxe EPO POS	Deluxe PPO
Hearing	\$1,250/yr. per ear	\$1,000/yr. per ear
Vision	\$275	\$150
Meals	Meals removed	Not covered
OTC	\$115/quarter (OTCHS)	\$70/quarter (OTCHS)
Transportation	Transportation removed	Not covered
Other	\$15 per visit (12 visits per year) NMC chiropractic	SilverSneakers
	SilverSneakers	
Additional	\$400/yr Wigs Allowance;	\$400/yr Wigs Allowance



Ohio/Kentucky

KY Bowling Green



Service area:

Allen, Barren, Breckinridge, Butler, Calloway, Christian, Edmonson, Graves, Grayson, Hancock, Hardin, Hart, Henderson, Hopkins, Larue, Logan, Marshall, McCracken, McLean, Meade, Muhlenberg, Ohio, **Simpson**, Todd, Warren, Webster

■ Current ■ Expansion

Medicare eligibles:

203,878

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Market highlights:

INFORM: Service Area Reduction of PPO plans in Breckinridge, Christian, Todd, and Webster (includes all H5521 plans)

- **\$0 Aetna Medicare Signature Extra HMO-POS:**
 - **Incredible stability** with **\$4,900 MOOP**, \$0 PCP, \$40 Specialist, \$0 labs, no referrals required, **\$15** chiropractic benefit for Non-Medicare Covered services, and **\$0 Tier 1 and Tier 2 drugs**
 - **Supplementals** include \$50/quarter OTC allowance, **\$1,000 dental** with coverage for crowns & dentures, plus out-of-network coverage on dental services, \$175 eyewear allowance
- **\$0 Aetna Medicare Signature PPO:**
 - *Non-commissionable effective 1/1/2026 for new business*
 - Features **\$5,500 MOOP**, \$5 PCP, \$40 Specialist, \$0 labs, \$0 T1/T2 drugs
 - **Supplementals** include \$60/quarter OTC allowance, **\$1,000 dental** includes crowns & dentures (with out-of-network coverage), plus \$200 eyewear and \$1,250/ear hearing aid allowance
- **\$0 Aetna Medicare Eagle Giveback PPO (MA-only):**
 - **Stable plan design** with minimal changes year-over-year
 - **\$125 Part B giveback**, \$1,000 dental coverage includes crowns and dentures, plus \$200 eyewear & \$1,000 hearing aid allowance
- **\$0 Aetna Medicare HIDE (HMO-D-SNP):**
 - **Loaded D-SNP:** \$2,750 dental allowance with coverage for most ADA dental codes (excludes implants), \$2,000/ear hearing aid benefit, \$325 eyewear allowance, \$0 Tier 1 and Tier 2 drugs, and more
 - **Extra Benefits Card: \$170/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **NEW: Aetna Medicare Partial Dual (HMO D-SNP):**
 - *QMB only members will be automatically cross-walked from HIDE D-SNP into new partial plan*
 - \$1,850 dental allowance with coverage for most ADA dental codes (excludes implants), \$1,250/ear hearing aid benefit, \$275 eyewear allowance, \$0 Tier 1 drugs, and more
 - **Extra Benefits Card: \$100/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **\$38.40/month Aetna Medicare Value Plus PPO (LIS plan):**
 - **All members:** \$1,500 dental allowance for comprehensive dental services, \$1,000/ear hearing aid benefit, \$250 eyewear allowance, \$95/quarter OTC, \$0 Tier 1 and Tier 2 drugs
 - **LIS + SSBCI members:** All benefits **PLUS** premium reduced to \$0, \$0 Rx deductible, **AND** Extra Benefits Card with **\$52/quarter** allowance toward healthy foods, OTC, utilities, gas/transportation, & personal care items
 - **GREAT FIT** for consumers with **Extra Help/LIS** or those willing to pay premium for richer supplemental benefits.

Why sell our plans?

- Our plans **cover the gaps** in Medicare Advantage, while providing members with both **great value** and **financial protection**. With **best-in-class features**, members can receive care **when they need it, where they need it**.
- **Seamless multi-state network** provides access to **any in-network provider anywhere** in the country at **in-network cost shares**.
- **Explorer and Travel Advantage programs** allow members **access to care** outside of their service area, for up to **12 months**.

