Aetna Medicare Signature (PPO)
H5521 - 710 | **$0 Plan Premium**

This is my plan.

2026 Summary of Benefits

We're here to help

You may have questions as you read through this information. And that's OK — we're here to help.

Not a member yet?
Call 1-833-859-6031 (TTY: 711)
October 1–March 31: 8 AM to 8 PM, 7 days a week
April 1–September 30: 8 AM to 8 PM, Monday–Friday

Already a member?
Call 1-833-570-6670 (TTY: 711)8 AM to 8 PM, 7 days a week
An Aetna team member will answer your call.

Keep in mind

This is a summary of the services we cover from January 1, 2026 through December 31, 2026.

Need a complete list of what we cover and any limitations? Just visit **AetnaMedicare.com/H5521-710** where you'll find the plan's *Evidence of Coverage* (EOC). You may call us to request a copy.

2026-H5521.710.1

Are you eligible to enroll?

To join Aetna Medicare Signature (PPO), you must:

- Be entitled to Medicare Part A
- Have Medicare Part B
- Live in the plan's service area, which includes the following counties:
  Florida: Charlotte, Collier, DeSoto, Highlands, Lee, Manatee, Sarasota

What you should know

- **Plan type:** Aetna Medicare Signature (PPO) is a PPO plan. This is a Medicare Advantage plan that covers prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.
- **Primary Care Provider (PCP):** A PCP is important to help coordinate your care. We require you to select a PCP. When you enroll, we'll ask who your PCP is. If you don't tell us, we'll assign one to you. You can change your PCP anytime by calling us or logging into your member portal.
- **Referrals:** Aetna Medicare Signature (PPO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your provider in order to see you.
- **Prior authorizations:** Your provider will work with us to get approval before you receive certain services or drugs.
- **Helpful resources:** To find provider directories, network pharmacies, and other plan information, visit **AetnaMedicare.com/H5521-710**. For coverage and costs of Original Medicare, look in the *Medicare & You* handbook. View it online at **medicare.gov/medicare-and-you**, or get a copy by calling 1-800-MEDICARE (**1-800-633-4227**) (**TTY: 1-877-486-2048**), 24 hours a day, 7 days a week.

Plan premium, deductible, and maximum out-of-pocket (MOOP)

Out-of-pocket costs	
Monthly plan premium	$0 You must continue to pay your Medicare Part B premium.
Plan deductible	$0
MOOP	$6,750 for in-network services $10,100 for in- and out-of-network services combined Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

Medical and hospital benefits

Hospital coverage

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient (unlimited number of days)	$425 per day, days 1-7; $0 per day, days 8-90; $0 for additional days	50% per stay
Outpatient hospital observation services	$425 copay	50% coinsurance
Outpatient hospital	$410 copay	50% coinsurance
Ambulatory surgical center	$375 copay	50% coinsurance

Primary Care Provider (PCP) and specialist visits

Benefit	Your in-network costs	Your out-of-network costs
PCP	$0 copay	$55 copay
Specialist	$60 copay	$100 copay

Preventive, emergency and urgent care

Benefit	Your in-network costs	Your out-of-network costs
Preventive care	$0 copay For a full list of preventive services available, see the EOC. Some covered services may have an associated cost.	$0 copay
Emergency and urgent care (inside the U.S.)	$130 copay for emergency care $35 copay for urgent care	$130 copay for emergency care $35 copay for urgent care
Emergency and urgent care, including emergency ambulance (outside the U.S.)	$130 copay for emergency care $130 copay for urgent care $290 copay for ambulance Maximum coverage: $250,000 (the most we'll pay for your worldwide emergency and urgent care combined, including emergency ambulance)	$130 copay for emergency care $130 copay for urgent care $290 copay for ambulance

Diagnostic services, labs, imaging

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic tests and procedures	$0 - $100 copay $0 copay for services performed at a non-hospital facility $100 copay for services performed at a hospital facility $0 copay for certain Medicare-covered diagnostic tests and services including retinal fundus, spirometry, and peripheral arterial disease (PAD) testing	50% coinsurance
Lab services	$0 - $50 copay $0 copay for services performed at a non-hospital facility and for certain lab services including hemoglobin A1c, urine protein, prothrombin (protime), urine albumin, fecal immunochemical test (FIT), kidney health evaluation for members with diabetes (KED) and COVID-19 testing $50 copay for services performed at a hospital facility	50% coinsurance
Diagnostic radiology services, such as CT/CAT scan and MRI	$0 - $250 copay $0 copay for services performed at a non-hospital facility $250 copay for services performed at a hospital facility	50% coinsurance
Outpatient x-rays	$0 - $30 copay $0 copay for services performed at a non-hospital facility $30 copay for services performed at a hospital facility	50% coinsurance

