

**Medicare Advantage Plans  
Summit County - 2027**

| Plan Name<br>Phone Number                                           | Overall<br>Star<br>Rating | Monthly Premium                              | Drug<br>Coverage | Drug<br>Deductible | Part B Reduction | Doctor<br>Choice | Maximum<br>Out-of-Pocket Limit                               |
|---------------------------------------------------------------------|---------------------------|----------------------------------------------|------------------|--------------------|------------------|------------------|--------------------------------------------------------------|
| <b>AARP Medicare Advantage Essentials HMO-POS</b><br>1-800-555-5757 | 4.0                       | \$0.00                                       | Yes              | \$685.00           | No               | No               | \$5,900.00 - In Network                                      |
| <b>AARP Medicare Advantage Extras HMO-POS</b><br>1-800-555-5757     | 4.0                       | \$0.00                                       | Yes              | \$685.00           | No               | No               | \$7,150.00 - In Network                                      |
| <b>AARP Medicare Advantage HMO-POS</b><br>1-800-555-5757            | 4.0                       | \$85.00                                      | Yes              | \$505.00           | No               | No               | \$4,200.00 - In Network                                      |
| <b>AARP Medicare Advantage Giveback HMO-POS</b><br>1-800-555-5757   | 4.0                       | \$0.00                                       | Yes              | \$685.00           | Yes              | No               | \$8,500.00 - In Network                                      |
| <b>AARP Medicare Advantage Extras HMO-POS</b><br>1-800-555-5757     | 4.0                       | \$59.00                                      | Yes              | \$685.00           | No               | No               | \$4,900.00 - In Network                                      |
| <b>AARP Medicare Advantage Essentials HMO-POS</b><br>1-800-555-5757 | 4.0                       | \$49.00                                      | Yes              | \$685.00           | No               | No               | \$4,450.00 - In Network                                      |
| <b>AARP Medicare Advantage, HMO-POS</b><br>1-800-555-5757           | 4.0                       | \$0.00                                       | Yes              | \$685.00           | No               | Yes              | \$4,900.00 - In Network                                      |
| <b>Aetna Medicare Signature Care, HMO-POS</b><br>1-844-509-6254     | 4.0                       | \$0.00                                       | Yes              | \$400.00           | No               | No               | \$4,900.00 - In Network                                      |
| <b>Aetna Medicare Signature, PPO</b><br>1-844-509-6254              | 4.0                       | \$0.00                                       | Yes              | \$500.00           | No               | Yes              | \$5,900.00 - In Network<br>\$10,750.00 - In & Out of Network |
| <b>Aetna Medicare Premier, PPO</b><br>1-844-509-6254                | 4.0                       | \$105.00                                     | Yes              | \$500.00           | No               | Yes              | \$4,900.00 - In Network<br>\$10,750.00 - In & Out of Network |
| <b>Anthem Medicare Advantage 4, PPO</b><br>1-833-668-2176           | 4.5                       | \$65.00                                      | Yes              | \$495.00           | No               | Yes              | \$7,150.00 - In Network<br>\$10,750.00 - In & Out of Network |
| <b>Anthem Medicare Advantage 3, PPO</b><br>1-833-668-2176           | 4.5                       | \$59.00<br>\$1,000.00 Health Plan Deductible | Yes              | \$495.00           | No               | Yes              | \$7,150.00 - In Network<br>\$10,750.00 - In & Out of Network |

