

# 2026 Plan Guide

Aetna Medicare Select (HMO) H1609-025

Aetna Medicare Select (HMO) H1609-027

## What you'll find inside

- Service areas
- In-network benefits for selected services
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- Additional benefits
- Prescription drugs

## When joining a plan

Review the following pages for in-network costs for some of our Medicare benefits. It's not a complete list. For more information, refer to the *Summary of Benefits or Evidence of Coverage*, visit our website [AetnaMedicare.com](https://www.aetna.com/medicare) or call us at [1-833-859-6031](tel:1-833-859-6031) (TTY: [711](tel:711)). Your call may be answered by a licensed agent.

# Service area

Plan name	Contract PBP	Plan service area
Aetna Medicare Select (HMO)	H1609-025	<b>Florida:</b> Manatee, Sarasota
Aetna Medicare Select (HMO)	H1609-027	<b>Florida:</b> Charlotte, Collier, Highlands, Lee



## Medical and hospital benefits

Benefits listed are for services received in-network and per visit unless otherwise stated.

Benefits	H1609-025 Aetna Medicare Select (HMO)	H1609-027 Aetna Medicare Select (HMO)
Monthly plan premium	\$0	\$0
Plan deductible	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	\$3,400	\$3,300
<b>Hospital coverage</b>		
Inpatient hospital care	\$195 per day, days 1-7; \$0 per day, days 8-90; \$0 for additional days.  Our plan covers unlimited hospital days.	\$190 per day, days 1-6; \$0 per day, days 7-90; \$0 for additional days.  Our plan covers unlimited hospital days.
Outpatient hospital	\$185 copay	\$185 copay
Ambulatory surgery center (ASC)	\$135 copay	\$135 copay
Skilled nursing facility	\$0 per day, days 1-20; \$218 per day, days 21-100  Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$218 per day, days 21-100  Our plan covers up to 100 days per benefit period.
<b>Doctor visits</b>		
Annual routine physical	\$0 copay for an annual routine physical exam.	\$0 copay for an annual routine physical exam.
Primary care provider (PCP)	\$0 copay	\$0 copay
PCP referrals	Yes	Yes
Specialist	\$20 copay	\$25 copay
<b>Emergency and urgent care</b>		
Emergency care	\$150 copay	\$150 copay
Urgently needed services	\$20 copay	\$25 copay
Worldwide coverage (i.e., outside of the United States)	\$150 copay for emergency and urgent services worldwide.  \$250,000 maximum coverage.	\$150 copay for emergency and urgent services worldwide.  \$250,000 maximum coverage.

Benefits	H1609-025 Aetna Medicare Select (HMO)	H1609-027 Aetna Medicare Select (HMO)
<b>Diagnostic testing</b>		
X-rays and diagnostic radiology (e.g., CT scan, MRI)	<p>X-rays: \$0 - \$95 copay Lower cost sharing is for services performed at a non-hospital facility.</p> <p>Diagnostic radiology: \$0 - \$150 copay Lower cost sharing is for services performed at a non-hospital facility.</p>	<p>X-rays: \$0 - \$100 copay Lower cost sharing is for services performed at a non-hospital facility.</p> <p>Diagnostic radiology: \$0 - \$175 copay Lower cost sharing is for services performed at a non-hospital facility.</p>
Lab services	\$0 copay	<p>\$0 - \$50 copay Lower cost sharing is for services performed at a non-hospital facility. You'll pay \$0 copay for certain lab services.</p>
<b>Dental, vision and hearing (non-Medicare covered)</b>		
Dental services	<p>Our plan pays \$2,000 every year for preventive and comprehensive services combined.</p> <p>You must use the Liberty Dental network.</p>	<p>Our plan pays \$2,500 every year for preventive and comprehensive services combined.</p> <p>You must use the Liberty Dental network.</p>
Routine eye exam	\$0 copay with an iCare provider (one exam every year)	\$0 copay with an iCare provider (one exam every year)
Contacts and eyeglasses	<p>Our plan pays \$300 every year for prescription eyewear.</p> <p>You must use the iCare network.</p>	<p>Our plan pays \$100 every year for prescription eyewear.</p> <p>You must use the iCare network.</p>
Routine hearing exam	<p>\$0 copay (one exam every year)</p> <p>Appointments must be scheduled through NationsHearing®.</p>	<p>\$0 copay (one exam every year)</p> <p>Appointments must be scheduled through NationsHearing®.</p>
Hearing aids	<p>Our plan pays \$1,000 per ear every year for hearing aids.</p> <p>Hearing aids must be purchased through NationsHearing®.</p>	<p>Our plan pays \$1,000 per ear every year for hearing aids.</p> <p>Hearing aids must be purchased through NationsHearing®.</p>
<b>Therapy</b>		
Physical and speech therapy	\$20 copay	\$15 copay

Benefits	H1609-025 Aetna Medicare Select (HMO)	H1609-027 Aetna Medicare Select (HMO)
Occupational therapy	\$20 copay	\$15 copay
Outpatient mental health therapy (individual)	\$20 copay	\$20 copay
<b>Ambulance</b>		
Ground ambulance (one-way trip)	\$250 copay	\$250 copay
Air ambulance (one-way trip)	20% coinsurance	20% coinsurance
<b>Equipment</b>		
Durable medical equipment	0% - 20% coinsurance Lower cost sharing is for continuous glucose monitors.	0% - 20% coinsurance Lower cost sharing is for continuous glucose monitors.

