



Plans > Illinois > Chicago, Eastern, Northern, Peoria, South, Springfield, St Louis, Western

## 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)		Aetna Medicare Eagle (PPO)	Feedback
<b>Plan number</b>			
H5521-286	H7301-023		
<b>Star rating</b>			
★★★★★		★★★★★	
<b>Submarket</b>			
Chicago, Northern	Eastern, Peoria, Springfield, St Louis, Western, South		
<b>Current counties</b>			
Boone, Bureau, Cook, DeKalb, DuPage, Grundy, Henderson, Henry, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Rock Island, Stephenson, Whiteside, Will, Winnebago		Alexander, Bond, Brown, Calhoun, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, De Witt, Douglas, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jasper, Jefferson,	



Montgomery, Morgan, Moultrie, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Saline, Sangamon, Schuyler, Scott, Shelby, Stark, Tazewell, Union, Vermilion, Wabash, Washington, Wayne, White, Williamson, Woodford

**Expansion counties**

N/A

N/A

**Premium**

Coming soon

Coming soon

**Part B giveback**

YES

YES

**PCP in network**

\$0

\$0

**Specialist in network**

Coming soon

Coming soon

**Inpatient hospital**

\$300 per day, days 1-6; \$0 per day, days 7-90

\$425 per day, days 1-6; \$0 per day, days 7-90

**Outpatient hospital services**

\$30 - \$300

\$400

**Medical deductible in network**

Coming soon

Coming soon

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



Dental	Dental
Vision	Vision
Hearing	Hearing
OTC	OTC
Meals at Home	Meals at Home
SilverSneakers®	SilverSneakers®

## Medicare Advantage Prescription Drug (MAPD) plans

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.

	<b>LEAD PLAN</b>	<b>NEW FOR 2026</b>	<b>NEW FOR 2026</b>	<b>NEW AND LEAD PLAN</b>	<b>NEW FOR 2026</b>
	Aetna Medicare Advantra Extra (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature (PPO)
<b>Plan number</b>					
H7301-006	H7301-032	H7301-034	H2663-103	H7301-033	



**Submarket**

Northern	Northern, Chicago	Eastern, Peoria, Springfield, St Louis, Western, South	St Louis	Northern, Chicago
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**Current counties**

Boone, Bureau, DeKalb, Henderson, Henry, Jo Daviess, Lee, Ogle, Rock Island, Stephenson, Whiteside, Winnebago	Kane, Kendall, McHenry	Alexander, De Witt, Edwards, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jefferson, Johnson, Livingston, Logan, Marion, Massac, Menard, Morgan, Perry, Piatt, Pike, Pope, Pulaski, Randolph, Richland, Saline, Union, Wabash, Washington, Wayne, White, Williamson, Woodford	Clinton, Greene, Jersey, Madison, Monroe, St. Clair, Washington	Kane, Kendall, McHenry
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**Expansion counties**

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



YES	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>				
\$315 per day, days 1-6; \$0 per day, days 7-90	\$375 per day, days 1-7; \$0 per day, days 8-90	\$375 per day, days 1-6; \$0 per day, days 7-90	\$350 per day, days 1-8; \$0 per day, days 9-90	\$425 per day, days 1-7; \$0 per day, days 8-90
<b>Outpatient hospital services</b>				
\$35 - \$315	\$40 - \$375	\$375	\$350	\$50 - \$425
<b>Medical deductible in network</b>				
Coming soon				
<b>Out-of-pocket in-network max</b>				
Coming soon				
<b>Supplemental benefits</b>				
Dental	Dental	Dental	Dental	Dental
Vision	Vision	Vision	Vision	Vision
Hearing	Hearing	Hearing	Hearing	Hearing
OTC	OTC	OTC	OTC	OTC
Meals at Home	Meals at Home	SilverSneakers®	SilverSneakers®	SilverSneakers®



Card to pay for out-of-pocket costs for certain plan covered services as well as a quarterly allowance to help pay for approved over-the-counter (OTC) products

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

Rx deductible				
\$615	\$615	\$615	\$615	\$615
Tier 1 preferred generic				
\$0	\$0	\$0	\$0	\$0
Tier 2 generic				
\$0	\$0	\$0	\$0	\$0
Tier 3 preferred brand				
24%	24%	24%	24%	24%
Tier 4 nonpreferred drug				
25%	25%	25%	25%	25%
Tier 5 specialty				
25%	25%	25%	25%	25%
LIS: Tier 1-5 (generic)				
\$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
LIS: Tier 1-5 (brand)				