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|------------------------------------------------------------------------|---------------------------|-----------------------------------------------|------------------|--------------------|------------------|------------------|--------------------------------------------------------------|
| <b>Anthem Medicare Advantage Regional, PPO</b><br>1-833-668-2176       | <b>3.5</b>                | \$106.00<br>\$1,000.00 Health Plan Deductible | Yes              | \$395.00           | No               | Yes              | \$6,750.00 - In Network<br>\$10,100.00 - In & Out of Network |
| <b>Anthem Extra Help, HMO-POS</b><br>1-833-668-2176                    | <b>3.5</b>                | \$0.00                                        | Yes              | \$105.00           | No               | No               | \$7,350.00 - In Network                                      |
| <b>Anthem Medicare Advantage, HMO-POS</b><br>1-833-668-2176            | <b>3.5</b>                | \$0.00                                        | Yes              | \$425.00           | No               | No               | \$4,7500.00 - In Network                                     |
| <b>Cigna Health Spring Preferred Savings, HMO</b><br>1-866-617-8713    | <b>2.5</b>                | \$0.00                                        | Yes              | \$600.00           | Yes              | No               | \$6,500.00 - In Network                                      |
| <b>Cigna Health Spring Preferred Medicare, HMO</b><br>1-866-617-8713   | <b>2.5</b>                | \$0.00<br>\$150.00 Health Plan Deductible     | Yes              | \$400.00           | No               | No               | \$6,750.00 - In Network                                      |
| <b>Cigna Health Spring True Choice Medicare, PPO</b><br>1-866-617-8713 | <b>3.0</b>                | \$15.00<br>\$350.00 Annual Health Deductible  | Yes              | \$600.00           | No               | Yes              | \$8,850.00 - In Network<br>\$13,300.00 - In & Out of Network |
| <b>Devoted Choice Ohio, PPO</b><br>1-844-978-2770                      | <b>4.5</b>                | \$0.00                                        | Yes              | \$650.00           | No               | Yes              | \$5,300.00 - In Network<br>\$10,100.00 - In & Out of Network |
| <b>Devoted Choice Ohio, PPO</b><br>1-844-978-2770                      | <b>4.5</b>                | \$0.00                                        | Yes              | \$650.00           | No               | No               | \$5,300.00 - In Network<br>\$10,100.00 - In & Out of Network |
| <b>Devoted Core Ohio, HMO</b><br>1-844-978-2770                        | <b>4.0</b>                | \$0.00                                        | Yes              | \$650.00           | No               | Yes              | \$4,750.00 - In Network                                      |
| <b>Devoted Premium Ohio, HMO</b><br>1-844-978-2770                     | <b>4.0</b>                | \$31.00<br>\$200.00 Annual Health Deductible  | Yes              | \$650.00           | No               | No               | \$6,500.00 - In Network                                      |
| <b>Devoted Core Ohio, HMO</b><br>1-844-978-2770                        | <b>4.0</b>                | \$0.00                                        | Yes              | \$650.00           | No               | No               | \$4,900.00 - In Network                                      |

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|---------------------------------------------------------------|---------------------------|-------------------------------------------|------------------|--------------------|------------------|------------------|--------------------------------------------------------------|
| <b>Devoted Give Back Extras, HMO</b><br>1-844-978-2770        | 4.0                       | \$0.00<br>\$120.00 Health Deductible      | Yes              | \$700.00           | Yes              | No               | \$6,350.00 - In Network                                      |
| <b>Devoted Give Back Ohio, HMO</b><br>1-844-978-2770          | 4.0                       | \$0.00<br>\$165.00 Health Deductible      | Yes              | \$461.00           | Yes              | No               | \$8,000.00 - In Network                                      |
| <b>Humana Choice Giveback, PPO</b><br>1-888-873-0686          | 4.0                       | \$0.00<br>\$432.00 Health Deductible      | Yes              | \$700.00           | Yes              | Yes              | \$9,850.00 - In Network<br>\$14,800 - In & Out of Network    |
| <b>Humana Choice, PPO</b><br>1-888-873-0686                   | 4.0                       | \$86.00<br>\$400.00 Health Deductible     | Yes              | \$450.00           | No               | Yes              | \$4,450.00 - In & Out ofNetwork                              |
| <b>Humana Choice, PPO</b><br>1-888-873-0686                   | 4.0                       | \$15.00                                   | Yes              | \$700.00           | No               | Yes              | \$5,300.00 - In Network<br>\$10,100.00 - In & Out of Network |
| <b>Humana Full Access, PPO</b><br>1-888-873-0686              | 4.0                       | \$53.00                                   | Yes              | \$700.00           | No               | Yes              | \$9,850.00 - In & Out of Network                             |
| <b>Humana Choice, PPO</b><br>1-888-873-0686                   | 4.0                       | \$0.00                                    | Yes              | \$700.00           | No               | Yes              | \$6,750.00 - In Network<br>\$10,750.00 - In & Out of Network |
| <b>Humana Choice, PPO</b><br>1-888-873-0686                   | 4.5                       | \$0.00                                    | Yes              | \$700.00           | No               | Yes              | \$6,750.00 - In Network<br>\$10,750.00 - In & Out of Network |
| <b>Humana Choice, PPO</b><br>1-888-873-0686                   | 3.5                       | \$121.00                                  | Yes              | \$700.00           | No               | Yes              | \$7,100.00 - In Network<br>\$10,750.00 - In & Out of Network |
| <b>Humana Gold Plus, HMO-POS</b><br>1-888-873-0686            | 4.5                       | \$0.00                                    | Yes              | \$350.00           | No               | No               | \$4,200.00 - In Network                                      |
| <b>Humana Essentials Plus Giveback, PPO</b><br>1-888-873-0686 | 4.5                       | \$0.00<br>\$425.00 Health Plan Deductible | Yes              | \$700.00           | Yes              | Yes              | \$9,850.00 - In Network<br>\$14,800.00 - In & Out ofNetwork  |

