

**Medicare Advantage Plans
Summit County - 2023**

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	4.5	\$109.00	Yes	\$0.00	\$0.00	NO	\$3,400.00 - In Network
AARP Medicare Advantage Plan 7, HMO-POS 1-800-555-5757	4.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,500.00 - In Network
AARP Medicare Advantage Flex Plan 8, HMO-POS 1-800-555-5757	4.5	\$25.00	Yes	\$0.00	\$0.00	NO	\$4,200.00 - In Network
AARP Medicare Advantage Plan I, HMO - POS 1-800-555-5757	4.5	\$19.00	Yes	\$0.00	\$0.00	NO	\$3,500.00 - In Network
AARP Medicare Advantage Choice, PPO 1-800-555-5757	4.0	\$0.00	Yes	\$0.00	\$0.00	Yes	\$5,100.00 - In Network \$8,950.00 - In & Out of Network
Aetna Medicare Premier, HMO-POS 1-833-859-6031	4.0	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,500.00 - In Network
Aetna Medicare Premier 1, PPO 1-833-859-6031	3.5	\$120.00	Yes	\$0.00	\$0.00	Yes	\$5,500.00 - In Network \$8,950.00 - In & Out of Network
Aetna Medicare Premier 2, PPO 1-833-859-6031	3.5	\$101.00	Yes	\$0.00	\$0.00	Yes	\$4,800.00 - In Network \$8,950.00 - In & Out of Network
Aetna Medicare Premier Plus 1 Regional, PPO 1-833-859-6031	4.0	\$198.00 \$250.00 Health Plan Deductible	Yes	\$0.00	\$5.00	Yes	\$4,900.00 - In Network \$8,950.00 - In & Out of Network
Aetna Medicare Premier Plus 2 Regional, PPO 1-833-859-6031	4.0	\$137.00 \$250.00 Health Plan Deductible	Yes	\$505.00	\$0.00	Yes	\$5,100.00 - In Network \$8,950.00 - In & Out of Network
Aetna Medicare Value Plan, HMO-POS 1-833-859-6031	3.5	\$0.00	Yes	\$0.00	\$5.00	NO	\$7,550.00 - In Network
Aetna Medicare Value Plan, PPO 1-833-859-6031	3.5	\$0.00	Yes	\$0.00	\$5.00	Yes	\$5,300.00 - In Network \$8,950.00 - In & Out of Network

**Medicare Advantage Plans
Summit County - 2023**

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
Anthem MediBlue Access Basic Regional, PPO 1-855-793-1936	4.0	\$78.00 \$1,000.00 Health Plan Deductible	Yes	\$50.00	\$10.00	Yes	\$6,050.00 - 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 \$8,950.00 - In & Out of Network
Anthem MediBlue Access, PPO 1-855-679-0545	4.5	\$56.00 \$1,000.00 Health Plan Deductible	Yes	\$0.00	\$0.00	Yes	\$5,500.00 - In Network \$8,950.00 - In & Out of Network
Anthem MediBlue Preferred Plus, HMO 1-855-679-0543	4.0	\$25.00	Yes	\$0.00	\$0.00	NO	\$3,400.00 - In Network
Anthem MediBlue Extra, HMO 1-855-679-0543	4.0	\$10.40	Yes	\$505.00	\$0.00	NO	\$7,550.00 - In Network
Anthem MediBlue Plus, HMO 1-855-679-0543	4.0	\$37.00	Yes	\$0.00	\$0.00	NO	\$4,100.00 - In Network
Anthem MediBlue Preferred, HMO 1-855-679-0543	4.0	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,800.00 - 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
Cigna Preferred Plus, HMO 1-800-313-0973	2.5	\$23.00	Yes	\$0.00	\$0.00	NO	\$3,500.00 - In Network
Cigna Preferred Savings, HMO 1-800-313-0973	2.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$5,600.00 - In Network
Cigna Preferred Medicare, HMO 1-800-313-0973	2.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,850.00 - In Network
Cigna True Choice Medicare, PPO 1-800-313-0973	3.0	\$0.00	Yes	\$0.00	\$0.00	Yes	\$4,900.00 - In Network \$7,500.00 - In & Out Network

