



Plans > CA, Southern > Central Coast, Inland Empire, Kern, Los Angeles, Orange, San Diego, Ventura

## Medicare Advantage (MA-only) plans

Aetna® Medicare Eagle™ plans offer additional benefits for veterans or individuals that already have prescription drug coverage. With a \$0 premium, all 2026 Aetna MA-only plans include dental, eyewear, hearing aid coverage, a SilverSneakers® fitness benefit, and an OTC allowance. These plans also offer \$0 copays for in-network PCP visits, labs, colonoscopies, and routine eye and hearing exams. Most also include a Part B premium reduction benefit.

	Aetna Medicare Eagle (PPO)	Feedback
Plan number	H5521-369	
Star rating	★★★★★	
Submarket	Central Coast, Greater Sacramento, Los Angeles, Orange, San Diego, Ventura, Bay Area	
Current counties	Alameda, Los Angeles, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Ventura, Yolo	
Expansion counties	N/A	



**Part B giveback**

YES

**PCP in network**

\$0

**Specialist in network**

Coming soon

**Inpatient hospital**

\$430 per day, days 1-4; \$0 per day, days 5-90

**Outpatient hospital services**

\$350

**Medical deductible in network**

Coming soon

**Out-of-pocket in-network max**

Coming soon

**Supplemental benefits**

Dental

Vision

Hearing

OTC

SilverSneakers®

Quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products



Our 2026 MAPD plans will continue to offer valuable benefits:

- Dental: All plans include a dental benefit, and many plans offer an allowance for services like dentures, crowns and more
- Hearing: All plans provide a \$0 routine hearing exam and hearing aids starting at \$0
- Vision: All plans provide a \$0 routine eye exam and an allowance for eyewear
- Fitness: We offer a SilverSneakers® fitness membership to all members at no additional cost
- Drug coverage: Members can access Tier 1 drugs for \$0 with no deductible
- \$0 copays for important tests and services including colonoscopies and diagnostic mammograms

Most plan names are changing this AEP. This year, you'll see clearer, more consistent plan names that make it easier to match members with the right coverage. Watch for more info coming soon.

	LEAD PLAN				
	Aetna Medicare Enhanced (PPO)	Aetna Medicare Prime (HMO-POS)			
Plan number					
H5521-292	H5521-478	H5521-578	H5521-580	H0523-075	
Star rating					
★★★★★	★★★★★	★★★★★	★★★★★	★★★	
Submarket					
Ventura	Central Coast	Orange, Los Angeles	San Diego	San Diego	
Current counties					
Ventura	Santa Barbara	Los Angeles, Los	San Diego	San Diego	



N/A	N/A	N/A	N/A	N/A
<b>Premium</b>				
Coming soon				
<b>Part B giveback</b>				
NO	NO	NO	NO	NO
<b>PCP in network</b>				
\$0	\$0	\$0	\$0	\$0
<b>Specialist in network</b>				
Coming soon				
<b>Inpatient hospital</b>				
\$395 per day, days 1-5; \$0 per day, days 6-90	\$445 per day, days 1-6; \$0 per day, days 7-90	\$300 per day, days 1-7; \$0 per day, days 8-90	\$300 per day, days 1-7; \$0 per day, days 8-90	\$200 per day, days 1-5; \$0 per day, days 6-90
<b>Outpatient hospital services</b>				
\$400	\$425	\$300	\$300	\$100
<b>Medical deductible in network</b>				
Coming soon				
<b>Out-of-pocket in-network max</b>				
Coming soon				
<b>Supplemental benefits</b>				



Hearing	Hearing	Hearing	Hearing	Hearing
OTC	OTC	OTC	OTC	OTC
SilverSneakers®	SilverSneakers®	SilverSneakers® Quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products	SilverSneakers® Quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products	Transportation Chiropractic Acupuncture SilverSneakers® 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				
\$615	\$615	\$615	\$615	\$300
Tier 1 preferred generic				
\$0	\$0	\$0	\$0	\$0
Tier 2 generic				
\$0	\$0	\$0	\$0	\$10
Tier 3 preferred brand				
24%	24%	24%	24%	25%
Tier 4 nonpreferred drug				
25%	25%	25%	25%	26%
Tier 5 specialty				



\$0, \$1.60 or \$5.10				
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**LIS: Tier 1–5 (brand)**

\$0, \$4.90 or \$12.65				
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**LEAD PLAN**

**LEAD PLAN**

**LEAD PLAN**

**LEAD PLAN**

**LEAD PLAN**

Aetna Medicare Prime (HMO-POS)

Aetna Medicare Prime Extra (HMO-POS)

Aetna Medicare Prime Extra (HMO-POS)

Aetna Medicare Prime Value Plus (HMO-POS)

