

**Medicare Advantage Plans
Summit County - 2026**

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		\$0.00	Yes	\$440.00	\$0.00	NO	\$5,400.00 - In Network
AARP Medicare Advantage Extras HMO-POS 1-800-555-5757		\$0.00	Yes	\$520.00	\$0.00	NO	\$6,700.00 - In Network
AARP Medicare Advantage HMO-POS 1-800-555-5757		\$76.00	Yes	\$270.00	\$0.00	NO	\$3,900.00 - In Network
AARP Medicare Advantage Giveback HMO-POS 1-800-555-5757		\$0.00	Yes	\$600.00	\$0.00	NO	\$8,500.00 - In Network
AARP Medicare Advantage Extras HMO-POS 1-800-555-5757		\$51.00	Yes	\$355.00	\$0.00	NO	\$4,200.00 - In Network
AARP Medicare Advantage Essentials HMO-POS 1-800-555-5757		\$41.00	Yes	\$355.00	\$0.00	NO	\$4,200.00 - In Network
AARP Medicare Advantage, HMO-POS 1-800-555-5757		\$0.00	Yes	\$440.00	\$0.00	Yes	\$4,200.00 - In Network
Aetna Medicare Signature Care, HMO-POS 1-833-859-6031		\$0.00	Yes	\$500.00	\$0.00	NO	\$4,900.00 - In Network
Aetna Medicare Signature, PPO 1-833-859-6031		\$0.00	Yes	\$615.00	\$5.00	Yes	\$5,900.00 - In Network \$8,950.00 - In & Out of Network
Aetna Medicare Premier, PPO 1-833-859-6031		\$95.00	Yes	\$500.00	\$0.00	Yes	\$4,900.00 - In Network
Aetna Medicare Signature, HMO-POS 1-833-859-6031		\$0.00	Yes	\$500.00	\$5.00	NO	\$6,900.00 - In Network
Anthem Medicare Advantage 4, PPO 1-833-668-2176		\$56.00	Yes	\$200.00	\$0.00	Yes	\$6,900.00 - In Network \$10,200.00 - In & Out of Network

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Anthem Medicare Advantage 3, PPO 1-833-668-2176		\$51.00 \$1,000.00 Health Plan Deductible	Yes	\$200.00	\$0.00	Yes	\$6,750.00 - In Network \$10,100.00 - In & Out of Network
Anthem Medicare Advantage Regional, PPO 1-833-668-2176		\$87.00 \$1,000.00 Health Plan Deductible	Yes	\$250.00	\$0.00	Yes	\$6,750.00 - In Network \$10,100.00 - In & Out of Network
Anthem Extra Help, HMO-POS 1-833-668-2176		\$31.40	Yes	\$390.00	\$0.00	NO	\$7,350.00 - In Network
Anthem Medicare Advantage, HMO-POS 1-833-668-2176		\$0.00	Yes	\$275.00	\$0.00	NO	\$5,000.00 - In Network
Cigna Health Spring Preferred Savings, HMO 1-866-617-8713		\$0.00	Yes	\$200.00	\$0.00	NO	\$6,750.00 - In Network
Cigna Health Spring Preferred Medicare, HMO 1-866-617-8713		\$0.00	Yes	\$400.00	\$0.00	NO	\$6,750.00 - In Network
Cigna Health Spring True Choice Medicare, PPO 1-866-617-8713		0 \$275.00 Annual Health Deductible	Yes	\$200.00	\$0.00	Yes	\$8,850.00 - In Network \$13,300.00 - In & Out of Network
Devoted Choice Ohio, PPO 1-800-376-5889		\$0.00	Yes	\$375.00	\$0.00	Yes	\$5,300.00 - In Network \$10,100.00 - In & Out of Network
Devoted Choice Ohio, PPO 1-800-376-5889		\$0.00	Yes	\$395.00	\$0.00	NO	\$5,300.00 - In Network \$10,100.00 - In & Out of Network
Devoted Choice, PPO 1-800-376-5889		\$0.00	Yes	\$375.00	\$0.00		\$5,300.00 In Network \$10,100.00 In & Out of Network
Devoted Core Ohio, HMO 1-800-376-5889		\$0.00	Yes	\$175.00	\$0.00	Yes	\$4,300.00 - In Network

