

**Medicare Advantage Plans
Stark County - 2022**

Plan Name Phone Number	Overall Star Rating	Monthly Premium	Drug Coverage	Drug Deductible	Copays for Primary Care Physicians	Doctor Choice	Maximum Out-of-Pocket Limit
AARP Medicare Advantage Plan 3, HMO 1-800-555-5757	5.0	\$111.00	Yes	\$0.00	\$5.00	NO	\$3,400.00 - In Network
AARP Medicare Advantage Plan 7, HMO 1-800-555-5757	5.0	\$0.00	Yes	\$175.00	\$5.00	NO	\$4,500 - In Network
AARP Medicare Advantage Plan 8, HMO 1-800-555-5757	5.0	\$25.00	Yes	\$0.00	\$5.00	NO	\$3,900.00 - In Network
AARP Medicare Advantage Plan I, HMO 1-800-555-5757	5.0	\$19.00	Yes	\$0.00	\$0.00	NO	\$4,200.00 - In Network
AARP Medicare Advantage Walgreens, PPO 1-800-555-5757	4.0	\$0.00	Yes	\$225.00	\$0.00	Yes	\$5,100.00 - In Network \$10,000.00 - In & Out of Network
Aetna Medicare Premier, HMO-POS 1-833-859-6031	3.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,500.00 - In Network
Aetna Medicare Premier 1, PPO 1-833-859-6031	4.5	\$149.00 \$1,000.00 Health Plan Deductible	Yes	\$150.00	\$10.00	Yes	\$5,500.00 - In Network \$11,300.00 - In & Out of Network
Aetna Medicare Premier 2, PPO 1-833-859-6031	4.5	\$118.00 \$1,500 Health Plan Deductible	Yes	\$0.00	\$5.00	Yes	\$4,800.00 - In Network \$11,300.00 - In & Out of Network
Aetna Medicare Premier Plus 1 Regional, PPO 1-833-859-6031	4.0	\$217.00 \$250.00 Health Plan Deductible	Yes	\$0.00	\$5.00	Yes	\$4,900.00 - In Network \$11,300.00 - In & Out of Network
Aetna Medicare Premier Plus 2 Regional, PPO 1-833-859-6031	4.0	\$179.00 \$250.00 Health Plan Deductible	Yes	\$260.00	\$0.00	Yes	\$5,100.00 - In Network \$11,300.00 - In & Out of Network
Aetna Medicare Value Plan, HMO-POS 1-833-859-6031	4.0	\$0.00	Yes	\$150.00	\$5.00	NO	\$7,550.00 - In Network
Aetna Medicare Value Plan, PPO 1-833-859-6031	4.5	\$0.00 \$750.00 Health Plan Deductible	Yes	\$150.00	\$5.00	Yes	\$5,300.00 - In Network \$11,300.00 - In & Out of Network

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Anthem MediBlue Access Basic Regional, PPO 1-855-793-1936	4.0	\$83.00 \$1,000.00 Health Plan Deductible	Yes	\$200.00	\$10.00	Yes	\$6,000.00 - In Network \$10,000.00 - In & Out of Network
Anthem MediBlue Access Plus, PPO 1-855-679-0545	4.5	\$89.00 \$1,000.00 Health Plan Deductible	Yes	\$40.00	\$0.00	Yes	\$4,300.00 - In Network \$10,000.00 - In & Out of Network
Anthem MediBlue Access, PPO 1-855-679-0545	4.5	\$56.00 \$1,00.00 Health Plan Deductible	Yes	\$0.00	\$0.00	Yes	\$5,500.00 - In Network \$10,000.00 - In & Out of Network
Anthem MediBlue Preferred Plus, HMO 1-855-679-0543	4.0	\$19.00	Yes	\$0.00	\$0.00	NO	\$3,650.00 - In Network
Anthem MediBlue Extra, HMO 1-855-679-0543	4.0	\$22.00	Yes	\$480.00	\$0.00	NO	\$7,550 - In Network
Anthem MediBlue Plus, HMO 1-855-679-0543	4.0	\$55.00	Yes	\$0.00	\$0.00	NO	\$4,100 - In Network
Anthem MediBlue Preferred, HMO 1-855-679-0543	4.0	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,800 - In Network
CareSource Advantage Zero Premium, HMO 1-844-607-2830	3.5	\$0.00	Yes	\$150.00	\$10.00	NO	\$7,550.00 - In Network
CareSource Advantage, HMO 1-844-607-2830	3.5	\$25.00	Yes	\$75.00	\$0.00	NO	\$5,600.00 - In Network
Devoted Health Core, HMO 1-800-376-5889	Too new	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,200.00 - In Network
Devoted Health Prime, HMO 1-800-376-5889	Too new	\$31.00	Yes	\$0.00	\$0.00	NO	\$4,100 - In Network
Devoted Health Saver, HMO 1-800-376-5889	Too new	\$0.00	Yes	\$200.00	\$0.00	NO	\$5,900.00 - In Network