Strong network:

- TriStar Greenview
- Mercy Lourdes
- Jennie Stuart Medical Center
- Methodist Hospital
- Baptist Health
- Medical Center at Bowling Green and Scottsville
- Hardin Memorial
- Graves Gilbert Clinic
- **NEW:** Murray-Calloway
- Vanderbilt University Medical (in TN)
- Deaconess (in IN)
- HMO members can access **multi-state network** without referral including in Indiana and Tennessee (*excludes DSNP members except in select bordering counties*)

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Submarket: Bowling Green

Signature Extra HMO-POS

- Premier HMO re-named
- Overall stability YoY
- \$0 PCP & \$0 labs
- \$0 Rx deductible on T1/T2
- \$0 copay on T1/T2 drugs
- Continued coverage for dental, vision, hearing & OTC
- Preventive dental does NOT apply to allowance!
- \$15 NMC chiropractic
- Increased eyewear allowance

Signature PPO

- Non-commissionable effective 1/1/2026
- Value PPO re-named
- Core benefits remain stable
- \$5 PCP & \$0 labs
- \$0 Rx deductible on T1/T2
- \$0 copay on T1/T2 drugs
- Preventive dental does NOT apply to allowance!

Plan	H0628-007	NON-COMMISSIONABLE: H5521-260
Plan type	Aetna Medicare Signature Extra (HMO-POS)	Aetna Medicare Signature (PPO)
Monthly Premium	\$0	\$0
MOOP/Combined	\$4,900	\$5,500/\$9,550
INN/OON Deductible	\$0	\$0
IP Hospital – Acute	\$285/day, days 1-7	\$300/day, days 1-6
Emergency/Urgent Care	\$130/\$50	\$130/\$50
SNF	\$0/day, days 1-20; \$218/day, days 21-100	\$0/day, days 1-20; \$218/day, days 21-100
PCP	\$0	\$5
Specialist	\$40	\$40
Lab	\$0	\$0
Diagnostic Radiology	\$100	\$100
OP Hospital/OP Obs	\$35-\$285; \$285	\$35-\$300; \$300
ASC	\$225	\$200
Ground/Air Amb	\$260/20%	\$250/20%
Diagnostic Procedures/Tests	\$100	\$50
Part D		
Formulary	B2, Bronze 6	B2, Bronze 2
Deductible	\$500	\$615
Deductible Tiers	Tier 3-5	Tier 3-5
Tier 1 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 2 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 3 (30 day/100 day)	22%/22%	24%/24%
Tier 4 (30 day/100 day)	25%/25%	25%/25%
Tier 5 (30 day)	27%	25%
Supplemental Benefits		
Dental	\$1,000 Comprehensive	\$1,000 Comprehensive
Dental Plan Name	Deluxe EPO POS	Deluxe PPO
Hearing	\$1,250/yr. per ear	\$1,250/yr. per ear
Vision	\$175	\$200
Post-discharge Meals	Meals removed	Not covered
OTC	\$50/quarter (OTCHS)	\$60/quarter (OTCHS)
Transportation	Transportation removed	Not covered
Other	SilverSneakers	SilverSneakers
	\$15 per visit (12 visits per year) NMC chiropractic	
Additional	\$400/yr Wigs Allowance;	\$400/yr Wigs Allowance



Ohio/Kentucky

KY Eastern



Service area:

Bell, Clay, Floyd, Harlan, Johnson, Knott, Knox, Leslie, Letcher, Magoffin, Martin, Morgan, Perry, Pike

 **Current**  **Expansion**

Medicare eligibles:

85,817

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Market highlights:

- **\$0 Aetna Medicare Signature HMO-POS:**
 - **Incredible stability** with **4,500 MOOP**, \$0 PCP, \$40 Specialist, \$0 labs, no referrals required, & **\$15** chiropractic benefit for Non-Medicare Covered services!
 - **Robust supplementals** include \$115/quarter OTC allowance, \$1,250 dental with coverage for crowns & dentures, plus out-of-network coverage on dental services, and \$275 eyewear allowance
- **\$0 Aetna Medicare Signature PPO:**
 - Features \$0 PCP, \$40 Specialist, \$0 labs
 - **Robust supplementals** include \$70/quarter OTC allowance, **\$2,000 dental** includes crowns & dentures (with out-of-network coverage), plus **\$150 eyewear** benefit and \$1,000 per ear hearing aid allowance
- **\$0 Aetna Medicare Eagle Giveback PPO (MA-only):**
 - **Stable plan design** with minimal changes year-over-year
 - **\$125 Part B giveback**, \$1,000 dental coverage includes crowns and dentures, plus \$200 eyewear & \$1,000 hearing aid allowance
- **\$0 Aetna Medicare HIDE (HMO-D-SNP):**
 - **Loaded D-SNP:** \$2,750 dental allowance with coverage for most ADA dental codes (excludes implants), \$2,000/ear hearing aid benefit, \$325 eyewear allowance, \$0 Tier 1 and Tier 2 drugs, and more
 - **Extra Benefits Card: \$170/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **NEW: Aetna Medicare Partial Dual (HMO D-SNP):**
 - *QMB only members will be automatically cross-walked from HIDE D-SNP into new partial plan*
 - \$1,850 dental allowance with coverage for most ADA dental codes (excludes implants), \$1,250/ear hearing aid benefit, \$275 eyewear allowance, \$0 Tier 1 drugs, and more
 - **Extra Benefits Card: \$100/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **\$38.40/month Aetna Medicare Value Plus PPO (LIS plan):**
 - **All members:** \$1,500 dental allowance for comprehensive dental services, \$1,000/ear hearing aid benefit, \$250 eyewear allowance, \$95/quarter OTC, \$0 Tier 1 and Tier 2 drugs
 - **LIS + SSBCI members:** All benefits **PLUS** premium reduced to \$0, \$0 Rx deductible, **AND** Extra Benefits Card with **\$52/quarter** allowance toward healthy foods, OTC, utilities, gas/transportation, & personal care items
 - **GREAT FIT** for consumers with **Extra Help/LIS** or those willing to pay premium for richer supplemental benefits.

Why sell our plans?

- Our plans **cover the gaps** in Medicare Advantage, while providing members with both **great value** and **financial protection**. With **best-in-class features**, members can receive care **when they need it, where they need it**.
- **Seamless multi-state network** provides access to **any in-network provider anywhere** in the country at **in-network cost shares**.
- **Explorer and Travel Advantage programs** allow members **access to care** outside of their service area, for up to **12 months**.

Strong network:

- Appalachian Regional Healthcare
- Pikeville Medical Center
- St. Mary's Medical Center
- King's Daughters Hospital
- Mountain Comprehensive Care Center
- Lexington Clinic
- Baptist Health
- Buchanan General and Clinch Valley (VA)
- HMO members can access **multi-state network** without referral, including in Virginia (*excludes DSNP members except in select bordering counties*)

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Submarket: Eastern KY

Signature HMO-POS

- Premier HMO re-named
- MOOP & core benefits remain stable
- \$0 PCP & \$0 labs
- \$0 Rx deductible on T1/T2
- \$0 copay on T1/T2 drugs
- \$15 NMC chiropractic
- Supplementals remain strong

Signature PPO

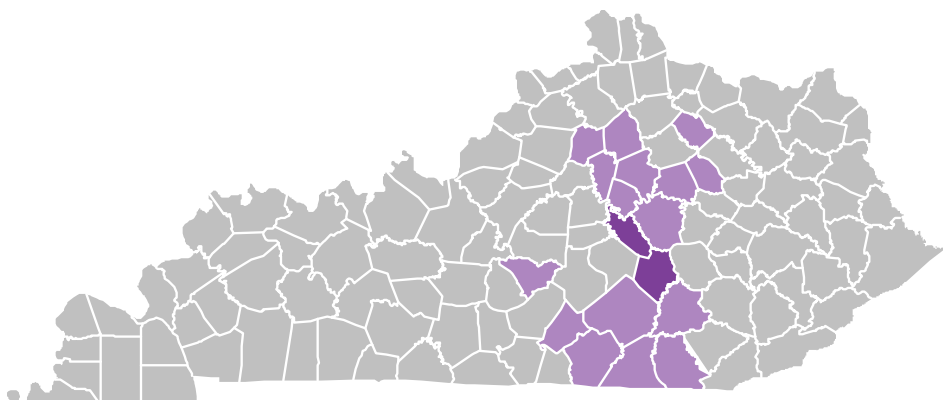
- Value PPO re-named
- \$0 PCP & \$0 labs
- \$0 Rx deductible on T1/T2
- \$0 copay on T1/T2 drugs
- Continued coverage for dental, vision, hearing & OTC