Aetna Medicare Signature (PPO)

**Plan number**

H0523-073	H4982-025	H4982-026	H4982-022	H5521-419
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**Star rating**



**Submarket**

Orange	Los Angeles	Inland Empire	Inland Empire, Kern	Orange, Los Angeles
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**Current counties**

Orange	Los Angeles, Los Angeles	Riverside, San Bernardino	Kern, Riverside, San Bernardino	Los Angeles, Los Angeles, Orange
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**Expansion counties**

N/A	N/A	N/A	N/A	N/A
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Part B giveback				
NO	NO	NO	NO	NO
PCP in network				
\$0	\$0	\$0	\$0	\$0
Specialist in network				
Coming soon	Coming soon	Coming soon	Coming soon	Coming soon
Inpatient hospital				
\$0 per stay	\$0 per stay	\$0 per stay	\$0 per stay	\$375 per day, days 1-7; \$0 per day, days 8-90
Outpatient hospital services				
\$0	\$0	\$0	\$0	\$375
Medical deductible in network				
Coming soon	Coming soon	Coming soon	Coming soon	Coming soon
Out-of-pocket in-network max				
Coming soon	Coming soon	Coming soon	Coming soon	Coming soon
Supplemental benefits				
Dental	Dental	Dental	Dental	Dental
Vision	Vision	Vision	Vision	Vision
Hearing	Hearing	Hearing	Hearing	Hearing
OTC	OTC	OTC	OTC	OTC





SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®
Quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products	Quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products	Quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products	All members receive a quarterly allowance on an Extra Benefits Card to help pay for approved over-the-counter (OTC) products. Members with a qualifying chronic condition and Extra Help also get a 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**

\$615

\$615

\$615

\$615

\$615

**Tier 1 preferred generic**



\$0	\$0	\$0	\$0	\$0
<b>Tier 3 preferred brand</b>				
24%	24%	24%	22%	24%
<b>Tier 4 nonpreferred drug</b>				
25%	25%	25%	25%	25%
<b>Tier 5 specialty</b>				
25%	25%	25%	25%	25%
<b>LIS: Tier 1-5 (generic)</b>				
\$0, \$1.60 or \$5.10	\$0, \$1.60 or \$5.10	\$0, \$1.60 or \$5.10	\$0, \$1.60 or \$5.10	\$0, \$1.60 or \$5.10
<b>LIS: Tier 1-5 (brand)</b>				
\$0, \$4.90 or \$12.65	\$0, \$4.90 or \$12.65	\$0, \$4.90 or \$12.65	\$0, \$4.90 or \$12.65	\$0, \$4.90 or \$12.65

	<b>LEAD PLAN</b>	<b>LEAD PLAN</b>			
	Aetna Medicare Signature (PPO)	Aetna Medicare Signature (PPO)	Aetna Medicare Signature Advantage (HMO-POS)	Aetna Medicare Signature Advantage (HMO-POS)	Aetna Medicare Signature Advantage (HMO-POS)

<b>Plan number</b>				
H5521-422	H5521-425	H4982-002	H4982-004	H4982-001
<b>Star rating</b>				
★★★★★	★★★★★	★★★	★★★	★★★



Greater Sacramento, Bay Area

Angeles

**Current counties**

San Diego	Alameda, Sacramento, San Francisco, San Luis Obispo, Yolo	Riverside, San Bernardino	San Diego	Los Angeles, Los Angeles, Orange
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**Expansion counties**

N/A	N/A	N/A	N/A	N/A
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**Premium**

Coming soon				
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**Part B giveback**

NO	NO	NO	NO	NO
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**PCP in network**

\$0	\$0	\$0	\$0	\$0
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**Specialist in network**

Coming soon				
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**Inpatient hospital**

\$375 per day, days 1-7; \$0 per day, days 8-90	\$335 per day, days 1-7; \$0 per day, days 8-90	\$0 per stay	\$225 per day, days 1-5; \$0 per day, days 6-90	\$0 per stay
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**Outpatient hospital services**



Coming soon				
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**Out-of-pocket in-network max**

Coming soon				
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**Supplemental benefits**

Dental	Dental	Dental	Dental	Dental
Vision	Vision	Vision	Vision	Vision
Hearing	Hearing	Hearing	Hearing	Hearing
OTC	OTC	OTC	OTC	OTC
SilverSneakers <sup>®</sup>	SilverSneakers <sup>®</sup>	Transportation	Transportation	Transportation
		Chiropractic	Chiropractic	Chiropractic
		Acupuncture	Acupuncture	Acupuncture
		SilverSneakers <sup>®</sup>	SilverSneakers <sup>®</sup>	SilverSneakers <sup>®</sup>

**Prescription drug coverage (at preferred pharmacies)**

**Rx deductible**

\$615	\$615	\$615	\$615	\$615
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**Tier 1 preferred generic**

