CDA Insurance LLC

Please return signed applications via one of the following methods:

EMAIL: secure email link (Ctrl+Click)
tiffany@lowinsure.com

FAX: 1-541-284-2994

MAIL: CDA Insurance LLC
P.O. Box 26540
Eugene, OR 97402

CONTACT: **Tiffany Jackson**, independent agent, with any questions or concerns.
Email: tiffany@lowinsure.com or phone: 1-541-434-9613

If using the Annual Enrollment Period, please return between October 15th and December 7th for a January 1st effective date.

All other enrollments will be processed for the first of the month following receipt of the application. A valid Enrollment Period is required by CMS.

AETNA MEDICARE ADVANTAGE PLAN DOCUMENTS:

Elite HMO-POS H2056-003 | Signature PPO H5521-492 | Eagle Plan PPO H5521-493 | Enhanced PPO H5521-685 | Elite HMO-POS H2056-005

- Application download: PDF available 10-15-2025 email to request one be sent out
- Electronic application: Aetna e-application 2026 available 10-15-2025
- Provider Search
- Star ratings HMO Star ratings PPO
- Pharmacy search
- Formulary search

TPMO disclaimer: CDA Insurance LLC may not offer every plan available in your area. Currently represented in the Medicare Advantage market are all plans available from: 9 insurance companies in the state of Oregon, 9 in the state of Washington, 4 in the state of Idaho, and 3 in the state of Texas. Any information provided is limited to those plans we do offer in your area. For a breakdown by county, please visit our websites: Oregon, Washington, Idaho, Texas Please contact Medicare.gov, 1-800-MEDICARE , or your local SHIP to obtain information on all of your options.

aetna®

GREATER-PORTLAND-OREGON

2026 Plan Guide

Aetna Medicare Signature (PPO) H5521-492
Aetna Medicare Elite (HMO-POS) H2056-003
Aetna Medicare Eagle (PPO) H5521-493

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. 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.

Service area

Plan name	Contract PBP	Plan service area
Aetna Medicare Signature (PPO)	H5521-492	**Oregon**: Clackamas, Columbia, Multnomah, Washington, Yamhill
Aetna Medicare Elite (HMO-POS)	H2056-003	**Oregon**: Clackamas, Columbia, Multnomah, Washington, Yamhill
Aetna Medicare Eagle (PPO)	H5521-493	**Oregon**: Clackamas, Columbia, Jackson, Josephine, Multnomah, Washington, Yamhill

Medical and hospital benefits

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

Benefits	H5521-492 Aetna Medicare Signature (PPO)	H2056-003 Aetna Medicare Elite (HMO-POS)	H5521-493 Aetna Medicare Eagle (PPO)
Monthly plan premium	$0	$0	$0
Part B premium reduction	$0	$0	$50
Plan deductible	$0	$750* for certain in-network services.	$0
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	$6,900 for in-network services. $13,900 for in- and out-of-network services combined.	$5,900 for in-network services.	$5,900 for in-network services. $8,950 for in- and out-of-network services combined.
Hospital coverage			
Inpatient hospital care	$475 per day, days 1-5; $0 per day, days 6-90; $0 for additional days. Our plan covers unlimited hospital days.	$450 per day, days 1-5; $0 per day, days 6-90 after plan deductible; $0 for additional days. Our plan covers unlimited hospital days.	$430 per day, days 1-5; $0 per day, days 6-90; $0 for additional days. Our plan covers unlimited hospital days.
Outpatient hospital	$450 copay	$375 copay after plan deductible	$400 copay
Ambulatory surgery center (ASC)	$375 copay	$325 copay after plan deductible is met	$350 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.	$10 per day, days 1-20; $218 per day, days 21-100 after plan deductible Our plan covers up to 100 days per benefit period.	$10 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.	$0 copay for an annual routine physical exam.
Primary care provider (PCP)	$0 copay	$0 copay	$0 copay

Benefits	H5521-492 Aetna Medicare Signature (PPO)	H2056-003 Aetna Medicare Elite (HMO-POS)	H5521-493 Aetna Medicare Eagle (PPO)
PCP referrals	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	$55 copay	$50 copay	$35 copay
Emergency and urgent care			
Emergency care	$115 copay	$130 copay	$130 copay
Urgently needed services	$40 copay	$45 copay	$35 copay
Worldwide coverage (i.e., outside of the United States)	$115 copay for emergency and urgent services worldwide. $250,000 maximum coverage.	$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 copay Diagnostic radiology: $325 copay	X-rays: $0 copay Diagnostic radiology: $275 copay	X-rays: $0 copay Diagnostic radiology: $300 copay
Lab services	$25 copay You'll pay $0 copay for certain lab services.	$20 copay You'll pay $0 copay for certain lab services.	$0 copay
Dental, vision and hearing (non-Medicare covered)			
Dental services	$0 - 50% cost share. Our plan pays for preventive dental services and $1,250 every year for comprehensive dental services. Aetna Dental PPO Network	$0 - 50% cost share. Our plan pays for preventive dental services and $750 every year for comprehensive dental services. Aetna Dental PPO Network	$0 - 50% cost share. Our plan pays for preventive dental services and $1,500 every year for comprehensive dental services. 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)	$0 copay with an EyeMed provider (one exam every year)

