



Plans > Indiana > Central, Northeast, Northwest, Southern, Southwest

## 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

H5521-286

#### Star rating



#### Submarket

Central, Northwest, Southern, Southwest, Northeast

#### Current counties

Allen, Bartholomew, Benton, Blackford, Boone, Brown, Carroll, Cass, Clay, Daviess, DeKalb, Dubois, Elkhart, Floyd, Franklin, Fulton, Gibson, Greene, Hamilton, Hancock, Hendricks, Huntington, Jasper, Jay, Johnson, Knox, Lake, La Porte, Madison, Marion, Marshall, Martin, Miami, Montgomery, Newton, Orange, Parke, Pike, Posey, Pulaski, Putnam, St. Joseph, Shelby, Spencer, Starke, Sullivan, Wabash, Washington, Whitley

#### Expansion counties



Coming soon

**Part B giveback**

YES

**PCP in network**

\$0

**Specialist in network**

Coming soon

**Inpatient hospital**

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

**Outpatient hospital services**

\$30 - \$300

**Medical deductible in network**

Coming soon

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

Coming soon

**Supplemental benefits**

Dental

Vision

Hearing

OTC

Meals at Home

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.

	LEAD PLAN	LEAD PLAN	LEAD PLAN	LEAD PLAN	LEAD PLAN
	Aetna Medicare Signature (HMO-POS)	Aetna Medicare Signature (PPO)			
<b>Plan number</b>					
H3192-020	H5521-099	H5521-211	H5521-223	H5521-231	
<b>Star rating</b>					
★★★★	★★★★	★★★★	★★★★	★★★★	
<b>Submarket</b>					
Southern, Southwest	Northeast	Southern, Southwest	Northwest	Central	
<b>Current counties</b>					
Daviess, Dubois, Floyd, Gibson,	Allen, Blackford,	Daviess, Dubois,	Benton, Carroll,	Bartholomew, Boone,	



Washington	Pike, Posey, Spencer, Washington	Marshall, Miami, Newton, Pulaski, St. Joseph, Starke	Hancock, Hendricks, Johnson, Madison, Marion, Montgomery, Parke, Putnam, Shelby, Sullivan	
<b>Expansion counties</b>				
N/A	N/A	N/A	N/A	N/A
<b>Premium</b>				
Coming soon	Coming soon	Coming soon	Coming soon	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	Coming soon	Coming soon	Coming soon	Coming soon
<b>Inpatient hospital</b>				
\$325 per day, days 1-7; \$0 per day, days 8-90	\$325 per day, days 1-7; \$0 per day, days 8-90	\$275 per day, days 1-6; \$0 per day, days 7-90	\$350 per day, days 1-7; \$0 per day, days 8-90	\$310 per day, days 1-7; \$0 per day, days 8-90
<b>Outpatient hospital services</b>				
\$0 - \$325	\$40 - \$325	\$40 - \$275	\$40 - \$350	\$35 - \$310
<b>Medical deductible in network</b>				



Coming soon

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

**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 (HMO-POS)

Aetna Medicare Signature Extra (PPO)

Aetna Medicare Value Care (PPO)

Aetna Medicare Value Care (PPO)

**Plan number**

H3192-005	H5521-406	H5521-302	H5521-496
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**Star rating**

★★★★	★★★★	★★★★	★★★★
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**Submarket**

Northwest	Northwest, Northeast	Central	Northwest, Northeast
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**Current counties**

Benton, Carroll, Cass, Fulton, Jasper, Lake, Marshall, Miami, Porter, Pulaski, St. Joseph, Starke	Allen, Benton, Blackford, Carroll, Cass, Elkhart, Fulton,	Bartholomew, Boone, Brown, Clay, Franklin, Greene, Hamilton,	Allen, Benton, Blackford, Carroll, Cass, DeKalb, Elkhart,
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Pulaski, St. Joseph, Starke, Wabash, Whitley	Parke, Putnam, Shelby, Sullivan	Marshall, Miami, Newton, Pulaski, St. Joseph, Starke, Wabash, Whitley
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**Expansion counties**

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

Coming soon	Coming soon	Coming soon	Coming soon
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**Part B giveback**

NO	NO	NO	NO
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**PCP in network**

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

Coming soon	Coming soon	Coming soon	Coming soon
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**Inpatient hospital**

\$315 per day, days 1-7; \$0 per day, days 8-90	\$320 per day, days 1-7; \$0 per day, days 8-90	\$315 per day, days 1-7; \$0 per day, days 8-90	\$365 per day, days 1-8; \$0 per day, days 9-90
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**Outpatient hospital services**