\$0	\$0	\$0	\$0	\$0
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**Tier 2 generic**

\$0	\$0	\$0	\$0	\$0
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**Tier 3 preferred brand**

24%	24%	24%	24%	24%
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**Tier 4 nonpreferred drug**



25%                      25%                      25%                      25%                      25%

**LIS: Tier 1–5 (generic)**

\$0, \$1.60 or \$5.10				
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**LIS: Tier 1–5 (brand)**

\$0, \$4.90 or \$12.65				
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	Aetna Medicare Signature Advantage (HMO-POS)				
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**Plan number**

H4982-003

**Star rating**



**Submarket**

Kern

**Current counties**

Kern

**Expansion counties**

N/A



**Part B giveback**

NO

**PCP in network**

\$0

**Specialist in network**

Coming soon

**Inpatient hospital**

\$250 per day,  
days 1-5; \$0 per  
day, days 6-90

**Outpatient hospital services**

\$150

**Medical deductible in network**

Coming soon

**Out-of-pocket in-network max**

Coming soon

**Supplemental benefits**

Dental

Vision

Hearing

OTC

Transportation

Chiropractic

Acupuncture



**coverage (at preferred pharmacies)**

<b>Rx deductible</b>	\$615
<b>Tier 1 preferred generic</b>	\$0
<b>Tier 2 generic</b>	\$0
<b>Tier 3 preferred brand</b>	24%
<b>Tier 4 nonpreferred drug</b>	25%
<b>Tier 5 specialty</b>	25%
<b>LIS: Tier 1–5 (generic)</b>	\$0, \$1.60 or \$5.10
<b>LIS: Tier 1–5 (brand)</b>	\$0, \$4.90 or \$12.65

## Chronic Condition Special Needs Plans (C-SNPs)

Our Chronic Care (C-SNP) plans are designed for members diagnosed with diabetes, chronic heart failure and/or certain cardiovascular diseases. In 2026, we'll expand these plans to 18 states. These plans provide



- 
- \$0 copays for certain specialists related to the eligible chronic conditions.
  - Dental, vision and hearing coverage, a SilverSneakers® fitness benefit, and an Extra Benefits Card to help pay for certain everyday expenses including healthy food and over-the-counter products (OTC). Members in certain plans could also qualify for a bonus on their Extra Benefits Card when they select a High Value Provider as their PCP.
  - Low cost for certain prescription drugs used to treat cardiovascular, congestive heart failure, and diabetes.

## Dual Eligible Special Needs Plans (D-SNPs)

Our D-SNPs provide options for your clients by eliminating barriers to care. They offer competitive benefits and services including:

- Dental, vision and hearing coverage, and a monthly allowance on an Extra Benefits Card that can be used for certain healthy foods, over-the-counter products, and more. Members in plans with “Care” in the plan name also receive a bonus on their Extra Benefits Card when they select a High Value Provider as their PCP.
- Competitive Part D coverage with \$0 Tier 1 copays at in-network pharmacies for up to a 100-day supply of eligible prescription medications
- Coordinated care, including a personal care team that’s dedicated to supporting member health and access to care

Most plan names are changing this AEP. This year, you’ll see clearer, more consistent plan names that make it easier to match members with the right coverage. Watch for more info coming soon.

## Prescription drug plans (PDPs)

In 2026, we will offer SilverScript Choice as a non-commissionable product in 49 states and Washington, D.C. We will continue to pay renewal commissions on all existing commissionable SilverScript PDP business.

We expect SilverScript Choice to offer reduced premiums in some regions to your prospects receiving Extra Help. SilverScript Choice offers a strong combination of brand and generic drugs with more than 1,700 drugs included on our formulary. Tier 1 drugs are no more than \$2 at network pharmacies.



**Plan highlights**

Solid generic and brand coverage.

**Monthly plan premium**

**\$174.50**

**Deductible**

\$615

**Rx OOP**

\$2,100

**90-day supply**

3x retail cost sharing

**Pharmacy network**

Broad pharmacy network with over 63,000 pharmacies nationwide

**Prescription drug coverage at any network pharmacy**

**Tier 1 preferred generic**

\$0

**Tier 2 generic**

\$7

**Tier 3 preferred brand**



33%

Tier 5 specialty

25%

LIS: Tier 1–5 (generic)

\$0, \$1.60 or \$5.10

LIS: Tier 1–5 (brand)

\$0, \$4.90 or \$12.65

## Ancillary products

The Protection Series<sup>SM</sup> is a complete portfolio of supplemental insurance products that offer security solutions for peace of mind protection. Benefits are paid directly to the policyholder or a designated medical provider and are paid in addition to any other health care coverage. The Protection Series<sup>SM</sup> of products gives you a range of tools and resources that offer meaningful and affordable solutions for your clients.