	<b>LEAD PLAN</b>	<b>NEW FOR 2026</b>	<b>LEAD PLAN</b>		
	Aetna Medicare Signature (PPO)	Aetna Medicare Signature Extra (HMO-POS)	Aetna Medicare Signature Extra (PPO)	Aetna Medicare Advantra (PPO)	Aetna Medicare Duly Prime (PPO)

**Plan number**

H7301-027	H1206-008	H5521-086	H7301-002	H5521-314
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**Star rating**

★★★★★	Not yet available	★★★★☆	★★★★★	★★★★☆
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**Submarket**

Eastern, Peoria, Springfield, St Louis, Western, South	Northern	Chicago	Northern	Chicago
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**Current counties**

Alexander, De Witt, Edwards, Ford, Franklin, Gallatin, Hamilton, Hardin, Iroquois, Jackson, Jefferson, Johnson, Livingston, Logan, Marion, Massac, Menard, Morgan, Perry, Piatt, Pike, Pope, Pulaski, Randolph, Richland, Saline, Union, Wabash, Washington, Wayne, White, Williamson, Woodford	Boone, Bureau, DeKalb, Henderson, Henry, Jo Daviess, Lee, Ogle, Rock Island, Stephenson, Whiteside, Winnebago	Cook, DuPage, Grundy, Kankakee, Lake, Will	Boone, Bureau, DeKalb, Henderson, Henry, Jo Daviess, Lee, Ogle, Rock Island, Stephenson, Whiteside, Winnebago	DuPage, Kane, Will
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Premium				
Coming soon				
Part B giveback				
NO	NO	NO	NO	NO
PCP in network				
\$0	\$0	\$0	\$0	\$0
Specialist in network				
Coming soon				
Inpatient hospital				
\$390 per day, days 1-6; \$0 per day, days 7-90	\$350 per day, days 1-8; \$0 per day, days 9-90	\$325 per day, days 1-7; \$0 per day, days 8-90	\$295 per day, days 1-6; \$0 per day, days 7-90	\$275 per day, days 1-5; \$0 per day, days 6-90
Outpatient hospital services				
\$375	\$0 - \$350	\$40 - \$325	\$25 - \$295	\$20 - \$275
Medical deductible in network				
Coming soon				
Out-of-pocket in-network max				
Coming soon				
Supplemental benefits				
Dental	Dental	Dental	Dental	Dental





SilverSneakers®	Meals at Home	Meals at Home	Meals at Home	Meals at Home
	SilverSneakers®	SilverSneakers®	SilverSneakers®	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	\$615
Tier 1 preferred generic				
\$0	\$0	\$0	\$0	\$0
Tier 2 generic				
\$0	\$0	\$0	\$0	\$0
Tier 3 preferred brand				
24%	24%	24%	24%	24%
Tier 4 nonpreferred drug				
25%	25%	25%	25%	25%
Tier 5 specialty				
25%	25%	25%	25%	25%
LIS: Tier 1-5 (generic)				



\$0, \$4.90 or \$12.65

	Aetna Medicare Elite (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Enhanced (PPO)	Aetna Medicare Enhanced Extra (HMO-POS)	Aetna Medicare Premier (PPO)
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**Plan number**

H1608-050	H1608-013	H7301-009	H2663-006	H5521-016
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**Star rating**

★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
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**Submarket**

St Louis	St Louis	Eastern, Peoria, Springfield, Western, St Louis	St Louis	Chicago
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**Current counties**

Bond, Calhoun, Clinton, Greene, Jersey, Madison, Monroe, Randolph, St. Clair, Washington	Bond, Calhoun, Clinton, Greene, Jersey, Madison, Monroe, Randolph, St. Clair, Washington	Bond, Brown, Calhoun, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Crawford, Cumberland, Douglas, Edgar,	Bond, Calhoun, Clinton, Greene, Jersey, Madison, Monroe, Randolph, St. Clair, Washington	Cook, DuPage, Grundy, Kankakee, Lake, Will
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Jersey,  
 Knox, La  
 Salle,  
 Lawrence,  
 McDonough,  
 McLean,  
 Macon,  
 Macoupin,  
 Madison,  
 Marshall,  
 Mason,  
 Monroe,  
 Montgomery,  
 Moultrie,  
 Peoria,  
 Putnam,  
 St. Clair,  
 Sangamon,  
 Schuyler,  
 Scott,  
 Shelby,  
 Stark,  
 Tazewell,  
 Vermilion