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Plan Name Phone Number	Overall Star Rating	Monthly Premium	Drug Coverage	Drug Deductible	Copays for Primary Care Physicians	Doctor Choice	Maximum Out-of-Pocket Limit
Humana Choice Regional, PPO 1-800-833-2364	4.5	\$114.00	Yes	\$480.00	\$10.00	Yes	\$6,700.00 - In Network \$10,000.00 - In & Out Network
Humana Gold Choice, PPO 1-800-833-2364	4.0	\$83.00	Yes	\$225.00	\$5.00	Yes	\$6,700.00 - In Network
Humana Choice, PPO 1-800-833-2364	4.0	\$44.00	Yes	\$0.00	\$10.00	Yes	\$6,300.00 - In Network \$10,000.00 - In & Out Network
Humana Choice, PPO 1-800-833-2364	4.0	\$0.00	Yes	\$200.00	\$0.00	Yes	\$5,300.00 - In Network \$10,000.00 - In & Out Network
Humana Choice, PPO 1-800-833-2364	4.5	\$0.00	Yes	\$250.00	\$20.00	Yes	\$7,550.00 - In & Out Network
Humana Choice, PPO 1-800-833-2364	4.5	\$151.00 \$225.00 Health Plan Deductible	Yes	\$100.00	\$5.00	Yes	\$3,400.00 - In & Out Network
Humana Cleveland Clinic Preferred, HMO 1-800-833-2364	4.5	\$0.00	Yes	\$0.00	\$10.00	NO	\$3,900.00 - In Network
Humana Choice, PPO 1-800-833-2364	4.0	\$15.00	Yes	\$0.00	\$5.00	Yes	\$3,900.00 - In Network \$5,100.00 - In & Out Network
Humana Gold Plus, HMO 1-800-833-2364	4.5	\$21.00	Yes	\$0.00	\$0.00	NO	\$3,950.00 - In Network
Humana Gold Plus, HMO 1-800-833-2364	4.5	\$91.00	Yes	\$125.00	\$0.00	NO	\$3,950.00 - In Network
Humana Gold Plus, HMO 1-800-833-2364	4.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,000.00 - In Network
MedMutual Advantage Access, PPO 1-877-368-0081	5.0	\$0.00	Yes	\$0.00	\$5.00	Yes	\$5,400.00 - In Network \$11,300.00 - In & Out of Network

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MedMutual Advantage Choice, HMO 1-877-368-0081	4.5	\$40.00	Yes	\$55.00	\$0.00	NO	\$4,300.00 - In Network
MedMutual Advantage Classic, HMO 1-877-368-0081	4.5	\$0.00	Yes	\$95.00	\$5.00	NO	\$4800.00 - In Network
MedMutual Advantage Plus, HMO 1-877-368-0081	4.5	\$97.00	Yes	\$55.00	\$0.00	NO	\$3,450.00 - In Network
MedMutual Advantage Preferred, PPO 1-877-368-0081	5.0	\$80.00 \$1,750.00 Health Plan Deductible	Yes	\$55.00	\$5.00	NO	\$5,700 - In Network \$11,300.00 - In & Out of Network
MedMutual Advantage Premium, PPO 1-877-368-0081	5.0	\$134.00 \$1,250.00 Health Plan Deductible	Yes	\$55.00	\$0.00	Yes	\$3,450 - In Network \$5,150.00 - In & Out of Network
MedMutual Advantage Secure, HMO 1-877-368-0081	4.5	\$22.00	Yes	\$95.00	\$0.00	NO	\$3,500.00 - In Network
MedMutual Advantage Select, PPO 1-877-368-0081	5.0	\$44.00 \$2,000 Health Plan Deductible	Yes	\$95.00	\$10.00	Yes	\$5,900 - In Network \$11,300.00 - In & Out of Network
MedMutual Advantage Signature, HMO 1-877-368-0081	4.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,900.00 - In Network
Prime Time Health Plan Aultimate, HMO-POS 1-800-577-5084	5.0	\$0.00	Yes	\$200.00	\$5.00	NO	\$4,500.00 - In Network
Prime Time Health Plan Classic, HMO-POS 1-800-877-1049	5.0	\$39.00	Yes	\$150.00	\$0.00	NO	\$4,200.00 - In Network
Prime Time Health Plan Plus, HMO-POS 1-800-877-1049	5.0	\$89.00	Yes	\$100.00	\$0.00	NO	\$3,900.00 - In Network
Summa Care Emerald, HMO-POS 1-888-464-8440	4.5	\$180.00	Yes	\$0.00	\$0.00	NO	\$3,450.00 - In Network

