



Plans > Louisiana > Alexandria, Baton Rouge, LaFayette, Lake Charles, Monroe, New Orleans, Shreveport

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 Plus Giveback (PPO)

Feedback

Plan number

H5521-235

Star rating



Submarket

Alexandria, Baton Rouge, Lake Charles, Monroe, New Orleans, LaFayette

Current counties

Acadia, Ascension, Assumption, Calcasieu, Caldwell, Cameron, Catahoula, Concordia, East Baton Rouge, East Carroll, East Feliciana, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Livingston, Madison, Orleans, Ouachita, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Martin, St. Mary, St. Tammany, Tangipahoa, Tensas, Terrebonne, Vermilion, West Baton Rouge, West Carroll, West Feliciana



Premium

Coming soon

Part B giveback

YES

PCP in network

\$0

Specialist in network

Coming soon

Inpatient hospital

\$285 per day, days 1-8; \$0 per day, days 9-90

Outpatient hospital services

\$35 - \$285

Medical deductible in network

Coming soon

Out-of-pocket in-network max

Coming soon

Supplemental benefits

Dental

Vision

Hearing

OTC

Meals at Home

SilverSneakers®



foods, OTC products, personal care products, transportation and utilities.

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 | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| | Aetna Medicare Signature Care (HMO) | Aetna Medicare Signature Care (HMO) | Aetna Medicare Signature Care (PPO) | Aetna Medicare Signature Plus (PPO) | Aetna Medicare Signature Giveback (PPO) |

| Plan number | | | | |
|-------------|-----------|-----------|-----------|-----------|
| H3239-022 | H3928-001 | H5521-365 | H5521-233 | H5521-476 |
| Star rating | | | | |
| ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| Submarket | | | | |



Shreveport,
LaFayette

Rouge

New
Orleans,
Baton
Rouge

Current counties

Ascension,
Bossier, Caddo,
Calcasieu, East
Baton Rouge,
Iberville,
Lafayette,
Lafourche,
Livingston,
Rapides, St.
Bernard, St.
Charles, St.
Landry, St.
Tammany,
Tangipahoa, West
Baton Rouge

Ascension,
Bossier,
Caddo,
East Baton
Rouge,
Iberville,
Jefferson,
Lafourche,
Orleans, St.
Tammany

Jefferson,
Lafourche,
Orleans, St.
Bernard,
St. Charles,
Terrebonne

Ascension,
Assumption,
Calcasieu,
Cameron,
Catahoula,
East Baton
Rouge,
East
Carroll,
East
Feliciana,
Iberville,
Jefferson,
Jefferson
Davis,
Lafourche,
LaSalle,
Livingston,
Madison,
Orleans,
Ouachita,
Plaquemines,
Pointe
Coupee,
St.
Bernard,
St. Charles,
St. Helena,
St. James,
St. John
the Baptist,
St. Mary,
Tangipahoa,
Tensas,
Terrebonne,
West Baton
Rouge,
West
Carroll,
West
Feliciana

Ascension,
Assumption,
East Baton
Rouge,
Jefferson,
Lafourche,
Livingston,
Orleans,
Plaquemines,
Pointe
Coupee,
St.
Bernard,
St. Charles,
St. James,
St. John
the Baptist,
St.
Tammany,
Tangipahoa,
Terrebonne,
West Baton
Rouge

Expansion counties



Bienville,
 Evangeline, Grant,
 Iberia, Jackson,
 Jefferson,
 Jefferson Davis,
 Lincoln,
 Natchitoches,
 Orleans,
 Ouachita,
 Plaquemines,
 Pointe Coupee,
 Red River, Sabine,
 St. James, St.
 John the Baptist,
 St. Martin, St.
 Mary, Terrebonne,
 Union, Vermilion,
 Vernon,
 Washington,
 Webster

Premium

| | | | | |
|-------------|-------------|-------------|-------------|-------------|
| Coming soon |
|-------------|-------------|-------------|-------------|-------------|