## Additional benefits

24-Hour Nurse Line	\$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.****	\$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.****
Aetna® Medicare Extra Benefits Card	<b>CVS Over-the-counter (OTC) Wallet</b> \$30 quarterly benefit amount (allowance) on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products including allergy medicine, pain relievers, first aid supplies, and more.	<b>CVS Over-the-counter (OTC) Wallet</b> \$20 quarterly benefit amount (allowance) on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products including allergy medicine, pain relievers, first aid supplies, and more.
Fitness	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.
Foot care (additional)	\$20 copay (up to twelve visits every year)	\$25 copay (up to six visits every year)
Meals	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility.	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility.
Over-the-counter (OTC) items	See <b>Aetna Medicare Extra Benefits Card</b> for the CVS OTC Wallet.	See <b>Aetna Medicare Extra Benefits Card</b> for the CVS OTC Wallet.

## Prescription drugs

Benefits	H1609-025 Aetna Medicare Select (HMO)	H1609-027 Aetna Medicare Select (HMO)
Rx formulary	B2	B2
Rx deductible	\$200	\$0
	Does not apply to Tier 1, Tier 2 drugs.	
Tier 1 drugs:	Preferred / Standard	Preferred / Standard
• Retail: 30-day supply	\$0 / \$2	\$0 / \$2
• Retail/Mail-order: 100-day supply	\$0 / \$6	\$0 / \$6
Tier 2 drugs:	Preferred / Standard	Preferred / Standard
• Retail: 30-day supply	\$0 / \$12	\$0 / \$12
• Retail: 100-day supply	\$0 / \$36	\$0 / \$36
• Mail-order: 100-day supply	\$0 / \$36	\$0 / \$36
Tier 3 drugs:	Preferred / Standard	Preferred / Standard
• Retail: 30-day supply	25% / 25%	21% / 21%
• Retail/Mail-order: 100-day supply	25% / 25%	21% / 21%
Tier 4 drugs:	Preferred / Standard	Preferred / Standard
• Retail: 30-day supply	30% / 30%	33% / 33%
• Retail/Mail-order: 100-day supply	30% / 30%	33% / 33%
Tier 5 drugs:	Preferred / Standard	Preferred / Standard
• Retail: 30-day supply	30% / 30%	33% / 33%
• Retail/Mail-order: 100-day supply	N/A	N/A
Out-of-pocket threshold	\$2,100	\$2,100
Catastrophic coverage:		
• Generic and brand name drugs	\$0	\$0

\*\*\*\* While only your doctor can diagnose, prescribe or give medical advice, the [care management nurses/24-Hour Nurse Line] can provide information on a variety of health topics.

### Disclaimers

Aetna Medicare is a HMO, PPO plan with a Medicare contract. Our DSNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. The formulary may change at any time. You will receive notice when necessary.

See *Member Handbook* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Other [pharmacies/physicians/providers] are available in our network.

Aetna is part of the CVS Health® family of companies.

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The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Suburban Arizona, Urban Kansas, Urban Missouri, Rural Michigan, Rural Nebraska, Rural North Dakota, Suburban West Virginia, and Suburban Puerto Rico. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call [1-833-859-6031](tel:1-833-859-6031) (TTY: [711](tel:711)) or consult the online *Pharmacy Directory* at [AetnaMedicare.com/findpharmacy](https://AetnaMedicare.com/findpharmacy).

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)) (TTY users should call [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day, 7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call [1-833-570-6670](tel:1-833-570-6670) (TTY: [711](tel:711)).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-833-570-6670](tel:1-833-570-6670) (TTY: [711](tel:711)).

### Required disclaimer

If a TPMO does not sell for all MA organizations in the service area the disclaimer consists of the statement:

We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact [Medicare.gov](https://Medicare.gov), 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)), or your local State Health Insurance Program to get information on all of your options.

If the TPMO sells for all MA organizations in the service area the disclaimer consists of the statement:

Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact [Medicare.gov](https://Medicare.gov), 1-800-MEDICARE ([1-800-633-4227](tel:1-800-633-4227)), or your local State Health Insurance Program for help



with plan choices.