\$0 - \$315	\$45 - \$320	\$35 - \$315	\$30 - \$365
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**Medical deductible in network**



Coming soon

Coming soon

Coming soon

Coming soon

**Supplemental benefits**

Dental

Dental

Dental

Dental

Vision

Vision

Vision

Vision

Hearing

Hearing

Hearing

Hearing

OTC

OTC

OTC

OTC

Meals at Home

SilverSneakers®

Meals at Home

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

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

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





transportation and utilities. An additional allowance is added when members select a high value PCP.	transportation and utilities. An additional allowance is added when members select a high value PCP.
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**Prescription drug coverage (at preferred pharmacies)**

<b>Rx deductible</b>			
\$615	\$615	\$615	\$615
<b>Tier 1 preferred generic</b>			
\$0	\$0	\$0	\$0
<b>Tier 2 generic</b>			
\$0	\$0	\$0	\$0
<b>Tier 3 preferred brand</b>			
24%	24%	22%	22%
<b>Tier 4 nonpreferred drug</b>			
25%	25%	25%	25%
<b>Tier 5 specialty</b>			
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
<b>LIS: Tier 1–5 (brand)</b>			



## 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 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.

	NEW FOR 2026	NEW FOR 2026
	Aetna Medicare Chronic Care Total (HMO C-SNP)	Aetna Medicare Chronic Care Total (HMO C-SNP)
<b>Plan number</b>	H3192-028	H3192-029
<b>Star rating</b>	★★★★	★★★★
<b>Submarket</b>	Northwest	Central
<b>Current counties</b>	Carroll, Lake	Boone, Brown, Hamilton, Hancock, Hendricks, Madison, Marion, Morgan, Putnam, Shelby
<b>Expansion counties</b>		



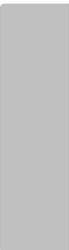
Coming soon	Coming soon
<b>Part B giveback</b>	
NO	NO
<b>PCP in network</b>	
\$0	\$0
<b>Specialist in network</b>	
Coming soon	Coming soon
<b>Inpatient hospital</b>	
\$2230 per stay	\$2230 per stay
<b>Outpatient hospital services</b>	
20%	20%
<b>Medical deductible in network</b>	
Coming soon	Coming soon
<b>Out-of-pocket in-network max</b>	
Coming soon	Coming soon
<b>Supplemental benefits</b>	
Dental	Dental
Vision	Vision
Hearing	Hearing
OTC	OTC
SilverSneakers®	SilverSneakers®
Members get a monthly Extra Supports allowance on an Extra Benefits Card to help pay for certain everyday	Members get a monthly Extra Supports allowance on an Extra Benefits Card to help pay for



is added when members select a high value PCP.

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

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





- 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.

		SilverScript Choice
<b>Plan highlights</b>		
Solid generic and brand coverage.		
<b>Monthly plan premium</b>		
<b>\$25.00</b>		
<b>Deductible</b>		



\$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**

\$2

**Tier 2 generic**

\$10

**Tier 3 preferred brand**

19%

**Tier 4 nonpreferred drug**

35%

**Tier 5 specialty**

25%

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

\$0, \$1.60 or \$5.10

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



## 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 Plus
- Protection Series<sup>SM</sup> Dental, Vision and Hearing
- 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\*



\*\* 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 Plus

- Issue ages 18-89
- For individuals, couples and families
- Guaranteed acceptance
- \$1,000 - \$5,000 (in \$500 increments) maximum benefit per policy year per person
- Plan deductible = \$100 per policy year per person
- Freedom to choose both in or out of network providers
- No waiting periods
- Vision coverage includes: eye exams, eyewear, contact lenses
- Hearing coverage includes: hearing exams and hearing aids
- Implants and Orthodontia covered

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

- Issue ages 18-89
- For individuals, couples and families
- Guaranteed acceptance
- \$1,000 or \$1,500 or \$2,000 maximum benefit per policy year per person
- Plan deductible = \$100 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
- Pays benefits directly to the insured unless assigned to provider

### 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



Household premium discount (availability varies by state)



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



7% household discount available



12-month rate guarantee (all plans)



Applications accepted year-round for eligible applicants



No waiting period for pre-existing conditions



Underwritten by:  
Aetna Health and Life 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

**Dan Staab**

260-265-0055  
staabjrd@aetna.com

**Jennifer Moore**

317-618-4666  
moorej15@aetna.com



## Joe Harris

 317-650-2248

[harrisj8@aetna.com](mailto:harrisj8@aetna.com)

IN Central