**Medicare Advantage Plans
Summit County - 2023**

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
Devoted Health Choice Ohio, HMO 1-800-376-5889	Too New	\$0.00	Yes	\$150.00	\$0.00	Yes	\$5,300.00 - In Network \$8,950.00 - In & Out Network
Devoted Health Core Ohio, HMO 1-800-376-5889	5.0	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,800.00 - In Network
Devoted Health Prime Ohio, HMO 1-800-376-5889	5.0	\$19.00	Yes	\$0.00	\$0.00	NO	\$3,900.00 - In Network
Devoted Give Back Ohio, HMO 1-800-376-5889	5.0	\$0.00	Yes	\$350.00	\$0.00	NO	\$5,900.00 - In Network
Humana Choice Regional, PPO 1-800-833-2364	4.0	\$84.00	Yes	\$505.00	\$10.00	Yes	\$6,700.00 - In Network \$10,000.00 - In & Out Network
Humana Choice, PPO 1-800-833-2364	4.5	\$14.00	Yes	\$0.00	\$0.00	Yes	\$3,900.00 - In Network \$5,100.00 - In & Out Network
Humana Choice, PPO 1-800-833-2364	4.5	\$75.00	Yes	\$100.00	\$0.00	Yes	\$6,700.00 - In Network \$10,000.00 - In & Out Network
Humana Choice, PPO 1-800-833-2364	4.5	\$0.00	Yes	\$200.00	\$0.00	Yes	\$5,300.00 - In Network \$8,950.00 - In & Out Network
Humana Choice, PPO 1-800-833-2364	4.0	\$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	\$0.00	NO	\$3,900.00 - In Network
Humana Choice, PPO 1-800-833-2364	4.0	\$150.00	Yes	\$100.00	\$5.00	Yes	\$3,400.00 - In & Out Network
Humana Gold Plus, HMO-POS 1-800-833-2364	4.5	\$0	Yes	\$0.00	\$0.00	NO	\$4,000.00 - In Network

**Medicare Advantage Plans
Summit County - 2023**

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 Value Plus, PPO 1-800-833-2365	4.0	\$25.90	Yes	\$260.00	\$10.00	Yes	\$7,550.00 - In Network \$10,000.00 - In & Out Network
Humana Choice, PPO 1-800-833-2364	4.5	\$0.00 \$625.00 Health Plan Deductible	Yes	\$350.00	\$0.00	Yes	\$6,500.00 - In Network \$7,990.00 - In & Out Network
Humana Gold Plus, HMO 1-800-833-2364	4.5	\$90.00	Yes	\$125.00	\$0.00	NO	\$3,900.00 - In Network
MedMutual Advantage Access, PPO 1-877-368-0081	5.0	\$0.00	Yes	\$0.00	\$0.00	Yes	\$6,050.00 - In Network \$11,000.00 - In & Out of Network
MedMutual Advantage Choice, HMO 1-877-368-0081	5.0	\$40.00	Yes	\$55.00	\$0.00	NO	\$4,300.00 - In Network
MedMutual Advantage Classic, HMO 1-877-368-0081	5.0	\$0.00	Yes	\$95.00	\$0.00	NO	\$4800.00 - In Network
MedMutual Advantage Plus, HMO 1-877-368-0081	5.0	\$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	\$6,050.00 - 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	\$3,450.00 - In Network \$5,150.00 - In & Out of Network
MedMutual Advantage Secure, HMO 1-877-368-0081	5.0	\$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	\$6,200.00 - In Network \$11,300.00 - In & Out of Network
MedMutual Advantage Signature, HMO 1-877-368-0081	5.0	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,500.00 - In Network

**Medicare Advantage Plans
Summit County - 2023**

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
Molina Medicare Choice Care, HMO 1-866-403-8293	3.0	\$0.00	Yes	\$125.00	\$0.00	NO	\$8,300.00 - In Network
Molina Medicare Choice Care Select, HMO 1-866-403-8293	3.0	\$0.00	Yes	\$375.00	\$0.00	NO	\$8,300.00 - In Network
Paramount Elite Northeast Ohio Prime, HMO 1-855-508-2526	4.5	\$28.00	Yes	\$0.00	\$0.00	NO	\$4,000.00 - In Network
Paramount Elite Northeast Ohio Enhanced, HMO 1-855-508-2526	4.5	\$68.00	Yes	\$0.00	\$0.00	NO	\$3,800.00 - In Network
Paramount Elite Standard, HMO 1-855-508-2526	4.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,600.00 - In Network
Prime Time Health Plan Aultimate, HMO-POS 1-855-877-1049	5.0	\$0.00	Yes	\$150.00	\$5.00	NO	\$4,300.00 - In Network
Prime Time Health Plan Classic, HMO-POS 1-855-877-1049	5.0	\$39.00	Yes	\$125.00	\$0.00	NO	\$4,100.00 - In Network
Prime Time Health Plan Plus, HMO-POS 1-855-877-1049	5.0	\$89.00	Yes	\$75.00	\$0.00	NO	\$3,900.00 - In Network
Summa Care Emerald, HMO-POS 1-888-464-8440	5.0	\$170.00	Yes	\$0.00	\$0.00	NO	\$3,400.00 - In Network
Summa Care Jade with BeneFlex TM, HMO 1-888-464-8440	5.0	\$19.00	Yes	\$0.00	\$0.00	NO	\$3,850.00 - In Network
Summa Care Ruby, HMO 1-888-464-8440	5.0	\$43.00	Yes	\$0.00	\$0.00	NO	\$3,600.00 - In Network
Summa Care Sapphire, HMO-POS 1-888-464-8440	5.0	\$76.00	Yes	\$0.00	\$0.00	NO	\$3,550.00 - In Network