Plan	H0628-010	H5521-085
Plan type	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature (PPO)
Monthly Premium	\$0	\$0
MOOP/Combined	\$4,500	\$6,750/\$10,100
INN/OON Deductible	\$0	\$650 (OON only)
IP Hospital – Acute	\$280/day, days 1-5	\$310/day, days 1-5
Emergency/Urgent Care	\$130/\$50	\$130/\$50
SNF	\$0/day, days 1-20; \$218/day, days 21-100	\$0/day, days 1-20; \$218/day, days 21-100
PCP	\$0	\$0
Specialist	\$40	\$40
Lab	\$0	\$0
Diagnostic Radiology	\$150	\$100
OP Hospital/OP Obs	\$35-\$280; \$280	\$35-\$310; \$310
ASC	\$200	\$250
Ground/Air Amb	\$250/20%	\$250/20%
Diagnostic Procedures/Tests	\$100	\$50
Part D		
Formulary	B2, Bronze 6	B2, Bronze 2
Deductible	\$500	\$615
Deductible Tiers	Tier 3-5	Tier 3-5
Tier 1 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 2 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 3 (30 day/100 day)	22%/22%	24%/24%
Tier 4 (30 day/100 day)	25%/25%	25%/25%
Tier 5 (30 day)	27%	25%
Supplemental Benefits		
Dental	\$1,250 Comprehensive	\$2,000 Comprehensive
Dental Plan Name	Deluxe EPO POS	Deluxe PPO
Hearing	\$1,250/yr. per ear	\$1,000/yr. per ear
Vision	\$275	\$150
Meals	Meals removed	Not covered
OTC	\$115/quarter (OTCHS)	\$70/quarter (OTCHS)
Transportation	Transportation removed	Not covered
Other	\$15 per visit (12 visits per year) NMC chiropractic	SilverSneakers
	SilverSneakers	
Additional	\$400/yr Wigs Allowance;	\$400/yr Wigs Allowance



Ohio/Kentucky

KY Lexington



Service area:

Clark, Fayette, Franklin, **Garrard**, Jessamine, Laurel, Madison, McCreary, Montgomery, Nicholas, Pulaski, **Rockcastle**, Russell, Scott, Taylor, Wayne, Whitley, Woodford

 **Current**  **Expansion**

Medicare eligibles:

203,878

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Market highlights:

INFORM: Service Area Reduction of PPO plans in Laurel and Woodford (all H5521)

- **\$0 Aetna Medicare Signature HMO-POS:**
 - **Incredible stability** with **\$4,900 MOOP**, \$0 PCP, \$45 Specialist, \$0 labs, no referrals required, and **\$15** chiropractic benefit for Non-Medicare Covered services
 - **Supplementals** include \$30/quarter OTC allowance, \$1,000 dental with coverage for crowns & dentures, plus out-of-network coverage on dental services, and \$150 eyewear allowance
- **\$0 Aetna Medicare Signature PPO:**
 - **Stable MOOP** at **\$6,350**, \$5 PCP, \$40 Specialist, \$0 labs
 - **Supplementals** include \$45/quarter OTC allowance, **\$1,000 dental** includes crowns & dentures (with out-of-network coverage), plus \$150 eyewear and \$1,000/ear hearing aid allowance
- **\$0 Aetna Medicare Eagle Giveback PPO (MA-only):**
 - **Stable plan design** with minimal changes year-over-year
 - **\$125 Part B giveback**, \$1,000 dental coverage includes crowns and dentures, plus \$200 eyewear & \$1,000 hearing aid allowance
- **\$0 Aetna Medicare HIDE (HMO-D-SNP):**
 - **Loaded D-SNP:** \$2,750 dental allowance with coverage for most ADA dental codes (excludes implants), \$2,000/ear hearing aid benefit, \$325 eyewear allowance, \$0 Tier 1 and Tier 2 drugs, and more
 - **Extra Benefits Card: \$170/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **NEW: Aetna Medicare Partial Dual (HMO D-SNP):**
 - *QMB only members will be automatically cross-walked from HIDE D-SNP into new partial plan*
 - \$1,850 dental allowance with coverage for most ADA dental codes (excludes implants), \$1,250/ear hearing aid benefit, \$275 eyewear allowance, \$0 Tier 1 drugs, and more
 - **Extra Benefits Card: \$100/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **\$38.40/month Aetna Medicare Value Plus PPO (LIS plan):**
 - **All members:** \$1,500 dental allowance for comprehensive dental services, \$1,000/ear hearing aid benefit, \$250 eyewear allowance, \$95/quarter OTC, \$0 Tier 1 and Tier 2 drugs
 - **LIS + SSBCI members:** All benefits **PLUS** premium reduced to \$0, \$0 Rx deductible, **AND** Extra Benefits Card with **\$52/quarter** allowance toward healthy foods, OTC, utilities, gas/transportation, & personal care items
 - **GREAT FIT** for consumers with **Extra Help/LIS** or those willing to pay premium for richer supplemental benefits.