Hearing services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic hearing exam	$60 copay	$100 copay
Routine hearing exam	$0 copay You get one routine hearing exam every year. You can visit a provider in the NationsHearing® network or an out-of-network provider.	$100 copay
Hearing aids	Hearing aids are only covered when purchased through a NationsHearing provider. The copay amount is based on the level of hearing aid selected and will need to be paid at the time of purchase. • Level 1 (Standard): $0 copay per ear, per year • Level 2 (Select): $475 copay per ear, per year • Level 3 (Superior Plus): $650 copay per ear, per year • Level 4 (Advanced): $895 copay per ear, per year • Level 5 (Advanced Plus): $1,300 copay per ear, per year • Level 6 (Specialty): $1,700 copay per ear, per year	Not Covered

Dental services

Benefit	Your in-network costs	Your out-of-network costs
Dental services (non-Medicare covered)	$0 copay for preventive services This benefit only covers preventive services. Preventive services include oral exams, x-rays, and cleanings. Comprehensive services are not covered. You can use a provider in or out of the Aetna Dental PPO Network, which is different from your medical network, for covered services. However, if you use a provider outside of the network, you may be required to pay in full for services and submit a request for reimbursement.	50% coinsurance for preventive services

Vision services

Benefit	Your in-network costs	Your out-of-network costs
Diagnostic eye exam (includes diabetic eye exams)	$0 copay	$100 copay
Glaucoma screening	$0 copay	50% coinsurance
Routine eye exam (one exam every year)	$0 copay with an iCare provider	$0 copay up to $50. You will be responsible for any billed amount over $50.
Contacts and eyeglasses	You get an annual benefit amount (allowance) of $170 for covered prescription eyewear. We have teamed up with iCare to provide this benefit. You can choose to use a provider outside of the iCare network, but you may be responsible for additional costs. Your benefit amount is applied at the time of purchase. If your eyewear purchase is more than your benefit amount, you'll need to pay the difference.	

Mental health services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Inpatient psychiatric hospital stay	$350 per day, days 1-6; $0 per day, days 7-90 Our plan covers up to 190 days per benefit period.	50% per stay
Outpatient mental health therapy	$30 copay for individual sessions $25 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions
Outpatient psychiatric therapy	$30 copay for individual sessions $25 copay for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions

Skilled nursing facility (SNF) and therapy

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification. Note: Members must meet the Centers for Medicare & Medicaid Services (CMS) criteria for medically necessary skilled care to be covered.

Benefit	Your in-network costs	Your out-of-network costs
SNF care	$0 per day, days 1-20; $218 per day, days 21-100 Our plan covers up to 100 days per benefit period.	50% per stay
Physical and speech therapy	$45 copay	50% coinsurance
Occupational therapy	$45 copay	50% coinsurance

Ambulance and routine transportation

Your provider needs approval from us before we cover non-emergency transportation by fixed wing aircraft. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Ambulance (ground or air, one-way trip)	$290 copay for ground ambulance services 20% coinsurance for air ambulance services	$290 copay for ground ambulance services 20% coinsurance for air ambulance services
Routine, non-emergency transportation	Not Covered	Not Covered

Medicare Part B drugs

Medicare Part B only covers a limited number of medicines under certain conditions. These medicines are often given to you in your provider's office. They can include things like vaccines, injections, and nebulizers, among others. They can also include medicines you take at home using special medical equipment. Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Chemotherapy drugs	0% - 20% coinsurance Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance
Part B Insulin	$35 copay	$35 copay
Other Part B drugs	0% - 20% coinsurance Cost sharing shown is the maximum you will pay for Part B prescription drugs. You may pay less for certain drugs.	50% coinsurance

Medicare Part D drugs

Medicare Part D covers a wide range of prescription drugs. They can include medicines you take every day for conditions like high blood pressure or diabetes. Some drugs require **prior authorization**. This means you must get approval from us first before we'll cover them.

Prescription drug costs (your costs may be lower if you qualify for "Extra Help")

Formulary name: B2 (you can use this when referencing our list of covered drugs).

Deductible phase

You'll pay the plan's negotiated drug cost up to the deductible limit of $615. The deductible applies to drugs on Tiers 3, 4, and 5.

Initial coverage phase

The plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription filled. You will pay the lesser of the listed copay/coinsurance below or the negotiated cost of the drug. These cost shares may also apply to home infusion drugs when obtained through your Part D benefit. Costs may differ based on pharmacy type or status.

