

**Medicare Advantage Plans  
Wayne County - 2025**

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 Essentials HMO-POS 1-800-555-5757	4.0	\$0.00	Yes	\$340.00	\$0.00	NO	\$4,500.00 - In Network
AARP Medicare Advantage Extras HMO-POS 1-800-555-5757	4.0	\$0.00	Yes	\$420.00	\$0.00	NO	\$6,700.00 - In Network
AARP Medicare Advantage HMO-POS 1-800-555-5757	4.0	\$101.00	Yes	\$255.00	\$0.00	NO	\$3,900.00 - In Network
AARP Medicare Advantage Giveback HMO-POS 1-800-555-5757	4.0	\$0.00	Yes	\$495.00	\$0.00	NO	\$7,900.00 - In Network
AARP Medicare Advantage Extras HMO-POS 1-800-555-5757	4.0	\$39.00	Yes	\$340.00	\$0.00	NO	\$4,100.00 - In Network
AARP Medicare Advantage Essentials HMO-POS 1-800-555-5757	4.0	\$29.00	Yes	\$255.00	\$0.00	NO	\$3,900.00 - In Network
AARP Medicare Advantage, PPO 1-800-555-5757	3.0	\$0.00	Yes	\$420.00	\$0.00	Yes	\$5,900.00 - In Network \$10,100.00 - In & Out of Network
Aetna Medicare Premier, HMO-POS 1-833-859-6031	4.0	\$0.00	No	N/A	\$0.00	Yes	\$4,900.00 - In Network
Aetna Medicare Smart Fit, PPO 1-833-859-6031	4.5	\$0.00	Yes	\$590.00	\$0.00	Yes	\$4,500.00 - In Network \$7,550.00 - In & Out of Network
Aetna Medicare Premier Plus 1 Regional, PPO 1-833-859-6031	4.5	\$244.00 \$250.00 Health Plan Deductible	Yes	\$244.00	\$5.00	Yes	\$4,900.00 - In Network \$8,950.00 - In & Out of Network
Aetna Medicare Value Plan, PPO 1-833-859-6031	4.5	\$0.00	Yes	\$250.00	\$5.00	Yes	\$5,900.00 - In Network \$8,950.00 - In & Out of Network
Anthem Medicare Advantage Regional, PPO 1-833-668-2176	3.5	\$81.00 \$1,000.00 Health Plan Deductible	Yes	\$40.00	\$0.00	Yes	\$6,750.00 - In Network \$10,10.00 - In & Out of Network

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Anthem Medicare Advantage 3, PPO 1-833-668-2176	4.0	\$46.00 \$1,000.00 Health Plan Deductible	Yes	\$0.00	\$0.00	Yes	\$5,900.00 - In Network \$8,950.00 - In & Out of Network
Anthem Extra Help, HMO-POS 1-833-668-2176	3.5	\$3.20	Yes	\$590.00	\$0.00	NO	\$7,550.00 - In Network
Anthem Medicare Advantage, HMO-POS 1-833-668-2176	3.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,500.00 - In Network
Devoted Choice Ohio, PPO 1-800-376-5889	4.5	\$0.00	Yes	\$590.00	\$0.00	Yes	\$5,300.00 - In Network \$5,300.00 - In & Out of Network
Devoted Choice Extra Ohio, PPO 1-800-376-5889	4.5	\$0.00	Yes	\$590.00	\$0.00	NO	\$5,300.00 - In Network \$5,300.00 - In & Out of Network
Devoted Core Ohio, HMO 1-800-376-5889	4.5	\$0.00	Yes	\$590.00	\$0.00	Yes	\$4,900.00 - In Network
Devoted Premium Ohio, HMO 1-800-376-5889	4.5	\$6.00	Yes	\$590.00	\$0.00	NO	\$4,500.00 - In Network
Devoted Give Back Ohio, HMO 1-800-376-5889	4.5	\$0.00	Yes	\$590.00	\$0.00	NO	\$6,750.00 - In Network
Humana Choice Regional, PPO 1-800-833-2364	3.5	\$27.00	Yes	\$590.00	\$0.00	Yes	\$6,800.00 - In Network \$10,000.00 - In & Out of Network
Humana Choice Regional, PPO 1-800-833-2364	3.5	\$0.00	Yes	\$0.00	\$0.00	Yes	\$5,900.00 - In Network \$6,500.00 - In & Out of Network
Humana Full Access, PPO 1-800-833-2364	3.5	\$38.00	Yes	\$590.00	\$30.00	Yes	\$9,350 - In & Out of Network

