

Plan Guide 2027



NORTH-PPO-PLANS
Aetna Medicare Signature (PPO) H5521-705
Aetna Medicare Premier (PPO) H5521-706

This is an at-a-glance view of plan costs and coverage to help you explore your options. It is not a complete list. For full details, refer to the *Summary of Benefits* or view the plan’s *Evidence of Coverage* (EOC) at [AetnaMedicare.com](https://www.aetna.com) or call us to request a copy.

What you'll find inside

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

When joining a plan

Review the following pages for in-network costs for some of our Medicare benefits.

Your questions are important to us

1-844-509-6254 (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
Your call may be answered by a licensed agent.

Service area

Plan name	Contract PBP	Plan service area
Aetna Medicare Signature (PPO)	H5521-705	Florida: Clay, Duval, Flagler, Nassau, St. Johns, Volusia
Aetna Medicare Premier (PPO)	H5521-706	Florida: Clay, Duval, Flagler, Nassau, St. Johns, Volusia

Medical and hospital benefits

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

Benefits	H5521-705 Aetna Medicare Signature (PPO)	H5521-706 Aetna Medicare Premier (PPO)
Monthly plan premium	\$0	\$100
Plan deductible	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	\$7,150 for in-network services. \$10,750 for in- and out-of-network services combined.	\$7,150 for in-network services. \$10,750 for in- and out-of-network services combined.

Not for distribution prior to 10/01

Benefits	H5521-705 Aetna Medicare Signature (PPO)	H5521-706 Aetna Medicare Premier (PPO)
Hospital coverage		
Inpatient hospital care	\$435 per day, days 1-7; \$0 per day, days 8-90; \$0 for additional days. Our plan covers unlimited hospital days.	\$415 per day, days 1-6; \$0 per day, days 7-90; \$0 for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	\$435 copay	\$415 copay
Ambulatory surgery center (ASC)	\$435 copay	\$365 copay
Skilled nursing facility	\$0 per day, days 1-20; \$221 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$221 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Provider services		
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 In-network PCP selection is required.	\$0 copay In-network PCP selection is required.
PCP referrals	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	\$75 copay	\$50 copay
Emergency and urgent care		
Emergency care	\$130 copay	\$130 copay
Urgently needed services	\$50 copay	\$50 copay
Worldwide coverage (i.e., outside of the United States)	\$130 copay for emergency and urgent services worldwide. \$250,000 maximum coverage.	\$130 copay for emergency and urgent services worldwide. \$250,000 maximum coverage.
Diagnostic testing		
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: \$0 - \$50 copay Lower cost sharing is for services performed at a non-hospital facility. Diagnostic radiology: \$0 - \$350 copay Lower cost sharing is for services performed at a non-hospital facility.	X-rays: \$0 - \$30 copay Lower cost sharing is for services performed at a non-hospital facility. Diagnostic radiology: \$0 - \$250 copay Lower cost sharing is for services performed at a non-hospital facility.
Lab services	\$0 - \$20 copay Lower cost sharing is for services performed at a non-hospital facility. \$0 copay for certain lab services	\$0 - \$20 copay Lower cost sharing is for services performed at a non-hospital facility. \$0 copay for certain lab services
Dental, vision and hearing (non-Medicare covered)		
Dental services	\$0 for preventive services. Comprehensive services are not covered. Aetna Dental PPO Network	Our plan pays \$1,500 every year for in and out-of network preventive and comprehensive dental services combined. Aetna Dental PPO Network