Why sell our plans?

- Our plans **cover the gaps** in Medicare Advantage, while providing members with both **great value** and **financial protection**. With **best-in-class features**, members can receive care **when they need it, where they need it**.
- **Seamless multi-state network** provides access to **any in-network provider anywhere** in the country at **in-network cost shares**.
- **Explorer and Travel Advantage programs** allow members **access to care** outside of their service area, for up to **12 months**.

Strong network:

- Lexington Clinic
- **New:** Oak Street Health
- **New:** CenterWell Senior Primary Care
- **New:** London Women's Care
- Frankfort Regional
- UK Healthcare and Good Sam
- St. Joseph Hospitals
- Baptist Health
- Lake Cumberland Regional Hospital
- HMO members can access **multi-state network** without referral, including Vanderbilt in Tennessee (*excludes DSNP members except in select bordering counties*)

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Submarket: Lexington

Signature HMO

- Premier HMO re-named
- \$0 PCP & \$0 labs
- \$0 Rx deductible on T1/T2
- \$0 copay on T1/T2 drugs
- Dental allowance only applies to comprehensive!
- \$15 NMC chiropractic

Signature PPO

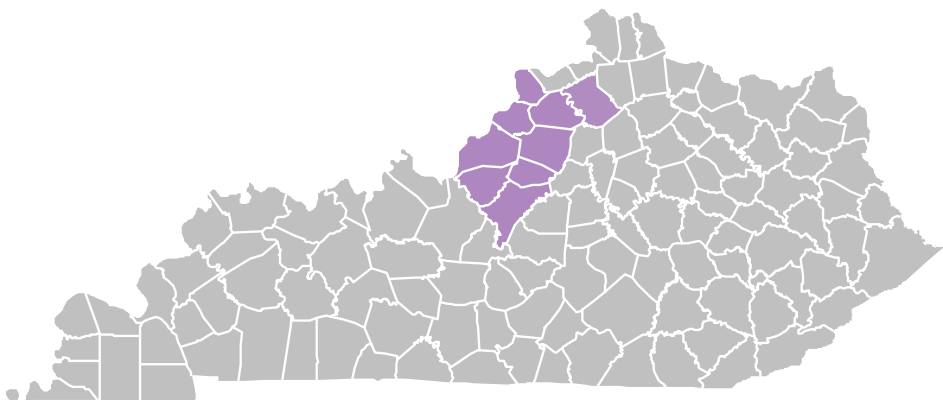
- Value PPO re-named
- Overall plan stability
- \$5 PCP & \$0 labs
- Continued coverage on dental, vision, hearing & OTC
- Dental allowance only applies to comprehensive!
- \$0 Rx deductible on T1/T2
- \$0 T1/T2 drugs

Plan	H0628-008	H5521-156
Plan type	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature (PPO)
Monthly Premium	\$0	\$0
MOOP/Combined	\$4,900	\$6,350/\$9,550
INN/OON Deductible	\$0	\$0
IP Hospital – Acute	\$315/day, days 1-7	\$310/day, days 1-6
Emergency/Urgent Care	\$130/\$50	\$130/\$50
SNF	\$0/day, days 1-20; \$218/day, days 21-100	\$0/day, days 1-20; \$218/day, days 21-100
PCP	\$0	\$5
Specialist	\$45	\$40
Lab	\$0	\$0
Diagnostic Radiology	\$200	\$200
OP Hospital/OP Obs	\$35-\$315/\$315	\$35-\$310/\$310
ASC	\$250	\$225
Ground/Air Amb	\$290/20%	\$250/20%
Diagnostic Procedures/Tests	\$100	\$50
Part D		
Formulary	B2, Bronze 6	B2, Bronze 2
Deductible	\$500	\$615
Deductible Tiers	Tier 3-5	Tier 3-5
Tier 1 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 2 (30 day/100 day)	\$0/\$0	\$0/\$0
Tier 3 (30 day/100 day)	22%/22%	24%/24%
Tier 4 (30 day/100 day)	25%/25%	25%/25%
Tier 5 (30 day)	27%	25%
Supplemental Benefits		
Dental	\$1,000 Comprehensive	\$1,000 Comprehensive
Dental Plan Name	Deluxe EPO POS	Deluxe PPO
Hearing	\$1,250/yr. per ear	\$1,000/yr. per ear
Vision	\$150/yr.	\$150/yr.
Post-discharge Meals	Meals removed	Not covered
OTC	\$30/quarterly (OTCHS)	\$45/quarterly (OTCHS)
Routine Transportation	Transportation removed	Not covered
Other	SilverSneakers	SilverSneakers
	\$15 per visit (12 visits per year) NMC chiropractic	
Additional	\$400/yr. Wigs Allowance	\$400/yr. Wigs Allowance