**Expansion counties**

N/A                      N/A                      N/A                      N/A                      N/A

**Premium**

Coming soon                      Coming soon                      Coming soon                      Coming soon                      Coming soon

**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**



	7-90	7-90	7-90	8-90	
<b>Outpatient hospital services</b>					
	\$325	\$300	\$250	\$300	\$30 - \$300
<b>Medical deductible in network</b>					
	Coming soon	Coming soon	Coming soon	Coming soon	Coming soon
<b>Out-of-pocket in-network max</b>					
	Coming soon	Coming soon	Coming soon	Coming soon	Coming soon
<b>Supplemental benefits</b>					
Dental	Dental	Dental	Dental	Dental	Dental
Vision	Vision	Vision	Vision	Vision	Vision
Hearing	Hearing	Hearing	Hearing	Hearing	Hearing
OTC	OTC	OTC	OTC	OTC	OTC
SilverSneakers®	Meals at Home	Meals at Home	Meals at Home	Meals at Home	Meals at Home
	SilverSneakers®	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 pay for out-of-pocket costs for certain plan covered services as well as a quarterly allowance to help pay for approved over-the-		



Prescription drug coverage (as preferred pharmacies)

Rx deductible				
\$615	\$615	\$615	\$615	\$615
Tier 1 preferred generic				
\$0	\$0	\$0	\$0	\$0
Tier 2 generic				
\$0	\$0	\$0	\$0	\$0
Tier 3 preferred brand				
24%	24%	24%	24%	24%
Tier 4 nonpreferred drug				
25%	25%	25%	25%	25%
Tier 5 specialty				
25%	25%	25%	25%	25%
LIS: Tier 1-5 (generic)				
\$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
LIS: Tier 1-5 (brand)				
\$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

	Aetna Medicare Prime (HMO-POS)	Aetna Medicare Signature (PPO)			
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11312-001

11200-003

11200-011

11312-013

11301-001

**Star rating**



Not yet available



**Submarket**

Chicago

Chicago

Peoria

Northern

Eastern,  
Peoria,  
Springfield,  
Western, St  
Louis

**Current counties**

Cook, DuPage,  
Grundy,  
Kankakee, Lake,  
Will

Cook,  
DuPage,  
Grundy,  
Kankakee,  
Lake, Will

Peoria,  
Tazewell

Boone,  
Bureau,  
DeKalb,  
Henderson,  
Henry, Jo  
Daviess,  
Lee, Ogle,  
Rock  
Island,  
Stephenson,  
Whiteside,  
Winnebago

Bond,  
Brown,  
Calhoun,  
Cass,  
Champaign,  
Christian,  
Clark, Clay,  
Clinton,  
Coles,  
Crawford,  
Cumberland,  
Douglas,  
Edgar,  
Effingham,  
Fayette,  
Fulton,  
Greene,  
Jasper,  
Jersey,  
Knox, La  
Salle,  
Lawrence,  
McDonough,  
McLean,  
Macon,  
Macoupin,  
Madison,  
Marshall,  
Mason,  
Monroe,  
Montgomery,  
Moultrie,  
Peoria,



Shelby,  
Stark,  
Tazewell,  
Vermilion

**Expansion counties**

N/A      N/A      N/A      N/A      N/A

**Premium**

Coming soon      Coming soon      Coming soon      Coming soon      Coming soon

**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**

\$325 per day, days 1-8; \$0 per day, days 9-90      \$350 per day, days 1-7; \$0 per day, days 8-90      \$340 per day, days 1-6; \$0 per day, days 7-90      \$350 per day, days 1-8; \$0 per day, days 9-90      \$375 per day, days 1-6; \$0 per day, days 7-90