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Devoted Premium Ohio, HMO 1-800-376-5889		\$31.40	Yes	\$615.00	\$0.00	NO	\$4,500.00 - In Network
Devoted Give Back Ohio, HMO 1-800-376-5889		\$0.00	Yes	\$605.00	\$0.00	NO	\$6,750.00 - In Network
Humana Choice Giveback, PPO 1-800-833-2364		\$0.00 \$425.00 Health Deductible	Yes	\$0.00	\$0.00	NO	\$9,150.00 - In Network \$13,900 - In & Out of Network
Humana Choice Regional, PPO 1-800-833-2364		\$80.00	Yes	\$615.00	\$0.00	Yes	\$7,500.00 - In Network \$13,900.00 - In & Out of Network
Humana Choice, PPO 1-800-833-2364		\$21.00	Yes	\$350.00	\$0.00	Yes	\$6,550.00 - In Network \$10,100.00 - In & Out of Network
Humana Full Access, PPO 1-800-833-2364		\$27.00	Yes	\$615.00	\$30.00	Yes	\$9,150 - In & Out of Network
Humana Choice, PPO 1-800-833-2364		\$0.00	Yes	\$250.00	\$0.00	Yes	\$5,500.00 - In Network \$9,600.00 - In & Out of Network
Humana Choice Giveback, PPO 1-800-833-2364		\$0.00 \$425.00 Health Plan Deductible	Yes	\$0.00	\$0.00	Yes	\$9,150.00 - In Network \$13,400.00 - In & Out of Network
Humana Choice, PPO 1-800-833-2364		\$1.00	Yes	\$300.00	\$5.00	Yes	\$5,050.00 - In Network \$10,100.00 - In & Out of Network
Humana Choice, PPO 1-800-833-2364		\$85.00 \$300.00 Health Plan Deductible	Yes	\$350.00	\$0.00	Yes	\$3,950.00 - In & Out of Network
Humana Gold Plus, HMO-POS 1-800-833-2364		\$0.00	Yes	\$250.00	\$0.00	NO	\$4,200.00 - In Network

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Humana USAA Honor Giveback with Rx, PPO 1-800-833-2365		\$0.00 \$100.00 Health Plan Deductible	Yes	\$350.00	\$0.00	Yes	\$7,900.00 - In Network \$13,300.00 - In & Out of Network
Humana USAA Honor Giveback with Rx, PPO 1-800-833-2365		\$0.00 \$100.00 Health Plan Deductible	Yes	\$350.00	\$0.00	Yes	\$7,900.00 - In Network \$13,300.00 - In & Out of Network
Humana Choice, PPO 1-800-833-2364		\$0.00	Yes	\$250.00	\$10.00	Yes	\$5,500.00 - In Network \$9,600.00 - In & Out of Network
Humana Gold Plus, HMO 1-800-833-2364		\$16.00	Yes	\$200.00	\$0.00	NO	\$6,550.00 - In Network
Humana Value Plus, PPO 1-800-833-2365		\$31.40	Yes	\$615.00	20%	Yes	\$9,250.00 - In Network \$13,900.00 - In & Out of Network
MedMutual Advantage Access, PPO 1-877-368-0081		\$0.00	Yes	\$300.00	\$0.00	Yes	\$5,000.00 - In Network \$8,500.00 - In & Out of Network
MedMutual Advantage Choice, HMO 1-877-368-0081		\$45.00	Yes	\$55.00	\$0.00	NO	\$3,700.00 - In Network
MedMutual Advantage Classic, HMO 1-877-368-0081		\$0.00	Yes	\$300.00	\$0.00	NO	\$4,900.00 - In Network
MedMutual Advantage Plus, HMO 1-877-368-0081		\$90.00	Yes	\$55.00	\$0.00	NO	\$3,600.00 - In Network
MedMutual Advantage Preferred, PPO 1-877-368-0081		\$73.00 \$1750.00 Health Plan Deductible	Yes	\$55.00	\$5.00	Yes	\$5,800.00 - In Network \$10,100.00 - In & Out of Network
MedMutual Advantage Premium, PPO 1-877-368-0081		\$149.00 \$1,250.00 Health Plan Deductible	Yes	\$55.00	\$0.00	Yes	\$3,450.00 - In Network \$5,150.00 - In & Out of Network