To sell these plans, you need to complete a separate contract. Your contract to sell Aetna MA/MAPD and/or SilverScript PDP does not apply to them. Contact your upline or the Aetna Senior Supplemental Insurance Agent Services team at **866-272-6630** to get started.

## Products available in your state

- Accendo Final Expense Whole Life
- Protection Series<sup>SM</sup> Final Expense Whole Life
- Protection Series<sup>SM</sup> Dental, Vision and Hearing Flex
- Protection Series<sup>SM</sup> Cancer and Heart Attack or Stroke Plus
- Protection Series<sup>SM</sup> Hospital Indemnity Flex

Accendo Final Expense Whole Life



- Riders available for Level plan only: Accelerated death, Accidental death, Children's term
  - Simplified yes/no application
  - Level or Modified death benefits\*
  - Super preferred rate available
  - Billing can match Social Security deposit date
- \* Plans may vary by state.
- \*\* Maximum amount varies by applicant age at policy issue.

### Protection Series<sup>SM</sup> Final Expense Whole Life

- Issue ages 45–89
  - Level death benefits
  - Face amounts: \$2,000 - \$50,000\*\*
  - Super preferred rate available
  - Riders available: Accidental death, Children's term insurance
  - Billing can match Social Security deposit date
- \*\* Maximum amount varies by applicant age at policy issue.

### Protection Series<sup>SM</sup> Dental, Vision and Hearing Flex

- Issue ages 18-89
- For individuals, couples and families
- Guaranteed acceptance
- Freedom to choose both in or out of network providers
- No waiting period for dental services
- Preventive services covered at 100% • 15% multiple policy discount available
- Three distinct options to choose from, with varying prices, benefits and coverage amounts:
- Option 1:
  - \$1,000-\$5,000 maximum benefit per policy year per person
  - Choice of deductibles: \$0, \$50, \$100 or \$100 vanishing



- \$1,000-\$4,000 maximum benefit per policy year per person
- Choice of deductibles: \$0, \$50, \$100 or \$100
- Includes benefits for teeth whitening, implants & orthodontics
- Includes coverage for vision & hearing
- Credit for prior coverage available
- Option 3:
  - \$1,000-\$3,000 maximum benefit per policy year per person
  - \$100 deductible
  - Dental only

### Protection Series<sup>SM</sup> Cancer and Heart Attack or Stroke Plus

- Issue ages 18–89
- Benefit amounts \$5,000 – \$75,000
- Available plans:
  - cancer
  - cancer with recurrence benefit
  - heart attack
  - heart attack with recurrence benefit
- Choose a cancer plan or a heart attack/stroke plan or one of each, with different benefit amounts
- For individuals, individual and spouse/domestic partner, individual and child(ren), and family
- Same lump sum benefit amount for each covered person
- Lump sum benefit paid directly to insured or someone designated

### Protection Series<sup>SM</sup> Hospital Indemnity Flex

- Issue ages 18–89
- Guaranteed acceptance for ages 64 ½ to 67 (not available in CA, ID, NM, UT)
- Pays indemnity benefits of up to:
  - \$4,000 hospital admission



- \$3,000 optional outpatient surgical procedure
- \$600/visit optional hospital emergency room visit or ambulance service
- \$2,500, \$5,000, \$10,000, \$15,000, or \$20,000 optional lump sum cancer
- \$250/visit optional outpatient rehabilitation
- Pays benefits directly to the insured unless assigned to provider

## Medicare Supplement plans

 No network constraints; choice of any licensed doctor or hospital that is eligible to receive reimbursement from Medicare

 Portable plans; policyholders don't have to worry about losing coverage when they relocate

 12-month rate guarantee (all plans)

 No waiting period for pre-existing conditions

 Household premium discount (availability varies by state)

 5% household discount available

 Applications accepted year-round for eligible applicants

 Underwritten by:  
Continental Life Insurance Company of Brentwood, Tennessee

	Plan A	Plan B	Plan C†	Plan D	Plan F†*	Plan G	Plan N
<b>Basic benefits (including hospice care)</b>	✓	✓			✓	✓	✓
<b>Part B coinsurance</b>	✓	✓			✓	✓	✓ **
<b>Part A deductible</b>		✓			✓	✓	✓



Part B excess charges

Part B deductible

				✓	✓	
				✓		

Plans C and D are available to those qualified consumers under age 65.

† Plans C and F are available for people first eligible for Medicare before 2020 only.

\* High Deductible Plan F also available. Same benefits as Plan F after the calendar year deductible is paid.

\*\* Plan N requires a \$20 copayment for office visits and a \$50 copayment for emergency rooms visits. Copayments do not count toward the annual Part B deductible.

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