Benefits	H5521-705 Aetna Medicare Signature (PPO)	H5521-706 Aetna Medicare Premier (PPO)
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	Our plan pays \$100 every year for prescription eyewear. iCare Network	Our plan pays \$200 every year for prescription eyewear. iCare Network
Routine hearing exam	\$0 copay (one exam every year) Appointments should be scheduled through NationsHearing®.	\$0 copay (one exam every year) Appointments should be scheduled through NationsHearing®.
Hearing aids	Every year, you have a \$0 - \$1,700 copay. (Copay may vary based on technology; see <i>Summary of Benefits</i> for more details.) Hearing aids should be purchased through NationsHearing®.	Every year, you have a \$0 - \$1,700 copay. (Copay may vary based on technology; see <i>Summary of Benefits</i> for more details.) Hearing aids should be purchased through NationsHearing®.
Therapy		
Physical and speech therapy	\$70 copay	\$40 copay
Occupational therapy	\$50 copay	\$40 copay
Outpatient mental health therapy (individual)	\$30 copay	\$30 copay
Ambulance		
Ground ambulance (one-way trip)	\$320 copay	\$275 copay
Air ambulance (one-way trip)	20% coinsurance	20% coinsurance
Equipment		
Durable medical equipment	20% coinsurance	20% coinsurance

Additional benefits

Benefits	H5521-705 Aetna Medicare Signature (PPO)	H5521-706 Aetna Medicare Premier (PPO)
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	Not offered with this plan	CVS Over-the-counter (OTC) Wallet \$45 benefit amount (allowance) quarterly on the Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.
Fitness	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership. Our plan will reimburse you \$90 each quarter for qualified fitness expenses.
Over-the-counter (OTC) items	Not offered with this plan	See Aetna Medicare Extra Benefits Card for the CVS OTC Wallet.

Benefits	H5521-705 Aetna Medicare Signature (PPO)	H5521-706 Aetna Medicare Premier (PPO)
Visitor/travel benefit	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.

Prescription drugs

Benefits	H5521-705 Aetna Medicare Signature (PPO)	H5521-706 Aetna Medicare Premier (PPO)
Rx formulary	B2	B2
Rx deductible	\$700	\$700
	Does not apply to Tier 1, Tier 2 drugs.	Does not apply to Tier 1, Tier 2 drugs.
Out-of-pocket threshold	\$2,400	\$2,400
Catastrophic coverage for generic and brand name drugs	\$0	\$0

Tier drug coverage

Benefits	H5521-705 Aetna Medicare Signature (PPO)		H5521-706 Aetna Medicare Premier (PPO)	
Supply in days	30	100	30	100
Tier 1				
Retail Preferred	\$0	\$0	\$0	\$0
Retail Standard	\$5	\$15	\$5	\$15
Mail-order Preferred	\$0	\$0	\$0	\$0
Mail-order Standard	\$5	\$15	\$5	\$15
Tier 2				
Retail Preferred	\$5	\$15	\$5	\$15
Retail Standard	\$12	\$36	\$12	\$36
Mail-order Preferred	\$5	\$5	\$5	\$5
Mail-order Standard	\$12	\$36	\$12	\$36
Tier 3				
Retail Preferred	17%	17%	17%	17%
Retail Standard	17%	17%	17%	17%
Mail-order Preferred	17%	17%	17%	17%
Mail-order Standard	17%	17%	17%	17%
Tier 4				
Retail Preferred	28%	28%	28%	28%
Retail Standard	28%	28%	28%	28%
Mail-order Preferred	28%	28%	28%	28%
Mail-order Standard	28%	28%	28%	28%
Tier 5				
Retail Preferred	25%	N/A	25%	N/A
Retail Standard	25%	N/A	25%	N/A

§ 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 and/or pharmacy network may change at any time. You will receive notice when necessary.

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

The Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Rural Nebraska, Rural North Dakota, Suburban West Virginia, Urban Kansas, and Urban Missouri. 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 **1-844-509-6254** (TTY: **711**) or consult the online *Pharmacy Directory* at **[AetnaMedicare.com/findpharmacy](https://www.aetna.com/medicare/findpharmacy)**.

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**) (TTY users should call **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.

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See *Evidence of Coverage* 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.

Out-of-network/non-contracted providers are

under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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.

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

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-570-6670** (TTY: **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**, 1-800-MEDICARE (**1-800-633-4227**), 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**, 1-800-MEDICARE (**1-800-633-4227**), for help with plan choices.

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