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MedMutual Advantage Select, PPO 1-877-368-0081		\$44.00 \$2,000 Health Plan Deductible	Yes	\$95.00	\$10.00	Yes	\$6,775.00 - In Network \$11,300.00 - In & Out of Network
MedMutual Advantage Signature, HMO-POS 1-877-368-0081		\$0.00	Yes	\$300.00	\$0.00	NO	\$4,200.00 - In Network
Perrenial Advantage Freedom, HMO-POS 1-844-788-6986		\$0.00	Yes	\$90.00	\$0.00	NO	\$3,900.00 - In & Out of Network
Prime Time Health Plan Aultimate, HMO-POS 1-855-877-1049		\$0.00	Yes	\$270.00	\$0.00	NO	\$4,900.00 - In Network
Prime Time Health Plan Classic, HMO-POS 1-855-877-1049		\$60.00 \$175.00 Health Plan Deductible	Yes	\$200.00	\$0.00	NO	\$4,500.00 - In Network
Prime Time Health Plan Plus, HMO-POS 1-855-877-1049		\$115.00	Yes	\$0.00	\$0.00	NO	\$4,000.00 - In Network
Summa Care Emerald, HMO-POS 1-888-464-8440		\$157.00	Yes	\$0.00	\$0.00	NO	\$2,800.00 - In Network
Summa Care Quartz, HMO 1-888-464-8440		\$0.00	Yes	\$300.00	\$0.00	NO	\$3,950.00 - In Network
Summa Care Ruby, HMO 1-888-464-8440		\$50.00	Yes	\$150.00	\$0.00	NO	\$3,600.00 - In Network
Summa Care Sapphire, HMO-POS 1-888-464-8440		\$83.00	Yes	\$50.00	\$0.00	NO	\$3,650.00 - In Network
Summa Care Topaz, HMO 1-888-464-8440		\$0.00	Yes	\$300.00	\$0.00	NO	\$4,300.00 - In Network

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Summa Medicare Garnet, HMO 1-888-464-8440		\$35.00	Yes	\$250.00	\$0.00	NO	\$4,800.00 - In Network
The Health Plan Secure Choice Optimum, PPO 1-877-847-7915		\$0.00	Yes	\$150.00	\$0.00	Yes	\$5,900.00 - In Network \$9,550.00 - In & Out of Network
The Health Plan Secure Choice Option II, PPO 1-877-847-7915		\$109.00 \$1,500.00 Health Plan Deductible	Yes	\$275.00	\$10.00	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		\$0.00	Yes	\$395.00	\$10.00	NO	\$5,000.00 - In Network
Wellcare Assist, HMO-POS 1-800-225-8017		\$30.10	Yes	\$615.00	\$0.00	NO	\$4,700.00 - In Network
Wellcare Simple, HMO-POS 1-800-225-8017		\$0.00	Yes	\$615.00	\$0.00	NO	\$6,500.00 - In Network
Zing Elite Select OH, HMO 1-866-946-4458		\$0.00	Yes	\$0.00	\$0.00	NO	\$3,900.00 - In Network
Zing Select Care OH, HMO 1-866-946-4458		\$0.00	Yes	\$0.00	\$0.00	NO	\$4,500.00 - In Network

Note: AARP is serviced by United Health Care
Source: Center for Medicare and Medicaid Services, October 2025

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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Aetna Medicare Eagle Giveback, PPO 1-833-859-6031		\$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		\$0.00	No	N/A	\$0.00	NO	\$4,900.00 - In Network \$7,200.00 - In & Out of Network
Anthem Veteran, PPO 1-833-668-2197		\$0.00	No	N/A	\$0.00	NO	\$5,900.00 - In Network \$8,950.00 - In & Out of Network
Devoted MA Only, PPO 1-800-376-5889		\$0.00	No	N/A	\$0.00	NO	\$9,250.00 - In Network \$13,900.00 - In & Out of Network
Humana Choice Regional, PPO 1-800-833-2364		\$0.00	NO	N/A	\$0.00	NO	\$5,700.00 In Network \$6,500.00 - In & Out Network
Humana USAA Honor Giveback, PPO 1-800-833-2364		\$0.00	NO	N/A	\$0.00	NO	\$7,900.00 - In Network \$13,900.00 - In & Out of Network
Humana USAA Honor Giveback, PPO 1-800-833-2364		\$0.00	No	N/A	\$15.00	NO	\$7,900.00 - In Network \$13,900.00 - In & Out of Network
Humana USAA Honor Giveback, PPO 1-800-833-2364		\$0.00	No	N/A	\$0.00	NO	\$7,900.00 - In Network \$13,900 - In & Out of Network
Prime Time Health Basics, HMO-POS 1-855-877-1049		\$0.00	No	N/A	\$0.00	NO	\$3,900.00 - In Network
Summa Care Amber, HMO 1-888-464-8440		\$0.00	No	N/A	\$0.00	NO	\$3,450.00 - In Network
The Health Plan Secure Care Integrity Plan 3, HMO 1-877-847-7915		\$0.00	No	N/A	\$15.00	NO	\$6,500.00 - In Network

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Note: AARP is serviced by United Health Care Source: Center for Medicare and Medicaid Services, October 2025 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 .							