Part B giveback

| | | | | |
|----|-----|-----|-----|-----|
| NO | YES | YES | YES | YES |
|----|-----|-----|-----|-----|

PCP in network

| | | | | |
|-----|-----|-----|-----|-----|
| \$0 | \$0 | \$0 | \$0 | \$0 |
|-----|-----|-----|-----|-----|

Specialist in network

| | | | | |
|-------------|-------------|-------------|-------------|-------------|
| Coming soon |
|-------------|-------------|-------------|-------------|-------------|

Inpatient hospital

| | | | | |
|---|---|---|---|---|
| \$437 per day, days 1-7; \$0 per day, days 8-90 | \$195 per day, days 1-10; \$0 per day, days 11-90 | \$299 per day, days 1-7; \$0 per day, days 8-90 | \$272 per day, days 1-10; \$0 per day, days 11-90 | \$388 per day, days 1-7; \$0 per day, days 8-90 |
|---|---|---|---|---|

Outpatient hospital services



| | | | | |
|-------------|-------------|-------------|-------------|-------------|
| Coming soon |
|-------------|-------------|-------------|-------------|-------------|

Out-of-pocket in-network max

| | | | | |
|-------------|-------------|-------------|-------------|-------------|
| Coming soon |
|-------------|-------------|-------------|-------------|-------------|

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 [®] | SilverSneakers [®] | SilverSneakers [®] | SilverSneakers [®] | SilverSneakers [®] |
| 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 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. An additional allowance is added when | 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 also get a quarterly Extra Supports allowance to help pay for certain everyday | 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 also get a quarterly Extra Supports allowance to help pay for certain everyday | 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 also get a quarterly Extra Supports allowance to help pay for certain everyday | 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 also get a quarterly Extra Supports allowance to help pay for certain everyday |



| | | |
|--|--|---|
| personal care products, transportation and utilities. An additional allowance is added when members select a high value PCP. | personal care products, transportation and utilities. An additional allowance is added when members select a high value PCP. | 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 |
| 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 |



| | | | | | |
|--|-------------------------------------|---------------------------------|---------------------------------|--|--|
| | Aetna Medicare Signature Plus (PPO) | Aetna Medicare Value Care (PPO) | Aetna Medicare Value Plus (PPO) | | |
|--|-------------------------------------|---------------------------------|---------------------------------|--|--|

Plan number

H5521-645 H5521-326 H5521-646

Star rating

★★★★☆ ★★★★★ ★★★★★

Submarket

| | | |
|---|---|---|
| Alexandria, Baton Rouge, Lake Charles, Monroe, New Orleans, LaFayette | Alexandria, Baton Rouge, Lake Charles, Monroe, New Orleans, LaFayette | LaFayette, Lake Charles, New Orleans, Baton Rouge |
|---|---|---|

Current counties

| | | |
|---|---|---|
| Acadia, Ascension, Assumption, Calcasieu, Caldwell, Concordia, East Baton Rouge, Iberville, Lafayette, Livingston, Pointe Coupee, St. James, St. Martin, St. Tammany, Tangipahoa, | Acadia, Ascension, Assumption, Calcasieu, Catahoula, Concordia, East Baton Rouge, East Carroll, Jefferson, Lafayette, Lafourche, LaSalle, | Assumption, Caldwell, Cameron, East Feliciana, Jefferson Davis, Orleans, Ouachita, Pointe Coupee, St. Bernard, St. Charles, |
|---|---|---|



Coupee,
St.
Bernard,
St. Charles,
St. Helena,
St. James,
St. Mary,
St.
Tammany,
Tangipahoa,
Tensas,
Terrebonne,
Vermilion,
West Baton
Rouge,
West
Carroll,
West
Feliciana

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

\$355 per day,
days 1-7; \$0 per
day, days 8-90 \$250 per
day, days 1-
10; \$0 per \$388 per
day, days 1-
7; \$0 per



\$45 - \$355

\$20 - \$350

\$35 - \$450

Medical deductible in network

Coming soon

Coming soon

Coming soon

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

Meals at Home

Meals at Home

Meals at Home

SilverSneakers[®]

SilverSneakers[®]

SilverSneakers[®]

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 also get a quarterly Extra Supports allowance to help pay for certain everyday expenses, including healthy foods, OTC products, personal care 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

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



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.