**Outpatient hospital services**

\$0 - \$275      \$0 - \$350      \$325      \$0 - \$350      \$375

**Medical deductible in network**

Coming soon      Coming soon      Coming soon      Coming soon      Coming soon

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



Dental	Dental	Dental	Dental	Dental
Vision	Vision	Vision	Vision	Vision
Hearing	Hearing	Hearing	Hearing	Hearing
OTC	OTC	OTC	OTC	OTC
Meals at Home	Meals at Home	SilverSneakers®	Meals at Home	SilverSneakers®
SilverSneakers®	SilverSneakers® Quarterly allowance on an Extra Benefits Card to pay for out-of-pocket costs for certain plan covered services as well as a quarterly allowance 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	SilverSneakers® Quarterly allowance on an Extra Benefits Card to pay for out-of-pocket costs for certain plan covered services as well as a quarterly allowance to help pay for approved over-the-counter (OTC) products	

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

Rx deductible				
\$615	\$615	\$615	\$615	\$615
Tier 1 preferred generic				
\$0	\$0	\$0	\$0	\$0
Tier 2 generic				



24%                      24%                      24%                      24%                      24%

**Tier 4 nonpreferred drug**

25%                      25%                      25%                      25%                      25%

**Tier 5 specialty**

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 (PPO)	Aetna Medicare Signature Extra (PPO)			
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**Plan number**

H7301-013	H7301-021
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**Star rating**

★★★★★	★★★★★
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**Submarket**

Chicago	Northern
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**Current counties**



Henry, Jo  
 Daviess,  
 Lee, Ogle,  
 Rock  
 Island,  
 Stephenson,  
 Whiteside,  
 Winnebago

**Expansion counties**

N/A                      N/A

**Premium**

Coming soon                      Coming soon

**Part B giveback**

NO                              NO

**PCP in network**

\$0                              \$0

**Specialist in network**

Coming soon                      Coming soon

**Inpatient hospital**

\$395 per day,  
 days 1-7; \$0 per  
 day, days 8-90                      \$325 per  
 day, days 1-  
 8; \$0 per  
 day, days  
 9-90

**Outpatient hospital services**

\$45 - \$395                      \$40 - \$325

**Medical deductible in network**



Coming soon

Coming soon

**Supplemental benefits**

Dental

Dental

Vision

Vision

Hearing

Hearing

OTC

OTC

SilverSneakers®

SilverSneakers®

Quarterly allowance on an Extra Benefits Card to pay for out-of-pocket costs for certain plan covered services as well as a quarterly allowance to help pay for approved over-the-counter (OTC) products

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

**Rx deductible**

\$615

\$615

**Tier 1 preferred generic**



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

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

<b>LIS: Tier 1-5 (brand)</b>	
\$0, \$4.90 or \$12.65	\$0, \$4.90 or \$12.65

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 additional support for your clients by providing a dedicated personal care team that supports member health and access to care, as well as offering competitive benefits including:

- \$0 copays for PCP visits.
- \$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.

	<b>NEW FOR 2026</b>	<b>NEW FOR 2026</b>	
	Aetna Medicare Chronic Care (HMO C-SNP)	Aetna Medicare Prime Chronic Total (HMO C-SNP)	Aetna Medicare Prime Chronic Care (HMO C-SNP)

<b>Plan number</b>
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Not yet available

Not yet available

**Submarket**

St Louis

Chicago, Northern

Chicago, Northern

**Current counties**

Clinton, Greene, Jersey, Madison, Monroe, St. Clair, Washington

Cook, DuPage, Grundy, McHenry, Will, DeKalb, Kane, Kankakee, Lake, Winnebago

DeKalb, Kane, Kankakee, Lake, Winnebago

**Expansion counties**

N/A

N/A

N/A

**Premium**

Coming soon

Coming soon

Coming soon

**Part B giveback**

NO

NO

NO

**PCP in network**

\$0

\$0

\$0

**Specialist in network**

Coming soon

Coming soon

Coming soon

**Inpatient hospital**

\$375 per day, days 1-6; \$0 per day, days 7-90

\$2230 per stay

\$375 per day, days 1-7; \$0 per day, days 8-90

**Outpatient hospital services**

\$375

20%

\$20 - \$375: SUR



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

Coming soon

Coming soon

Coming soon

**Supplemental benefits**

Dental

Dental

Dental

Vision

Vision

Vision

Hearing

Hearing

Hearing

OTC

OTC

OTC

SilverSneakers<sup>®</sup>

SilverSneakers<sup>®</sup>

SilverSneakers<sup>®</sup>

Members get a monthly Extra Supports allowance on an Extra Benefits Card to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities.

Members get a monthly Extra Supports allowance on an Extra Benefits Card to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. An additional allowance is added when members select a high value PCP.