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Summa Care Ruby, HMO 1-888-464-8440	4.5	\$43.00	Yes	\$0.00	\$0.00	NO	\$3,700.00 - In Network
Summa Care Sapphire, HMO-POS 1-888-464-8440	4.5	\$76.00	Yes	\$0.00	\$0.00	NO	\$3,600.00 - In Network
Summa Care Topaz, HMO 1-888-464-8440	4.5	\$0.00	Yes	\$150.00	\$0.00	NO	\$3,900.00 - In Network
Summa Medicare Garnet, HMO 1-888-464-8440	4.5	\$29.00	Yes	\$0.00	\$0.00	NO	\$3,800 - In Network
The Health Plan Secure Choice Option II, PPO 1-877-847-7915	4.0	\$100.00 \$1,500 Health Plan Deductible	Yes	\$100.00	\$5.00	Yes	\$6,7000 - In Network \$10,000.00 - In & Out of Network
The Health Plan Secure Care Option II, HMO 1-877-847-7915	4.5	\$0.00	Yes	\$100.00	\$0.00	NO	\$3,900.00 - In Network
Wellcare Assist, HMO 1-866-277-6583	3.5	\$16.80	Yes	\$480.00	\$0.00	NO	\$4,700.00 - In Network
Wellcare Assist Complement, HMO 1-866-277-6584	2.5	\$17.60	Yes	\$480.00	\$0.00	NO	\$3,450.00 - In Network
Wellcare Giveback, HMO 1-866-277-6583	3.5	\$0.00	Yes	\$480.00	\$0.00	NO	\$5,500.00 - In Network
Wellcare Dividend Giveback, HMO 1-844-917-0175	3.5	\$0.00	Yes	\$480.00	20%	NO	\$3,450.00 - In Network
Wellcare Giveback Boost, HMO 1-855-277-6583	2.5	\$0.00	Yes	\$75.00	\$5.00	Yes	\$7,550.00 - In Network
Wellcare No Premium, HMO 1-866-277-6583	3.5	\$0.00	Yes	\$75.00	\$0.00	NO	\$3,450.00 - In Network

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Wellcare No Premium Essential, HMO-POS 1-844-917-0175	3.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,450.00 - In Network
Wellcare No Premium Medicare, HMO 1-866-277-6583	2.5	\$0.00	Yes	\$75.00	\$0.00	NO	\$3,450.00 - In Network
Well Care No Premium Open, PPO 1-844-917-0175	Too new	\$0.00	Yes	\$160.00	\$0.00	Yes	\$5,900.00 - In Network \$10,000.00 - In & Out Network

Note: AARP is serviced by United Health Care
Source: Center for Medicare and Medicaid Services, October 2021

Key:

HMO - Health Maintenance Organization

PPO - Preferred Provider Organization

POS - Point of Service

MSA - Medicare Savings Account

Star Ratings - The Star rating is the overall rating members give to the plan. Five stars is the highest. N/A means Not available or too new to rate.
Out of Pocket - The maximum out-of-pocket limit is the maximum yearly co-payment an enrollee will have to make for services covered under Parts A and B .

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AARP Advantage Patriot, PPO 1-800-555-5757	4.0	\$0.00	No	N/A	\$0.00	Yes	\$4,500.00 - In Network \$10,000.00 - In & Out of Network
Aetna Medicare Eagle, HMO 1-833-859-6031	3.5	\$0.00	No	N/A	\$0.00	NO	\$5,900.00 - In Network
Anthem MediBlue Access Core Regional, PPO 1-800-797-0560	4.0	\$0.00	No	N/A	\$0.00	Yes	\$4,900.00 - In & Out of Network
Anthem MediBlue Service, PPO 1-800-797-0560	4.5	\$0.00	No	N/A	\$20.00	Yes	\$6,700.00 - In Network \$10,000.00 - In & Out Network
Humana Choice, PPO 1-800-833-2364	4.5	\$0.00 \$1,250.00 Health Plan Deductible	Yes	N/A	\$15.00	Yes	\$7,550.00 - In Network \$10,000.00 - In & Out Network
Humana Honor, PPO 1-800-833-2364	4.0	\$0.00	No	N/A	\$15.00	Yes	\$5,900.00 - In Network \$10,000 - In & Out Network
Lasso Health Care Growth Plus, MSA 1-866-766-2583	2.0	\$0 \$8,000.00 Health Plan Deductible \$3,000 Yearly Deposit from Plan	No	N/A	\$0.00 after Deductible	Yes	\$5,000 Your Responsibility
Lasso Health Care Growth, MSA 1-866-766-2583	2.0	\$0 \$5,000.00 Health Plan Deductible \$2,000 Yearly Deposit from Plan	No	N/A	\$0 after Deductible	Yes	\$3,000 Your Responsibility
Prime Time Health Plan Basic HMO-POS 1-800-877-1049	5.0	\$0.00	No	N/A	\$0.00	NO	\$3,400.00 - In Network
Summa Care Amber, HMO 1-888-464-8440	4.5	\$0.00	No	N/A	\$0.00	NO	\$3,450.00 - In Network
The Health Plan Secure Care Option I, HMO 1-877-847-7915	4.5	\$0.00	No	N/A	\$0.00	NO	\$3,900.00 - In Network
Wellcare Patriot No Premium, HMO 1-877-826-5518	Too new	\$0.00	No	N/A	\$0.00	NO	\$3,450.00 - In Network

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Star Ratings - The Star rating is the overall rating members give to the plan. Five stars is the highest. N/A means Not available or too new to rate.
Out of Pocket - The maximum out-of-pocket limit is the maximum yearly co-payment an enrollee will have to make for services covered under Parts A and B .