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 |
| Tier 1 preferred generic | | |
| \$0 | \$0 | \$0 |
| Tier 2 generic | | |
| \$0 | \$0 | \$0 |
| Tier 3 preferred brand | | |
| 24% | 22% | 22% |
| Tier 4 nonpreferred drug | | |
| 25% | 25% | 25% |
| Tier 5 specialty | | |



| | | |
|-----------------------|--------------------------|--------------------------|
| \$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 |
|---------------------------|---------------------------|---------------------------|

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

Aetna Medicare Chronic Care (HMO C-SNP)

Plan number

H3239-030

Star rating



Submarket



Jefferson, Orleans

Expansion counties

N/A

Premium

Coming soon

Part B giveback

NO

PCP in network

\$0

Specialist in network

Coming soon

Inpatient hospital

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

Outpatient hospital services

\$25 - \$399: SUR

Medical deductible in network

Coming soon

Out-of-pocket in-network max

Coming soon

Supplemental benefits

Dental

Vision



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 |
| Tier 1 preferred generic | \$0 |
| Tier 2 generic | \$5 |
| Tier 3 preferred brand | 22% |
| Tier 4 nonpreferred drug | 25% |
| 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 |



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.

| NEW AND LEAD PLAN | | | | | |
|-------------------|---|--------------------------------------|---|--|---|
| | Aetna Medicare Full Dual Care (HMO D-SNP) | Aetna Medicare Dual Care (HMO D-SNP) | Aetna Medicare Dual Care (PPO D-SNP) | Aetna Medicare Dual Extra Care (HMO D-SNP) | Aetna Medicare Dual Extra Care (HMO D-SNP) |
| Plan number | H3239-027 | H3239-023 | H5521-472 | H3239-001 | H3239-007 |
| Star rating | ★★★★★ | ★★★★★ | ★★★★☆ | ★★★★★ | ★★★★★ |
| Submarket | Alexandria, Baton Rouge, Lake Charles, Monroe, New Orleans, Shreveport, LaFayette | Baton Rouge, New Orleans, Shreveport | Alexandria, Baton Rouge, Lake Charles, Monroe, New Orleans, LaFayette | New Orleans, Shreveport, Baton Rouge | Alexandria, Lake Charles, Monroe, LaFayette |
| Current counties | | | | | |



| | | | | |
|--|-----------------------|--|---|---|
| Beauregard, Bienville, Bossier, Caddo, Calcasieu, De Soto, East Baton Rouge, Evangeline, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, Lincoln, Livingston, Natchitoches, Orleans, Ouachita, Plaquemines, Pointe Coupee, Rapides, Red River, Sabine, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Landry, St. Martin, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Vernon, Washington, Webster, West Baton Rouge, Winn, Caldwell, Cameron, Catahoula, Claiborne, Concordia, East Carroll, East Feliciana, Franklin, Grant, Jackson, LaSalle, Madison, Morehouse, Richland, St. Helena, Tensas, Union, West Carroll, West Feliciana | Jefferson, Orleans | Cameron, Catahoula, Concordia, East Baton Rouge, East Carroll, East Feliciana, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche, LaSalle, Livingston, Madison, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. John the Baptist, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Vermilion, West Baton Rouge, West Carroll, West Feliciana | Caddo, De Soto, East Baton Rouge, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, Red River, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Mary, St. Tammany, Tangipahoa, Terrebonne, Washington, Webster, West Baton Rouge | Calcasieu, Evangeline, Iberia, Jefferson Davis, Lafayette, Lincoln, Natchitoches, Ouachita, Rapides, Sabine, St. Landry, St. Martin, Vermilion, Vernon, Winn |
|--|-----------------------|--|---|---|



