



Plans > Oregon > Greater Portland, Southern

## 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.

	<b>LEAD PLAN</b>	Feedback
	Aetna Medicare Eagle (PPO)	
<b>Plan number</b>		
	H5521-493	
<b>Star rating</b>		
	★★★★★	
<b>Submarket</b>		
	Greater Portland, Southern	
<b>Current counties</b>		
	Clackamas, Columbia, Multnomah, Washington, Yamhill	
<b>Expansion counties</b>		
	Jackson, Josephine	
<b>Premium</b>		



YES

**PCP in network**

\$0

**Specialist in network**

Coming soon

**Inpatient hospital**

\$430 per day, days 1-5; \$0 per day, days 6-90

**Outpatient hospital services**

\$400

**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.

	NEW AND LEAD PLAN	LEAD PLAN		
	Aetna Medicare Enhanced (PPO)	Aetna Medicare Signature Extra (PPO)	Aetna Medicare Elite (HMO-POS)	Aetna Medicare Elite (HMO-POS)
<b>Plan number</b>				
	H5521-685	H5521-492	H2056-003	H2056-005
<b>Star rating</b>				
	★★★★★	★★★★★	★★★★	★★★★
<b>Submarket</b>				
	Southern	Greater Portland	Greater Portland	Southern
<b>Current counties</b>				
	Jackson, Josephine	Clackamas, Columbia, Multnomah, Washington, Yamhill	Clackamas, Columbia, Multnomah, Washington, Yamhill	Jackson, Josephine
<b>Expansion counties</b>				



Coming soon	Coming soon	Coming soon	Coming soon
<b>Part B giveback</b>			
NO	NO	NO	NO
<b>PCP in network</b>			
\$0	\$0	\$0	\$0
<b>Specialist in network</b>			
Coming soon	Coming soon	Coming soon	Coming soon
<b>Inpatient hospital</b>			
\$475 per day, days 1-5; \$0 per day, days 6-90	\$450 per day, days 1-5; \$0 per day, days 6-90	\$425 per day, days 1-5; \$0 per day, days 6-90	\$475 per day, days 1-5; \$0 per day, days 6-90
<b>Outpatient hospital services</b>			
\$400	\$400	\$375	\$425
<b>Medical deductible in network</b>			
Coming soon	Coming soon	Coming soon	Coming soon
<b>Out-of-pocket in-network max</b>			
Coming soon	Coming soon	Coming soon	Coming soon
<b>Supplemental benefits</b>			





Hearing	Hearing	Hearing	Hearing
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		

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

Rx deductible			
\$615	\$615	\$300	\$0
Tier 1 preferred generic			
\$0	\$0	\$0	\$0
Tier 2 generic			
\$0	\$0	\$10	\$0
Tier 3 preferred brand			
24%	24%	25%	21%
Tier 4 nonpreferred drug			
25%	25%	26%	33%
Tier 5 specialty			
25%	25%	29%	33%
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



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.

## 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.



SilverScript  
Choice

**Plan highlights**

Solid generic and brand coverage.

**Monthly plan premium**

**\$123.10**

**Deductible**

\$615

**Rx OOP**

\$2,100

**90-day supply**

3x retail cost sharing

**Pharmacy network**

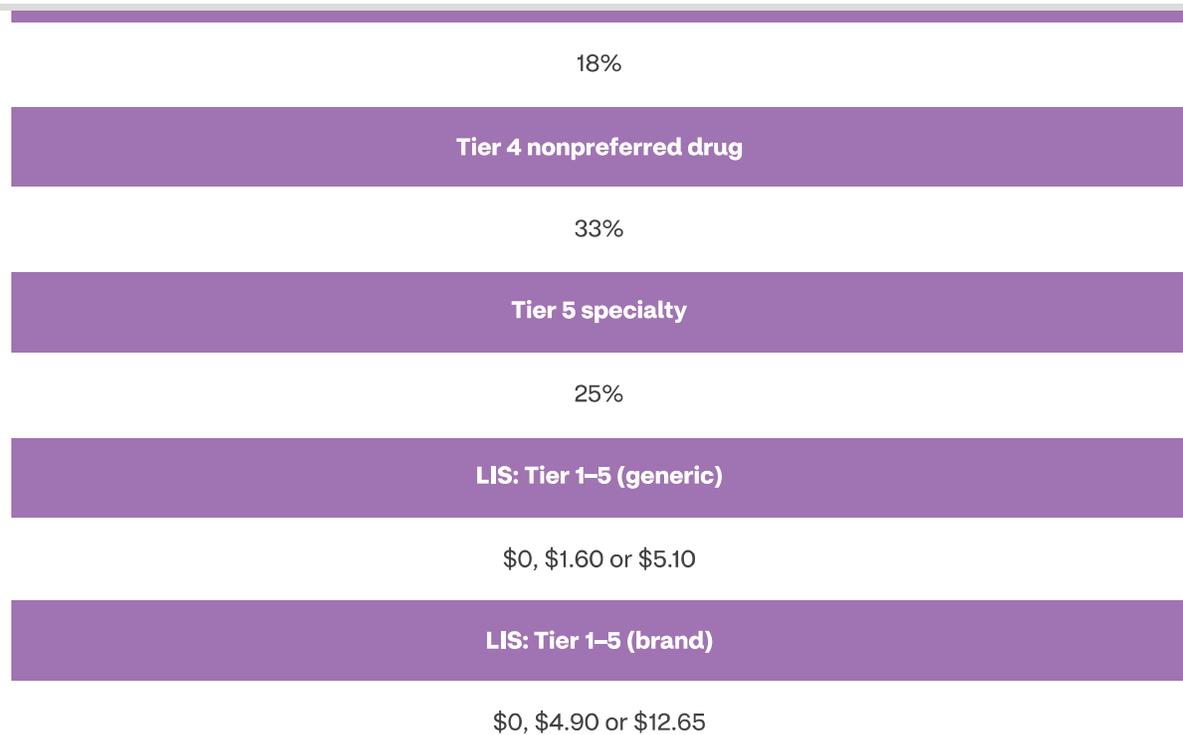
Broad pharmacy network with over 63,000 pharmacies nationwide

**Prescription  
drug  
coverage at  
any  
network  
pharmacy**

**Tier 1 preferred generic**

\$0

**Tier 2 generic**



## 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> 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 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



- 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 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



### 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

### Protection Series<sup>SM</sup> 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 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



## 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
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					✓		



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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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OR Southern; OR Portland Metro