Benefits	H5521-492 Aetna Medicare Signature (PPO)	H2056-003 Aetna Medicare Elite (HMO-POS)	H5521-493 Aetna Medicare Eagle (PPO)
Contacts and eyeglasses	Our plan pays $125 every year for prescription eyewear. EyeMed Network	Our plan pays $100 every year for prescription eyewear. You must use the EyeMed network.	Our plan pays $225 every year for prescription eyewear. EyeMed Network
Routine hearing exam	$0 copay (one exam every year) Appointments should be scheduled through NationsHearing®.	$0 copay (one exam every year) Appointments must be scheduled through NationsHearing®.	$0 copay (one exam every year) Appointments should be scheduled through NationsHearing®.
Hearing aids	Our plan pays $1,000 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing®.	Our plan pays $1,000 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	$35 copay	$30 copay	$35 copay
Occupational therapy	$35 copay	$30 copay	$35 copay
Outpatient mental health therapy (individual)	$40 copay	$40 copay	$40 copay
Ambulance			
Ground ambulance (one-way trip)	$280 copay	$295 copay	$265 copay
Air ambulance (one-way trip)	20% coinsurance	20% coinsurance	20% coinsurance
Equipment			
Durable medical equipment	20% coinsurance	20% coinsurance	20% coinsurance

Benefits	H5521-492 Aetna Medicare Signature (PPO)	H2056-003 Aetna Medicare Elite (HMO-POS)	H5521-493 Aetna Medicare Eagle (PPO)
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.****	$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	**Over-the-counter (OTC) Wallet** $25 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	**Over-the-counter (OTC) Wallet** $75 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.	Physical fitness program: Basic SilverSneakers® membership.
Over-the-counter (OTC) items	See **Aetna Medicare Extra Benefits Card** for the OTC Wallet.	Not covered	See **Aetna Medicare Extra Benefits Card** for the OTC Wallet.
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.	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	H5521-492 Aetna Medicare Signature (PPO)	H2056-003 Aetna Medicare Elite (HMO-POS)	H5521-493 Aetna Medicare Eagle (PPO)
Rx formulary	B2	B2	No prescription drug benefit coverage is available for this plan.
Rx deductible	$615 Does not apply to Tier 1, Tier 2 drugs.	$300 Does not apply to Tier 1, Tier 2 drugs.	No prescription drug benefit coverage is available for this plan.
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	No prescription drug benefit coverage is available for this plan.
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 $10 / $12 $30 / $36 $20 / $36	No prescription drug benefit coverage is available for this plan.
Tier 3 drugs: • Retail: 30-day supply • Retail/Mail-order: 100-day supply	Preferred / Standard 24% / 24% 24% / 24%	Preferred / Standard 25% / 25% 25% / 25%	No prescription drug benefit coverage is available for this plan.
Tier 4 drugs: • Retail: 30-day supply • Retail/Mail-order: 100-day supply	Preferred / Standard 25% / 25% 25% / 25%	Preferred / Standard 26% / 26% 26% / 26%	No prescription drug benefit coverage is available for this plan.
Tier 5 drugs: • Retail: 30-day supply • Retail/Mail-order: 100-day supply	Preferred / Standard 25% / 25% N/A	Preferred / Standard 29% / 29% N/A	No prescription drug benefit coverage is available for this plan.
Out-of-pocket threshold	$2,100	$2,100	No prescription drug benefit coverage is available for this plan.

Benefits	H5521-492 Aetna Medicare Signature (PPO)	H2056-003 Aetna Medicare Elite (HMO-POS)	H5521-493 Aetna Medicare Eagle (PPO)
Catastrophic coverage: • Generic and brand name drugs	$0	$0	No prescription drug benefit coverage is available for this plan.

* Deductible will apply to the following in-network services: inpatient hospital, inpatient psychiatric, skilled nursing facility, therapeutic radiology, outpatient hospital services (including observation), ambulatory surgical center (ASC), and dialysis. See the *Evidence of Coverage* for details.

**** 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.

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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** (**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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