2026 Plan Guide

Aetna Medicare Prime (HMO-POS) H0523-073
Aetna Medicare Signature (HMO) H4982-001

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** or call us at **1-833-859-6031** (**TTY: 711**). Your call may be answered by a licensed agent.

Special notice: All CA HMO plans require a selection of a primary care provider (PCP). Members are encouraged to select a PCP close to their home. The PCP will be affiliated with an Independent Practice Association (IPA)/Medical Group. **The IPA/Medical Group chosen is important since it determines the specialists and hospitals a member can use.**

Service area

Plan name	Contract PBP	Plan service area
Aetna Medicare Prime (HMO-POS)	H0523-073	**California**: Orange
Aetna Medicare Signature (HMO)	H4982-001	**California**: Los Angeles, Orange

Medical and hospital benefits

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

Benefits	H0523-073 Aetna Medicare Prime (HMO-POS)	H4982-001 Aetna Medicare Signature (HMO)
Monthly plan premium	$0	$0
Plan deductible	$0	$0
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	$599 for in-network services.	$599
Network	Our plan works with a dedicated primary care network. Check the provider directory at AetnaMedicare.com.	Our plan offers a broad choice of providers. Check the provider directory at AetnaMedicare.com.
Hospital coverage		
Inpatient hospital care	$0 per stay Our plan covers unlimited hospital days.	$190 per day, days 1-5; $0 per day, days 6-90; $0 for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	$0 copay	$0 copay
Ambulatory surgery center (ASC)	$0 copay	$0 copay
Skilled nursing facility	$0 per day, days 1-20; $50 per day, days 21-100 Our plan covers up to 100 days per benefit period.	$20 per day, days 1-20; $218 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits		
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	PCP referral is required to access specialists and other providers. See *Evidence of Coverage* (EOC) for details.	PCP referral is required to access specialists and other providers. See *Evidence of Coverage* (EOC) for details.
Specialist	$0 copay	$0 copay

Benefits	H0523-073 Aetna Medicare Prime (HMO-POS)	H4982-001 Aetna Medicare Signature (HMO)
Emergency and urgent care		
Emergency care	$150 copay	$150 copay
Urgently needed services	$0 copay	$0 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.
Diagnostic testing		
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: $0 copay Diagnostic radiology: $0 copay	X-rays: $0 copay Diagnostic radiology: $0 copay
Lab services	$0 copay	$0 copay
Dental, vision and hearing (non-Medicare covered)		
Dental services	$0 - 50% cost share. Our plan pays for preventive dental services and $1,500 every year for comprehensive dental services. Aetna Dental PPO Network	$0 - 50% cost share. Our plan pays for preventive dental services and $1,000 every year for comprehensive dental services. You must use the Aetna Dental PPO Network.
Routine eye exam	$0 copay with an EyeMed provider (one exam every year)	$0 copay with an EyeMed provider (one exam every year)
Contacts and eyeglasses	Our plan pays $250 every year for prescription eyewear. You must use the EyeMed network.	Our plan pays $100 every year for prescription eyewear. You must use the EyeMed network.
Routine hearing exam	$0 copay (one exam every year) Appointments must be scheduled through NationsHearing®.	$0 copay (one exam every year) Appointments must be scheduled through NationsHearing®.

Benefits	H0523-073 Aetna Medicare Prime (HMO-POS)	H4982-001 Aetna Medicare Signature (HMO)
Hearing aids	Our plan pays $500 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing®.	Our plan pays $1,250 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing®.
Therapy		
Physical and speech therapy	$0 copay	$0 copay
Occupational therapy	$0 copay	$0 copay
Outpatient mental health therapy (individual)	$10 copay	$0 copay
Ambulance		
Ground ambulance (one-way trip)	$275 copay	$275 copay
Air ambulance (one-way trip)	20% coinsurance	20% coinsurance
Equipment		
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.****
Acupuncture services (additional)	$0 copay (unlimited visits every year based on medical necessity through American Specialty Health®)	$0 copay (unlimited visits every year based on medical necessity through American Specialty Health®)
Aetna® Medicare Extra Benefits Card	**CVS Over-the-counter (OTC) Wallet** $45 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.	Not offered with this plan

Benefits	H0523-073 Aetna Medicare Prime (HMO-POS)	H4982-001 Aetna Medicare Signature (HMO)
Chiropractic services (additional)	$0 copay (unlimited visits every year based on medical necessity through American Specialty Health®)	$0 copay (unlimited visits every year based on medical necessity through American Specialty Health®)
Fitness	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.
Over-the-counter (OTC) items	See **Aetna Medicare Extra Benefits Card** for the CVS OTC Wallet.	Not covered

Prescription drugs

Benefits	H0523-073 Aetna Medicare Prime (HMO-POS)	H4982-001 Aetna Medicare Signature (HMO)
Rx formulary	B2	B2
Rx deductible	$615 Does not apply to Tier 1, Tier 2 drugs.	$615 Does not apply to Tier 1, Tier 2 drugs.
Tier 1 drugs: • Retail: 30-day supply • Retail/Mail-order: 100-day supply	Preferred / Standard $0 / $2 $0 / $6	Preferred / Standard $0 / $2 $0 / $6
Tier 2 drugs: • Retail: 30-day supply • Retail: 100-day supply • Mail-order: 100-day supply	Preferred / Standard $0 / $12 $0 / $36 $0 / $36	Preferred / Standard $0 / $12 $0 / $36 $0 / $36
Tier 3 drugs: • Retail: 30-day supply • Retail/Mail-order: 100-day supply	Preferred / Standard 24% / 24% 24% / 24%	Preferred / Standard 24% / 24% 24% / 24%
Tier 4 drugs: • Retail: 30-day supply • Retail/Mail-order: 100-day supply	Preferred / Standard 25% / 25% 25% / 25%	Preferred / Standard 25% / 25% 25% / 25%
Tier 5 drugs: • Retail: 30-day supply • Retail/Mail-order: 100-day supply	Preferred / Standard 25% / 25% N/A	Preferred / Standard 25% / 25% 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.

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.

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

Access to specialty health care services is provided by American Specialty Health Group, Inc. and American Specialty Health Plans of California, Inc., subsidiaries of ASH. American Specialty Health is a federally registered trademark of ASH and used with permission herein.

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** (**TTY: 711**) or consult the online *Pharmacy Directory* at **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**) (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.

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** (**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**), 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**, 1-800-MEDICARE (**1-800-633-4227**), or your local State Health Insurance Program for help with plan choices.

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