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|---------------------------------------------------------------|---------------------------|-----------------------------------------------|------------------|--------------------|------------------|------------------|--------------------------------------------------------------|
| <b>Humana Choice Giveback</b><br>1-800-833-2365               | 4.0                       | \$0.00<br>\$432.00 Health Plan Deductible     | Yes              | \$700.00           | Yes              | Yes              | \$9,850.00 - In Network<br>\$14,800.00 - In & Out of Network |
| <b>Humana Choice, PPO</b><br>1-800-833-2364                   | 4.0                       | \$44.00                                       | Yes              | \$450.00           | No               | Yes              | \$6,000.00 - In Network<br>\$10,000.00 - In & Out of Network |
| <b>Humana Gold Plus, HMO</b><br>1-800-833-2364                | 4.0                       | \$27.00                                       | Yes              | \$300.00           | No               | No               | \$6,550.00 - In Network                                      |
| <b>Humana Gold Plus, HMO-POS</b><br>1-800-833-2364            | 4.0                       | \$0.00                                        | Yes              | \$500.00           | No               | No               | \$4,200.00 - In Network                                      |
| <b>MedMutual Advantage Choice, HMO</b><br>1-877-306-6156      | 3.5                       | \$57.00                                       | Yes              | \$55.00            | No               | No               | \$4,450.00 - In Network                                      |
| <b>MedMutual Advantage Classic, HMO-POS</b><br>1-877-306-6156 | 3.5                       | \$0.00                                        | Yes              | \$315.00           | No               | No               | \$5,500.00 - In Network                                      |
| <b>MedMutual Advantage Plus, HMO</b><br>1-877-306-6156        | 3.5                       | \$92.00                                       | Yes              | \$55.00            | No               | No               | \$4,450.00 - In Network                                      |
| <b>MedMutual Advantage Preferred, PPO</b><br>1-877-306-6156   | 4.5                       | \$89.00<br>\$1750.00 Health Plan Deductible   | Yes              | \$55.00            | No               | Yes              | \$5,900.00 - In Network<br>\$10,100.00 - In & Out of Network |
| <b>MedMutual Advantage Premium, PPO</b><br>1-877-306-6156     | 4.5                       | \$168.00<br>\$1,250.00 Health Plan Deductible | Yes              | \$55.00            | No               | Yes              | \$3,450.00 - In Network<br>\$5,150.00 - In & Out of Network  |
| <b>MedMutual Advantage Select, PPO</b><br>1-877-306-6156      | 4.5                       | \$55.00<br>\$2,000 Health Plan Deductible     | Yes              | \$95.00            | No               | Yes              | \$6,900.00 - In Network<br>\$10,750.00 - In & Out of Network |
| <b>Perrenial Advantage Freedom, HMO-POS</b><br>1-844-788-6986 | Not<br>enough<br>data     | \$0.00                                        | Yes              | \$350.00           | No               | NO               | \$4,900.00 - In & Out of Network                             |

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|-------------------------------------------------------------------------|---------------------------|--------------------------------------------|------------------|--------------------|------------------|------------------|-------------------------------------------------------------|
| <b>Prime Time Health Plan Aultimate, HMO-POS</b><br>1-855-877-1049      | 4.5                       | \$0.00                                     | Yes              | \$700.00           | No               | No               | \$5,900.00 - In Network                                     |
| <b>Prime Time Health Plan Classic, HMO-POS</b><br>1-855-877-1049        | 4.5                       | \$69.00<br>\$300.00 Health Plan Deductible | Yes              | \$700.00           | No               | No               | \$4,750.00 - In Network                                     |
| <b>Prime Time Health Plan Plus, HMO-POS</b><br>1-855-877-1049           | 4.5                       | \$115.00                                   | Yes              | \$500.00           | No               | No               | \$4,250.00 - In Network                                     |
| <b>Summa Care Emerald, HMO-POS</b><br>1-888-464-8440                    | 4.0                       | \$159.00                                   | Yes              | \$50.00            | No               | No               | \$3,000.00 - In Network                                     |
| <b>Summa Care Quartz, HMO</b><br>1-888-464-8440                         | 4.0                       | \$0.00                                     | Yes              | \$410.00           | No               | No               | \$5,200.00 - In Network                                     |
| <b>Summa Care Ruby, HMO</b><br>1-888-464-8440                           | 4.0                       | \$55.00                                    | Yes              | \$200.00           | No               | No               | \$4,200.00 - In Network                                     |
| <b>Summa Care Sapphire, HMO-POS</b><br>1-888-464-8440                   | 4.0                       | \$85.00                                    | Yes              | \$100.00           | No               | No               | \$3,800.00 - In Network                                     |
| <b>Summa Care Topaz, HMO</b><br>1-888-464-8440                          | 4.0                       | \$17.00                                    | Yes              | \$365.00           | No               | No               | \$4,650.00 - In Network                                     |
| <b>The Health Plan<br/>Secure Choice Optimum, PPO</b><br>1-877-847-7915 | 3.0                       | \$45.00                                    | Yes              | \$425.00           | No               | No               | \$7,000.00 - In Network<br>\$9,550.00 - In & Out of Network |
| <b>The Health Plan<br/>Secure Care Option II, HMO</b><br>1-877-847-7915 | 3.5                       | \$33.00                                    | Yes              | \$395.00           | No               | No               | \$7,500.00 - In Network                                     |
| <b>Zing Elite Select Ohio, HMO</b><br>1-833-866-9464                    | 3.5                       | \$0.00                                     | Yes              | \$350.00           | No               | No               | \$5,500.00 - In Network                                     |

