

**Medicare Advantage Plans  
Summit 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
Anthem MediBlue Prime Select, HMO 1-855-679-0543	4.0	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,450.00 - 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
Cigna Preferred Medicare, HMO 1-855-394-0157	Too new	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,500.00 - In Network
Cigna True Choice Medicare, PPO 1-855-641-4017	3.5	\$0.00	Yes	\$0.00	\$0.00	Yes	\$5,500.00 - In Network \$7,500.00 - In & Out Network

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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
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 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 Choice, PPO 1-800-833-2364	4.0	\$76.00	Yes	\$100.00	\$10.00	Yes	\$6,700.00 - 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 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

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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
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	Yes	\$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
Molina Medicare Choice Care, HMO 1-866-403-8293	Too new	\$0.00	Yes	\$125.00	\$0.00	NO	\$7,550.00 - In Network
Paramount Elite Enhanced, HMO 1-833-554-2335	4.0	\$68.00	Yes	\$0.00	\$0.00	NO	\$3,400.00 - In Network

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<b>Paramount Elite Prime, HMO</b> 1-833-554-2335	<b>4.0</b>	\$28.00	Yes	\$0.00	\$0.00	NO	\$4,400.00 - In Network
<b>Paramount Elite Standard, HMO</b> 1-833-554-2335	<b>4.0</b>	\$0.00	Yes	\$50.00	\$10.00	NO	\$4,900.00 - In Network
<b>Prime Time Health Plan Aultimate, HMO-POS</b> 1-800-577-5084	<b>5.0</b>	\$0.00	Yes	\$200.00	\$5.00	NO	\$4,500.00 - In Network
<b>Prime Time Health Plan Classic, HMO-POS</b> 1-800-877-1049	<b>5.0</b>	\$39.00	Yes	\$150.00	\$0.00	NO	\$4,200.00 - In Network
<b>Prime Time Health Plan Plus, HMO-POS</b> 1-800-877-1049	<b>5.0</b>	\$89.00	Yes	\$100.00	\$0.00	NO	\$3,900.00 - In Network
<b>Summa Care Emerald, HMO-POS</b> 1-888-464-8440	<b>4.5</b>	\$180.00	Yes	\$0.00	\$0.00	NO	\$3,400.00 - In Network
<b>Summa Care Ruby, HMO</b> 1-888-464-8440	<b>4.5</b>	\$43.00	Yes	\$0.00	\$0.00	NO	\$3,700.00 - In Network
<b>Summa Care Sapphire, HMO-POS</b> 1-888-464-8440	<b>4.5</b>	\$76.00	Yes	\$0.00	\$0.00	NO	\$3,600.00 - In Network
<b>Summa Care Topaz, HMO</b> 1-888-464-8440	<b>4.5</b>	\$0.00	Yes	\$150.00	\$0.00	NO	\$3,900.00 - In Network
<b>Summa Medicare Garnet, HMO</b> 1-888-464-8440	<b>4.5</b>	\$29.00	Yes	\$0.00	\$0.00	Yes	\$3,800 - In Network
<b>The Health Plan Secure Choice Option II, PPO</b> 1-877-847-7915	<b>4.0</b>	\$100.00 \$1,500 Health Plan Deductible	Yes	\$100.00	\$5.00	Yes	\$6,7000 - In Network \$10,000.00 - In & Out of Network
<b>The Health Plan Secure Care Option II, HMO</b> 1-877-847-7915	<b>4.5</b>	\$0.00	Yes	\$100.00	\$0.00	NO	\$3,900.00 - In Network

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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 - In Network
Wellcare No Premium, HMO 1-866-277-6583	3.5	\$0.00	Yes	\$75.00	\$0.00	NO	\$3,450 - In Network
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 - In Network
Well Care Assist, HMO 1-866-277-6583	3.5	\$16.80	Yes	\$480.00	\$0.00	NO	\$4,700.00 - 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

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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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<b>AARP Advantage Patriot, PPO</b> 1-800-555-5757	<b>4.0</b>	\$0.00	No	N/A	\$0.00	Yes	\$4,500.00 - In Network \$10,000.00 - In & Out of Network
<b>Aetna Medicare Eagle, HMO</b> 1-833-859-6031	<b>3.5</b>	\$0.00	No	N/A	\$0.00	NO	\$5,900.00 - In Network
<b>Anthem MediBlue Access Core Regional, PPO</b> 1-800-797-0560	<b>4.0</b>	\$0.00	No	N/A	\$0.00	Yes	\$4,900.00 - In & Out of Network
<b>Anthem MediBlue Service, PPO</b> 1-800-797-0560	<b>4.5</b>	\$0.00	No	N/A	\$20.00	Yes	\$6,700.00 - In Network \$10,000.00 - In & Out Network
<b>Humana Choice Regional, PPO</b> 1-800-833-2364	<b>4.5</b>	\$0.00 \$1,250.00 Health Plan Deductible	No	N/A	\$15.00	Yes	\$7,550.00 - In Network \$10,000.00 - In & Out Network
<b>Humana Honor, PPO</b> 1-800-833-2364	<b>4.0</b>	\$0.00	No	N/A	\$15.00	Yes	\$5,900.00 - In Network \$10,000 - In & Out Network
<b>Lasso Health Care Growth Plus, MSA</b> 1-866-766-2583	<b>2.0</b>	\$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
<b>Lasso Health Care Growth, MSA</b> 1-866-766-2583	<b>2.0</b>	\$0 \$5,000.00 Health Plan Deductible \$2,000 Yearly Deposit from Plan	No	N/A	\$0 after Deductible	Yes	\$3,000 Your Responsibility
<b>Paramount Elite Enhanced, HMO</b> 1-833-554-2335	<b>4.0</b>	\$20.00	No	N/A	\$0.00	NO	\$3,400.00 - In Network
<b>Prime Time Health Plan Basic HMO-POS</b> 1-800-877-1049	<b>5.0</b>	\$0.00	No	N/A	\$0.00	NO	\$3,400.00 - In Network
<b>Summa Care Amber, HMO</b> 1-888-464-8440	<b>4.5</b>	\$0.00	No	N/A	\$0.00	NO	\$3,450.00 - In Network
<b>The Health Plan Secure Care Option I, HMO</b> 1-877-847-7915	<b>4.5</b>	\$0.00	No	N/A	\$0.00	NO	\$3,900.00 - In Network



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Wellcare Patriot No Premium, HMO 1-877-826-5518	2.5	\$0.00	No	N/A	\$0.00	NO	\$3,450.00 - In Network

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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 .