Expansion counties



PCP in network

\$0 \$0 \$0 \$0 \$0

Specialist 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 |
| Transportation | Transportation | Transportation | Transportation | Transportation |
| Meals at Home |
| Additional Telehealth |
| Fall Prevention |
| Chiropractic | Chiropractic | Chiropractic | Chiropractic | Chiropractic |
| SilverSneakers® | SilverSneakers® | SilverSneakers® | SilverSneakers® | 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 | 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 | 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 | 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 | 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 |



| | | | | |
|---|--|--|--|--|
| <p>chronic condition can use the monthly allowance to purchase OTC products only. Members with a qualifying chronic condition who choose a high value provider as their PCP get a monthly bonus on the Extra Supports Wallet allowance.</p> | <p>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. Members with a qualifying chronic condition who choose a high value provider as their PCP get a monthly bonus on the Extra Supports Wallet allowance.</p> | <p>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. Members with a qualifying chronic condition who choose a high value provider as their PCP get a monthly bonus on the Extra Supports Wallet allowance.</p> | <p>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. Members with a qualifying chronic condition who choose a high value provider as their PCP get a monthly bonus on the Extra Supports Wallet allowance.</p> | <p>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. Members with a qualifying chronic condition who choose a high value provider as their PCP get a monthly bonus on the Extra Supports Wallet allowance.</p> |
|---|--|--|--|--|

Prescription drug coverage

Rx deductible

Coming soon

Coming soon

Coming soon

Coming soon

Coming soon



| Tier 1 preferred generic | | | | |
|--------------------------|------------------------|------------------------|------------------------|------------------------|
| \$0 | \$0 | \$0 | \$0 | \$0 |
| Tier 2 generic | | | | |
| Coming soon | Coming soon | Coming soon | Coming soon | Coming soon |
| Tier 3 preferred brand | | | | |
| Coming soon | Coming soon | Coming soon | Coming soon | Coming soon |
| Tier 4 nonpreferred drug | | | | |
| Coming soon | Coming soon | Coming soon | Coming soon | Coming soon |
| Tier 5 specialty | | | | |
| Coming soon | Coming soon | Coming soon | Coming soon | Coming soon |
| 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 |

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.



SilverScript
Choice

Plan highlights

Solid generic and brand coverage.

Monthly plan premium

\$40.00

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

\$2



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)

\$0, \$4.90 or \$12.65

Ancillary products

The Protection SeriesSM 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 SeriesSM 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 SeriesSM Final Expense Whole Life



- Protection SeriesSM Recovery Care
- Protection SeriesSM 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.

Protection SeriesSM 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 SeriesSM Dental, Vision and Hearing Flex

- Issue ages 18-89
- For individuals, couples and families



- 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
 - \$100 deductible
 - Dental only

Protection SeriesSM 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



Protection SeriesSM 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

Protection SeriesSM Recovery Care

- Issue ages 50–89
- Pays indemnity benefits of up to:
 - \$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 SeriesSM 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



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

| | Plan A | Plan B | Plan C† | Plan D | Plan F†* | Plan G | Plan N |
|---|--------|--------|---------|--------|----------|--------|--------|
| Basic benefits (including hospice care) | ✓ | ✓ | | | ✓ | ✓ | ✓ |
| Part B coinsurance | ✓ | ✓ | | | ✓ | ✓ | ✓** |
| Part A deductible | | ✓ | | | ✓ | ✓ | ✓ |
| Skilled nursing facility coinsurance | | | | | ✓ | ✓ | ✓ |
| Foreign travel emergency | | | | | ✓ | ✓ | ✓ |
| Part B excess charges | | | | | ✓ | ✓ | |
| Part B deductible | | | | | ✓ | | |



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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