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| Plan Name<br>Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Overall<br>Star<br>Rating | Monthly Premium | Drug<br>Coverage | Drug<br>Deductible | Part B Reduction | Doctor<br>Choice | Maximum<br>Out-of-Pocket Limit |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|------------------|--------------------|------------------|------------------|--------------------------------|
| Zing Select Care Ohio, HMO<br>1-833-866-9464                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3.5                       | \$0.00          | Yes              | \$450.00           | No               | No               | \$5,500.00 - In Network        |
| <p>Note: AARP is serviced by United Health Care<br/>Source: Center for Medicare and Medicaid Services, October 2026<br/>Key:<br/>HMO - Health Maintenance Organization<br/>PPO - Preferred Provider Organization<br/>POS - Point of Service<br/>MSA - Medicare Savings Account</p> <p>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.<br/>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 .</p> |                           |                 |                  |                    |                  |                  |                                |

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|----------------------------------------------------------------------------|---------------------------|-----------------|------------------|--------------------|------------------|------------------|--------------------------------------------------------------|
| <b>AARP Medicare Advantage Patriot, HMO-POS</b><br>1-800-555-5757          | 4.0                       | \$0.00          | No               | N/A                | Yes              | NO               | \$8,900.00 - In Network                                      |
| <b>Aetna Medicare Eagle Giveback, PPO</b><br>1-833-859-6031                | 4.0                       | \$0.00          | No               | N/A                | Yes              | Yes              | \$6,900.00 - In Network<br>\$9,550.00 - In & Out of Network  |
| <b>Anthem Veteran Regional, PPO</b><br>1-833-668-2197                      | 3.5                       | \$0.00          | No               | N/A                | Yes              | Yes              | \$8,400.00 - In Network<br>\$6,100.00 - In & Out of Network  |
| <b>Anthem Veteran, PPO</b><br>1-833-668-2197                               | 4.5                       | \$0.00          | No               | N/A                | Yes              | Yes              | \$5,900.00 - In Network<br>\$8,950.00 - In & Out ofNetwork   |
| <b>Devoted Choice MA Only, PPO</b><br>1-800-376-5889                       | 4.5                       | \$0.00          | No               | N/A                | Yes              | Yes              | \$9,250.00 - In Network<br>\$13,900.00 - In & Out of Network |
| <b>Humana Choice Regional, PPO</b><br>1-888-873-0686                       | 3.5                       | \$0.00          | NO               | N/A                | Yes              | Yes              | \$5,700.00 In Network<br>\$6,500.00 - In & Out Network       |
| <b>Humana USAA Honor Giveback, PPO</b><br>1-800-833-2364                   | 4.5                       | \$0.00          | NO               | N/A                | Yes              | Yes              | \$7,900.00 - In Network<br>\$13,900.00 - In & Out of Network |
| <b>Humana USAA Honor Giveback, PPO</b><br>1-800-833-2364                   | 4.0                       | \$0.00          | No               | N/A                | Yes              | Yes              | \$7,900.00 - In Network<br>\$13,900.00 - In & Out of Network |
| <b>Prime Time Health Basics, HMO-POS</b><br>1-855-877-1049                 | 4.5                       | \$0.00          | No               | N/A                | Yes              | NO               | \$3,900.00 - In Network                                      |
| <b>Summa Care Amber, HMO</b><br>1-888-464-8440                             | 4.0                       | \$0.00          | No               | N/A                | No               | NO               | \$3,450.00 - In Network                                      |
| <b>The Health Plan Secure Care Integrity Plan 3, HMO</b><br>1-877-847-7915 | 3.5                       | \$0.00          | No               | N/A                | Yes              | NO               | \$7,500.00 - In Network                                      |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|------------------|--------------------|------------------|------------------|--------------------------------|
| <p>Note: AARP is serviced by United Health Care<br/>Source: Center for Medicare and Medicaid Services, October 2026</p> <p>Key:<br/>HMO - Health Maintenance Organization<br/>PPO - Preferred Provider Organization<br/>POS - Point of Service<br/>MSA - Medicare Savings Account</p> <p>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.<br/>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 .</p> |                           |                 |                  |                    |                  |                  |                                |