One-month Supply

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail	Long-Term Care (LTC)
	30-day	30-day	30-day	30-day	31-day
Tier 1: Preferred Generic	$0	$2	$0	$2	$2
Tier 2: Generic	$0	$12	$0	$12	$12
Tier 3: Preferred Brand	24%	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%	25%
Tier 5: Specialty	25%	25%	25%	25%	25%

Long-term Supply

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Preferred Retail	Standard Retail	Preferred Mail	Standard Mail
	100-day	100-day	100-day	100-day
Tier 1: Preferred Generic	$0	$6	$0	$6
Tier 2: Generic	$0	$36	$0	$36
Tier 3: Preferred Brand	24%	24%	24%	24%
Tier 4: Non-Preferred Drug	25%	25%	25%	25%
Tier 5: Specialty	A long-term supply is not available for drugs on Tier 5.			

Out-of-pocket threshold

$2,100 is the maximum amount you will pay for your yearly Part D out-of-pocket costs.

Catastrophic coverage phase

In this phase, the plan pays the full cost for your covered Part D drugs.

You'll pay $0 for generic and brand name drugs in this phase.

Insulins and vaccines

Important message about what you pay for Part D insulins: You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or Part D phase you are in, even if you haven't paid your deductible.

Important message about what you pay for Part D vaccines: Our plan covers many vaccines at no cost to you, even if you haven't paid your deductible.

Check your formulary guide for a list of covered insulins and vaccines.

Other covered benefits

Alternative medicine

Benefit	Your in-network costs	Your out-of-network costs
Acupuncture	$60 copay for Medicare-covered acupuncture visits	$100 copay for Medicare-covered acupuncture visits
	Medicare coverage is limited to services to treat chronic low back pain. Non-Medicare covered acupuncture services are not covered.	
Chiropractic services	$15 copay for Medicare-covered chiropractic visits	50% coinsurance for Medicare-covered chiropractic visits
	Medicare coverage is limited to fixing a subluxation. Non-Medicare covered chiropractic services are not covered.	

Diabetic supplies

We exclusively cover **Accu-Chek/Roche and TRUE/Trividia** blood glucose meters and test strips as our preferred diabetic supplies.

Benefit	Your in-network costs	Your out-of-network costs
Diabetic supplies	0% - 20% coinsurance 0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies 20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization	0% - 20% coinsurance 0% coinsurance for Accu-Chek/Roche and TRUE/Trividia blood glucose meters, and medical diabetic supplies 20% coinsurance for blood glucose meters and supplies manufactured by providers other than Accu-Chek/Roche and TRUE/Trividia with an approved prior authorization

Fitness benefit

Benefit	Your costs in our plan
Annual physical fitness membership	$0 copay You get a basic membership to any SilverSneakers® participating fitness facility. If you prefer to exercise at home, you may order one at-home fitness kit per year through SilverSneakers. If you do not reside near a participating facility, online fitness classes are available at no additional cost to you.

Foot care (podiatry services)

Benefit	Your in-network costs	Your out-of-network costs
Foot exams and treatment	$60 copay for Medicare-covered podiatry visits	$100 copay for Medicare-covered podiatry visits

Home care and support

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Home health care	$0 copay	50% coinsurance

Medical equipment and supplies

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Durable medical equipment (DME), such as wheelchairs, crutches, oxygen equipment, and continuous glucose monitors (CGMs)	0% - 20% coinsurance 0% coinsurance for continuous glucose monitors 20% coinsurance for all other Medicare-covered DME items	50% coinsurance
Prosthetics, such as braces and artificial limbs	20% coinsurance	50% coinsurance

Resources For Living®

Benefit	
Resources For Living	Resources For Living helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.

Substance use disorder services

Your provider may need approval from us before we cover these services. This is called **prior authorization** or precertification.

Benefit	Your in-network costs	Your out-of-network costs
Outpatient substance use disorder services	$30 copy for individual sessions $25 copy for group sessions	50% coinsurance for individual sessions 50% coinsurance for group sessions

Visitor/travel benefit

Plan rules continue to apply. You will need to choose a PCP where you are receiving care. **Prior authorizations** are required for certain services.

Benefit	
Visitor/travel program: Explorer	Allows you to remain in your plan for up to 12 months when you are outside our plan's service area. While traveling within the United States, you can see an Aetna Medicare participating provider and pay in-network cost shares. Not all providers participate in the multi-state network. In most cases, when you receive non-urgent/non-emergency care from an out-of-network provider, your share of the costs for your covered services may be higher. You must select a PCP in the visitor/travel area in order for services to be covered. Contact us for help finding a participating provider in the area you're traveling to.

24-Hour Nurse Line

You can talk to a registered nurse anytime to discuss health-related questions. While only your doctor can diagnose, prescribe, or give medical advice, the 24-Hour Nurse Line can provide information on a variety of health topics.

Benefit	Your costs in our plan
24-Hour Nurse Line	$0 copay