Ohio/Kentucky

KY Louisville



Service area:

Bullitt, Henry, Jefferson, Nelson, Oldham,
Owen, Shelby, Spencer, Trimble

■ Current

Medicare eligibles:

223,757

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Market highlights:

INFORM: Aetna Medicare Value PPO (H5521-259) terminated in all counties

- **\$0 Aetna Medicare Signature HMO-POS:**
 - Features \$5,500 MOOP, \$5 PCP, \$40 Specialist, \$0 labs, no referrals required, and **\$15** chiropractic benefit for Non-Medicare Covered services
 - **Supplementals** include \$15/quarter OTC allowance, preventive dental services covered at 100%, \$100 eyewear allowance, and \$1,000 allowance for hearing aids
- **\$0 Aetna Medicare Eagle Giveback PPO (MA-only):**
 - **Stable plan design** with minimal changes year-over-year
 - **\$125 Part B giveback**, \$1,000 dental coverage includes crowns and dentures, plus \$200 eyewear & \$1,000 hearing aid allowance
- **\$0 Aetna Medicare HIDE (HMO-D-SNP):**
 - **Loaded D-SNP:** \$2,750 dental allowance with coverage for most ADA dental codes (excludes implants), \$2,000/ear hearing aid benefit, \$325 eyewear allowance, \$0 Tier 1 and Tier 2 drugs, and more
 - **Extra Benefits Card: \$170/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **NEW: Aetna Medicare Partial Dual (HMO D-SNP):**
 - *QMB only members will be automatically cross-walked from HIDE D-SNP into new partial plan*
 - \$1,850 dental allowance with coverage for most ADA dental codes (excludes implants), \$1,250/ear hearing aid benefit, \$275 eyewear allowance, \$0 Tier 1 drugs, and more
 - **Extra Benefits Card: \$100/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **\$38.40/month Aetna Medicare Value Plus PPO (LIS plan):**
 - **All members:** \$1,500 dental allowance for comprehensive dental services, \$1,000/ear hearing aid benefit, \$250 eyewear allowance, \$95/quarter OTC, \$0 Tier 1 and Tier 2 drugs
 - **LIS + SSBCI members:** All benefits **PLUS** premium reduced to \$0, \$0 Rx deductible, **AND** Extra Benefits Card with **\$52/quarter** allowance toward healthy foods, OTC, utilities, gas/transportation, & personal care items
 - **GREAT FIT** for consumers with **Extra Help/LIS** or those willing to pay premium for richer supplemental benefits.

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- **Seamless multi-state network** provides access to **any in-network provider anywhere** in the country at **in-network cost shares**.
- **Explorer and Travel Advantage programs** allow members **access to care** outside of their service area, for up to **12 months**.

Strong network:

- Baptist Health
- Norton Healthcare
- Clark Memorial and Baptist Floyd (in IN)
- Lexington Clinic
- Frankfort Regional
- JenCare Senior Medical Center
- Oak Street Health
- CenterWell Senior Primary Care
- HMO members can access multi-state network without referral, including in Indiana (*excludes DSNP members except in select bordering counties*)

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Submarket: Louisville

Signature HMO

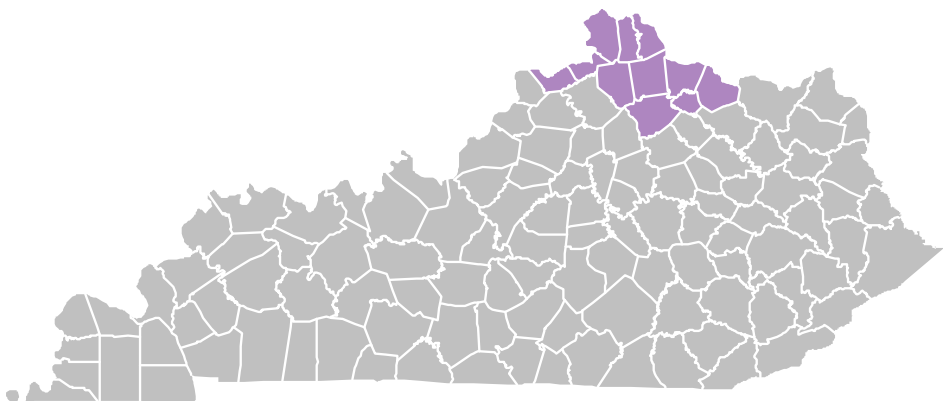
- Premier HMO re-named
- \$5 PCP & \$0 labs
- No referrals required
- \$0 Rx deductible on T1/T2 drugs
- \$0 copay on T1/T2 drugs
- Preventive dental only, covered at 100%
- \$15/quarter OTC allowance
- \$100/year eyewear allowance
- \$15 copay for Non-Medicare
- Covered chiropractic