**Medicare Advantage Plans
Summit County - 2023**

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
Summa Care Topaz, HMO 1-888-464-8440	5.0	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,700.00 - In Network
Summa Medicare Garnet, HMO 1-888-464-8440	5.0	\$29.00	Yes	\$0.00	\$0.00	Yes	\$3,700.00 - In Network
The Health Plan Secure Choice Option II, PPO 1-877-847-7915	4.5	\$58.00 \$1,500 Health Plan Deductible	Yes	\$100.00	\$5.00	Yes	\$6,7000.00 - 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 1-844-917-0175	3.0	\$10.80	Yes	\$505.00	\$0.00	NO	\$4,700.00 - In Network
Wellcare Assist Complement, HMO 1-844-917-0175	3.0	\$16.90	Yes	\$505.00	\$0.00	NO	\$6,000.00 - In Network
Wellcare Giveback, HMO 1-844-917-0175	3.0	\$0.00	Yes	\$505.00	\$0.00	NO	\$7,500.00 - In Network
Wellcare Dividend Giveback, HMO 1-844-917-0175	2.5	\$0.00	Yes	\$505.00	20%	NO	\$7,500.00 - In Network
Wellcare Giveback Boost, HMO 1-844-917-0175	3.0	\$0.00	Yes	\$150.00	\$5.00	Yes	\$8,300.00 - In Network
Wellcare No Premium, HMO 1-844-917-0175	3.0	\$0.00	Yes	\$75.00	\$0.00	NO	\$4,700.00 - In Network
Wellcare No Premium Essential, HMO-POS 1-844-917-0175	2.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,200.00 - In & Out of Network
Wellcare No Premium Medicare, HMO 1-844-917-0175	3.0	\$0.00	Yes	\$75.00	\$0.00	NO	\$6,500.00 - In Network

**Medicare Advantage Plans
Summit County - 2023**

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
Well Care Assist, HMO 1-844-917-0175	3.0	\$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 \$8,950.00 - In & Out Network

Note: AARP is serviced by United Health Care
Source: Center for Medicare and Medicaid Services, October 2022

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 .

**Medicare Advantage Plans
Summit County - 2023**

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 Advantage Patriot, PPO 1-800-555-5757	4.0	\$0.00	No	N/A	\$0.00	Yes	\$4,500.00 - In Network \$8,950.00 - In & Out of Network
Aetna Medicare Eagle, HMO 1-833-859-6031	4.0	\$0.00	No	N/A	\$0.00	NO	\$5,900.00 - In Network
Anthem MediBlue Access Core Regional, PPO 1-855-793-1936	4.0	\$0.00	No	N/A	\$0.00	Yes	\$4,900.00 - In & Out of Network
Anthem MediBlue Service, PPO 1-855-679-0545	4.5	\$0.00	No	N/A	\$0.00	Yes	\$6,700.00 - In Network \$10,000.00 - In & Out Network
Cigna True Choice Coverage, PPO 1-800-313-0973	3.0	\$0.00	No	N/A	\$0.00	Yes	\$4,100.00 - In Network \$7,900.00 - In & Out Network
Humana Choice Regional, PPO 1-800-833-2364	4.0	\$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
Humana Honor, PPO 1-800-833-2364	4.5	\$0.00	No	N/A	\$0.00	Yes	\$5,900.00 - In Network \$8,950.00 - In & Out Network
Lasso Health Care Growth Plus, MSA 1-833-925-2796	2.0	\$0 \$8,000.00 Health Plan Deductible \$3,000 Yearly Deposit from Plan	No	N/A	\$0.00 after Deductible	Yes	\$5,000.00 Your Responsibility
Lasso Health Care Growth, MSA 1-833-925-2796	2.0	\$0 \$5,000.00 Health Plan Deductible \$2,000 Yearly Deposit from Plan	No	N/A	\$0 after Deductible	Yes	\$3,000.00 Your Responsibility
Paramount Elite Prevail, HMO 1-855-508-2526	4.5	\$0.00	No	N/A	\$0.00	NO	\$5,900.00 - In Network
Prime Time Health Plan Basic HMO-POS 1-855-877-1049	5.0	\$0.00	No	N/A	\$0.00	NO	\$3,400.00 - In Network
Summa Care Amber, HMO 1-888-464-8440	5.0	\$0.00	No	N/A	\$0.00	NO	\$3,450.00 - In Network

**Medicare Advantage Plans
Summit County - 2023**

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
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 Giveback Open, PPO 1-877-826-5518	Too New	\$0.00	No	N/A	\$0.00	Yes	\$6,700.00 - In Network \$10,000.00 - In & Out Network

Note: AARP is serviced by United Health Care
Source: Center for Medicare and Medicaid Services, October 2022

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 .