Members get a monthly Extra Supports allowance on an Extra Benefits Card to help pay for certain everyday expenses, including healthy foods, OTC products, personal care products, transportation and utilities. An additional allowance is added when members select a high value PCP.

**Prescription drug coverage (at preferred pharmacies, if plan has preferred pharmacy network)**

**Rx deductible**

\$615

\$615

\$200

**Tier 1 preferred generic**

\$0

\$0

\$0

**Tier 2 generic**

\$5

\$5

\$0



Tier 4 nonpreferred drug		
25%	25%	30%
Tier 5 specialty		
25%	25%	30%
LIS: Tier 1-5 (generic)		
\$0, \$1.60 or \$5.10	\$0, \$1.60 or \$5.10	\$0, \$1.60 or \$5.10
LIS: Tier 1-5 (brand)		
\$0, \$4.90 or \$12.65	\$0, \$4.90 or \$12.65	\$0, \$4.90 or \$12.65

## 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.

	<b>NEW FOR 2026</b>
	Aetna Medicare FIDE (HMO D-SNP)



**Star rating**

Not yet available

**Submarket**

Chicago, Eastern, Northern, Peoria, South, Springfield, St Louis, Western

**Current counties**

Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, DeKalb, De Witt, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, Lake, La Salle, Lawrence, Lee, Livingston, Logan, McDonough, McHenry, McLean, Macon, Macoupin, Madison, Marion, Marshall, Mason, Massac, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, St. Clair, Saline, Sangamon, Schuyler, Scott, Shelby, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, Woodford

**Expansion counties**

N/A

**PCP in network**

\$0

**Specialist in network**

Coming soon

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

Coming soon

**Supplemental benefits**



Hearing

Transportation

Meals at Home

Additional Telehealth

Fall Prevention

SilverSneakers®

Members with a qualifying chronic condition get a monthly Extra Supports Wallet allowance on an Extra Benefits Card to help pay for certain everyday expenses, including healthy foods, over-the-counter (OTC) products, personal care products, transportation and utilities. Members without a qualifying chronic condition can use the monthly allowance to purchase OTC products only.

**Prescription drug coverage**

**Rx deductible**

Coming soon

**Deductible tiers**

Coming soon

**Tier 1 preferred generic**

\$0

**Tier 2 generic**

Coming soon

**Tier 3 preferred brand**

Coming soon

**Tier 4 nonpreferred drug**

Coming soon

**Tier 5 specialty**



\$0, \$1.60 or \$5.10

**LIS: Tier 1-5 (brand)**

\$0, \$4.90 or \$12.65

## 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.

SilverScript  
Choice

### Plan highlights

Solid generic and brand coverage.

### Monthly plan premium

**\$119.20**

### Deductible

\$615

### Rx OOP

\$2,100



**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**

18%

**Tier 4 nonpreferred drug**

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



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
- Protection Series<sup>SM</sup> Recovery Care
- Protection Series<sup>SM</sup> Home Care Plus

### Accendo Final Expense Whole Life

- Issue ages 40–89
  - Level or Modified death benefits\*
  - Face amounts: \$2,000 - \$50,000\*\*
  - 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.



- 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
  - Includes higher benefit amounts for teeth whitening, implants & orthodontics
  - Includes higher coinsurance and benefit amounts for vision & hearing
- Option 2:
  - \$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



### 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
  - \$1,000/day daily hospital
  - \$500/day optional daily skilled nursing facility care
  - \$100/visit optional doctor's office visit
  - \$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



- \$400 daily nursing facility including assisted living and bed reservation
- \$400 daily hospital
- \$1200 weekly optional home care rider

### Protection Series<sup>SM</sup> Home Care Plus

- Issue ages 50–89
- Pays benefits for medically necessary home care
- Home care indemnity up to \$1,500/week
- Daily hospital indemnity up to \$400
- Optional lump sum cancer fixed indemnity rider
- Optional hospital emergency room visit or ambulance service
- Pays benefits directly to 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)

 7% household discount available

 Applications accepted year-round for eligible applicants

 Underwritten by:  
Aetna Health Insurance Company



hospice care)	✓	✓			✓	✓	✓
Part B coinsurance	✓	✓			✓	✓	✓ **
Part A deductible		✓			✓	✓	✓
Skilled nursing facility coinsurance					✓	✓	✓
Foreign travel emergency					✓	✓	✓
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.

## Your local broker managers

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