Plan	H0628-024
Plan type	Aetna Medicare Signature (HMO-POS)
Monthly Premium	\$0
MOOP/Combined	\$5,500
INN/OON Deductible	\$0
IP Hospital – Acute	\$290/day, days 1-8
Emergency/Urgent Care	\$130/\$50
SNF	\$0/day, days 1-20; \$218/day, days 21-100
PCP	\$5
Specialist	\$40
Lab	\$0
Diagnostic Radiology	\$200
OP Hospital/OP Obs	\$35-\$290/\$290
ASC	\$300
Ground/Air Amb	\$295/20%
Diagnostic Procedures/Tests	\$200
Part D	
Formulary	B2, Bronze 2
Deductible	\$615
Deductible Tiers	Tier 3-5
Tier 1 (30 day/100 day)	\$0/\$0
Tier 2 (30 day/100 day)	\$0/\$0
Tier 3 (30 day/100 day)	24%/24%
Tier 4 (30 day/100 day)	25%/25%
Tier 5 (30 day)	25%
Supplemental Benefits	
Dental	Preventive coverage only, covered at 100% for covered services
Dental Plan Name	Preventive Only 0% OON EPO POS
Hearing	\$1,000/yr. per ear
Vision	\$100/yr.
Meals	Meals removed
OTC	\$15/quarterly (OTCHS)
Transportation	Transportation removed
Other/Additional	\$400/yr. Wigs Allowance
	SilverSneakers
	\$15 per visit (12 visits per year) NMC chiropractic



Ohio/Kentucky

KY Northern



Service area:

Boone, Bracken, Campbell, Carroll, Gallatin,
Grant, Harrison, Kenton, Mason, Pendleton,
Robertson

 **Current**

Medicare eligibles:

101,274

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Market highlights:

INFORM: Aetna Medicare Premier HMO-POS (H0628-023) terminated in all counties

- **\$0 Aetna Medicare Signature PPO:**
 - Features \$0 PCP, \$40 Specialist, \$0 labs
 - **Robust supplementals** include \$70/quarter OTC allowance, **\$2,000 dental** includes crowns & dentures (with out-of-network coverage), plus **\$150 eyewear** benefit and \$1,000 per ear hearing aid allowance
- **\$0 Aetna Medicare Eagle Giveback PPO (MA-only):**
 - **Stable plan design** with minimal changes year-over-year
 - **\$125 Part B giveback**, \$1,000 dental coverage includes crowns and dentures, plus \$200 eyewear & \$1,000 hearing aid allowance
- **\$0 Aetna Medicare HIDE (HMO-D-SNP):**
 - **Loaded D-SNP:** \$2,750 dental allowance with coverage for most ADA dental codes (excludes implants), \$2,000/ear hearing aid benefit, \$325 eyewear allowance, \$0 Tier 1 and Tier 2 drugs, and more
 - **Extra Benefits Card: \$170/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **NEW: Aetna Medicare Partial Dual (HMO D-SNP):**
 - *QMB only members will be automatically cross-walked from HIDE D-SNP into new partial plan*
 - \$1,850 dental allowance with coverage for most ADA dental codes (excludes implants), \$1,250/ear hearing aid benefit, \$275 eyewear allowance, \$0 Tier 1 drugs, and more
 - **Extra Benefits Card: \$100/month allowance** toward healthy foods, OTC, utilities, gas/transportation, & personal care items for qualifying members
- **\$38.40/month Aetna Medicare Value Plus PPO (LIS plan):**
 - **All members:** \$1,500 dental allowance for comprehensive dental services, \$1,000/ear hearing aid benefit, \$250 eyewear allowance, \$95/quarter OTC, \$0 Tier 1 and Tier 2 drugs
 - **LIS + SSBCI members:** All benefits **PLUS** premium reduced to \$0, \$0 Rx deductible, **AND** Extra Benefits Card with **\$52/quarter** allowance toward healthy foods, OTC, utilities, gas/transportation, & personal care items
 - **GREAT FIT** for consumers with **Extra Help/LIS** or those willing to pay premium for richer supplemental benefits.