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<b>Humana Choice, PPO</b> 1-800-833-2364	<b>3.5</b>	\$0.00	Yes	\$250.00	\$0.00	Yes	\$6,100.00 - In Network \$10,100.00 - In & Out of Network
<b>Humana Choice Giveback, PPO</b> 1-800-833-2364	<b>3.5</b>	\$0.00 \$425.00 Health Plan Deductible	Yes	\$510.00	\$0.00	Yes	\$9,350.00 - In Network \$14,000.00 - In & Out of Network
<b>Humana Choice, PPO</b> 1-800-833-2364	<b>3.5</b>	\$32.00	Yes	\$350.00	\$5.00	Yes	\$6,750.00 - In Network \$10,100.00 - In & Out of Network
<b>Humana Gold Choice</b> 1-800-833-2364	<b>3.5</b>	\$48.00	Yes	\$0.00	\$0.00	NO	\$4,150.00 - In & Out of Network
<b>Humana Choice, PPO</b> 1-800-833-2364	<b>3.5</b>	\$96.00 \$300.00 Health Plan Deductible	Yes	\$350.00	\$10.00	Yes	\$4,150.00 - In Network \$4,150.00 - In & Out of Network
<b>Humana Gold Plus, HMO-POS</b> 1-800-833-2364	<b>3.5</b>	\$0.00	Yes	\$250.00	\$0.00	NO	\$4,150.00 - In Network
<b>Humana USAA Honor Giveback with Rx, PPO</b> 1-800-833-2365	<b>3.5</b>	\$0.00	Yes	\$350.00	\$0.00	Yes	\$8,850.00 - In Network \$13,300.00 - In & Out of Network
<b>Humana Choice, PPO</b> 1-800-833-2364	<b>3.5</b>	\$12.00	Yes	\$0.00	\$10.00	Yes	\$5,250.00 - In Network \$10,100.00 - In & Out of Network
<b>Humana Gold Plus, HMO</b> 1-800-833-2364	<b>3.5</b>	\$27.00	Yes	\$200.00	\$0.00	NO	\$6,750.00 - In Network
<b>Humana Value Plus, PPO</b> 1-800-833-2365	<b>3.5</b>	\$11.00	Yes	\$590.00	20%	Yes	\$9,350.00 - In Network \$14,000.00 - In & Out of Network
<b>MedMutual Advantage Access, PPO</b> 1-877-368-0081	<b>4.0</b>	\$0.00	Yes	\$0.00	\$0.00	Yes	\$4,300.00 - In Network \$7,990.00 - In & Out of Network

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MedMutual Advantage Choice, HMO 1-877-368-0081	4.0	\$40.00	Yes	\$55.00	\$0.00	NO	\$3,700.00 - In Network
MedMutual Advantage Classic, HMO 1-877-368-0081	4.0	\$0.00	Yes	\$95.00	\$0.00	NO	\$4,600.00 - In Network
MedMutual Advantage Plus, HMO 1-877-368-0081	4.0	\$90.00	Yes	\$55.00	\$0.00	NO	\$3,450.00 - In Network
MedMutual Advantage Preferred, PPO 1-877-368-0081	4.0	\$73.00 \$1750.00 Health Plan Deductible	Yes	\$55.00	\$5.00	Yes	\$6,775.00 - In Network \$11,300.00 - In & Out of Network
MedMutual Advantage Premium, PPO 1-877-368-0081	4.0	\$127.00 \$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	4.0	\$39.00	Yes	\$0.00	\$0.00	NO	\$3,350.00 - In Network
MedMutual Advantage Select, PPO 1-877-368-0081	4.0	\$44.00 \$2,000 Health Plan Deductible	Yes	\$95.00	\$5.00	Yes	\$6,775.00 - In Network \$11,300.00 - In & Out of Network
MedMutual Advantage Signature, HMO-POS 1-877-368-0081	4.0	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,300.00 - In Network
Paramount Elite Preferred, PPO 1-855-508-2526	TOO NEW	\$0.00	Yes	\$0.00	\$0.00	Yes	\$4,200.00 - In Network \$5,700.00 - In & Out of Network
Paramount Elite Ohio Standard, HMO-POS 1-855-508-2526	4.0	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,500.00 - In Network
Prime Time Health Plan Aultimate, HMO-POS 1-855-877-1049	4.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,300.00 - In Network