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- **Explorer and Travel Advantage programs** allow members **access to care** outside of their service area, for up to **12 months**.

Strong network:

- St. Elizabeth Healthcare
- Lexington Clinic
- Harrison Memorial Hospital
- University of Louisville
- Baptist Health
- King's Daughters in Madison, IN
- Christ Hospital, Good Samaritan, UC Health and Mercy (in OH)
- HMO members can access **multi-state network** without referral, including in Ohio (*excludes DSNP members except in select bordering counties*)

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Submarket: Northern KY

Signature PPO

- Value PPO re-named
- \$0 PCP & \$40 Specialist
- \$0 labs
- \$0 Rx deductible on T1/T2
- \$0 copay on T1/T2 drugs
- Preventive dental does NOT count against allowance!
- Continued coverage for dental, vision, hearing & OTC

Plan	H5521-085
Plan type	Aetna Medicare Signature (PPO)
Monthly Premium	\$0
MOOP/Combined	\$6,750/\$10,100
INN/OON Deductible	\$650 (OON only)
IP Hospital – Acute	\$310/day, days 1-5
Emergency/Urgent Care	\$130/\$50
SNF	\$0/day, days 1-20; \$218/day, days 21-100
PCP	\$0
Specialist	\$40
Lab	\$0
Diagnostic Radiology	\$100
OP Hospital/OP Obs	\$35-\$310; \$310
ASC	\$250
Ground/Air Amb	\$250/20%
Diagnostic Procedures/Tests	\$50
Part D	
Formulary	B2, Bronze 2
Deductible	\$615
Deductible Tiers	Tier 3-5
Tier 1 (30 day/100 day)	\$0/\$0
Tier 2 (30 day/100 day)	\$0/\$0
Tier 3 (30 day/100 day)	24%/24%
Tier 4 (30 day/100 day)	25%/25%
Tier 5 (30 day)	25%
Supplemental Benefits	
Dental	\$2,000 Comprehensive
Dental Plan Name	Deluxe PPO
Hearing	\$1,000/yr. per ear
Vision	\$150
Meals	Not covered
OTC	\$70/quarter (OTCHS)
Transportation	Not covered
Other	SilverSneakers
Additional	\$400/yr Wigs Allowance

SilverScript PDP



SilverScript Choice prescription drug plan (PDP)

SilverScript Choice PDP

In 2026, Aetna will offer one prescription drug plan option, **SilverScript Choice**, in all 50 states and D.C.

Plan highlights:

- \$35 maximum insulin member cost-share
- **On Choice I:** almost 100 generic drugs available for a \$0 copay and over 270 more generics drugs for no more than a \$7 copay
- **On Choice II:** over 150 generic drugs available for a \$2 copay and over 450 more generic drugs for no more than a \$10 copay
- Cost-sharing displayed applies at any of over 63,000 pharmacies nationally.
- \$2,100 maximum out-of-pocket threshold

Remains non-commissionable on new business.

Benefits	Choice I	Choice II
Service area	AK, AL, AR, AZ, CA, CO, DE, FL, GA, IL, KS, MD, ME, MI, MO, MS, NC, NH, NJ, NM, NV, NY, OH, OR, SC, TN, TX, VA, WA, and D.C.	CT, HI, IA, ID, IN, KY , LA, MA, MN, MT, ND, NE, PA, RI, SD, UT, VT, WI, WV, WY
Average plan premium	\$94.72	\$28.58
Prescription deductible (applies to all tiers)	\$615	\$615
Tier 1: Preferred generic	\$0	\$2
Tier 2: Generic	\$7	\$10
Tier 3: Preferred brand	18%*	19%
Tier 4: Non-preferred	33%*	35%
Tier 5: Specialty	25%	25%
Covered insulins	\$35	\$35
Part D vaccines	\$0	\$0
Catastrophic Cost-Share	\$0 after \$2,100 OOP	\$0 after \$2,100 OOP
Three-month MOD	3x copay	3x copay
Formulary	Baseline	Comprehensive
Network	Standard	Standard

*Can vary by region

Thank you