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Prime Time Health Plan Classic, HMO-POS 1-855-877-1049	4.5	\$45.00	Yes	\$540.00	\$0.00	NO	\$4,100.00 - In Network
Prime Time Health Plan Plus, HMO-POS 1-855-877-1049	4.5	\$99.00	Yes	\$0.00	\$0.00	NO	\$4,000.00 - In Network
Summa Care Emerald, HMO-POS 1-888-464-8440	4.5	\$152.00	Yes	\$0.00	\$0.00	NO	\$2,800.00 - In Network
Summa Care Jade with BeneFlex TM, HMO 1-888-464-8440	4.5	\$12.00	Yes	\$150.00	\$0.00	NO	\$4,500.00 - In Network
Summa Care Ruby, HMO 1-888-464-8440	4.5	\$48.00	Yes	\$150.00	\$0.00	NO	\$3,600.00 - In Network
Summa Care Sapphire, HMO-POS 1-888-464-8440	4.5	\$80.00	Yes	\$50.00	\$0.00	NO	\$3,650.00 - In Network
Summa Care Topaz, HMO 1-888-464-8440	4.5	\$0.00	Yes	\$200.00	\$0.00	NO	\$4,000.00 - In Network
Summa Medicare Garnet, HMO 1-888-464-8440	4.5	\$24.00	Yes	\$200.00	\$0.00	NO	\$4,200.00 - In Network
The Health Plan Secure Choice Optimum, PPO 1-877-847-7915	4.5	\$0.00	Yes	\$0.00	\$0.00	Yes	\$4,900.00 - In Network \$9,550.00 - In & Out of Network
The Health Plan Secure Choice Option II, PPO 1-877-847-7915	4.5	\$109.00 \$1,500.00 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	\$0.00	\$5.00	NO	\$4,500.00 - In Network

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Wellcare Assist, HMO-POS 1-800-225-8017	3.5	\$32.30	Yes	\$590.00	\$0.00	NO	\$4,700.00 - In Network
Wellcare Giveback, HMO-POS 1-844-917-0175	3.5	\$0.00 \$225.00 Health Plan Deductible	Yes	\$420.00	\$0.00	NO	\$7,500.00 - In Network
Wellcare Simple, HMO-POS 1-800-225-8017	3.5	\$0.00	Yes	\$420.00	\$0.00	NO	\$4,700.00 - In Network
Wellcare Simple Open, PPO 1-800-225-8017	3.0	\$0.00	Yes	\$420.00	\$0.00	Yes	\$5,900.00 - In Network \$8,950.00 - In & Out of Network

Note: AARP is serviced by United Health Care  
Source: Center for Medicare and Medicaid Services, October 2024

**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 Medicare Patriot - No Rx, PPO 1-800-555-5757	3.0	\$0.00	No	N/A	\$0.00	NO	\$7,900.00 - In Network \$14,000.00 - In & Out of Network
Aetna Medicare Eagle, HMO 1-833-859-6031	4.5	\$0.00	No	N/A	\$0.00	NO	\$6,900.00 - In Network \$9,550.00 - In & Out of Network
Anthem Veteran Regional, PPO 1-833-668-2197	3.5	\$0.00	No	N/A	\$0.00	NO	\$4,150.00 - In Network \$4,900.00 - In & Out of Network
Anthem Veteran, PPO 1-833-668-2197	4.0	\$0.00	No	N/A	\$0.00	NO	\$5,900.00 - In Network \$8,950.00 - In & Out of Network
Devoted Liberty Choice Ohio, PPO 1-800-376-5889	4.5	\$0.00	No	N/A	\$0.00	NO	\$9,300.00 - In Network \$14,000.00 - In & Out of Network
Humana Choice Regional, PPO 1-800-833-2364	3.5	\$0.00	NO	\$0.00	\$0.00	NO	\$5,900.00 - In Network \$6,500.00 - In & Out of Network
Humana USAA Honor Giveback, PPO 1-800-833-2364	3.5	\$0.00	NO	\$0.00	\$15.00	NO	\$8,100.00 - In Network \$14,000.00 - In & Out of Network
Humana USA Honor, PPO 1-800-833-2364	3.5	\$0.00	No	N/A	\$15.00	NO	\$9,350.00 - In Network \$14,000.00 - In & Out of Network
Paramount Elite Courage, PPO 1-855-508-2526	TOO NEW	\$0.00	No	N/A	\$0.00	NO	\$4,151.00 - In Network \$8,950.00 In & Out of Network
Prime Time Health Plan Classic, HMO-POS 1-855-877-1049	4.5	\$0.00	No	N/A	\$0.00	NO	\$3,900.00 - 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

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The Health Plan Secure Care Integrity Plan 3, HMO 1-877-847-7915	4.5	\$0.00	No	N/A	\$0.00	NO	\$3,900.00 - In Network

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Source: Center for Medicare and Medicaid Services, October 2024

**Key:**

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- 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 .