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	Yes	\$0.00	\$0.00	NO	\$4,900.00 - In Network
Aetna Medicare Smart Fit, PPO 1-833-859-6031	4.5	\$0.00	Yes	\$250.00	\$0.00	Yes	\$4,500.00 - In Network \$7,550.00 - In & Out of Network
Aetna Medicare Premier 2, PPO 1-833-859-6031	4.5	\$79.00	Yes	\$0.00	\$0.00	Yes	\$4,900.00 - In Network \$8,950.00 - 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, HMO-POS 1-833-859-6031	3.5	\$0.00	Yes	\$0.00	\$5.00	NO	\$6,900.00 - In Network

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
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 4, PPO 1-833-668-2176	4.0	\$66.00	Yes	\$40.00	\$0.00	Yes	\$4,900.00 - In Network \$8,950.00 - In & Out of Network
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 Medicare Advantage Regional, PPO 1-833-668-2176	3.5	\$81.00 \$1,000.00 Health Plan Deductible	Yes	\$50.00	\$0.00	Yes	\$6,750.00 - In Network \$10,100.00 - In & Out of Network
Anthem Extra Help, HMO-POS 1-833-668-2176	3.5	\$3.20	Yes	\$590.00	\$0.00	NO	\$7,550.00 - In Network
Anthem Medicare Advantage 3, HMO-POS 1-833-668-2176	3.5	\$31.00	Yes	\$0.00	\$0.00	NO	\$4,100.00 - In Network
Anthem Medicare Advantage, HMO-POS 1-833-668-2176	3.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,1500.00 - In Network
Cigna Preferred Plus, HMO 1-800-313-0973	2.5	\$27.00	Yes	\$0.00	\$0.00	NO	\$4,000.00 - In Network
Cigna Preferred Savings, HMO 1-800-313-0973	2.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$6,750.00 - In Network
Cigna Preferred Medicare, HMO 1-800-313-0973	2.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$4,550.00 - In Network
Cigna True Choice Medicare, PPO 1-800-313-0973	3.0	0 \$50.00 Annual Health Deductible	Yes	\$0.00	\$0.00	Yes	\$8,850.00 - In Network \$13,300.00 - In & Out of Network

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 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
Humana Choice, PPO 1-800-833-2364	3.5	\$0.00	Yes	\$250.00	\$0.00	Yes	\$6,100.00 - In Network \$10,100.00 - In & Out of Network
Humana Choice Giveback, PPO 1-800-833-2364	3.5	\$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
Humana Choice, PPO 1-800-833-2364	3.5	\$30.00	Yes	\$400.00	\$5.00	Yes	\$6,750.00 - In Network \$10,100.00 - In & Out of Network

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 Cleveland Clinic Preferred, HMO-POS 1-800-833-2364	3.5	0 \$100.00 In-Network Health Deductible	Yes	\$250.00	\$0.00	NO	\$5,900.00 - In Network
Humana Choice, PPO 1-800-833-2364	3.5	\$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
Humana Gold Plus, HMO-POS 1-800-833-2364	3.5	\$0.00	Yes	\$250.00	\$0.00	NO	\$4,150.00 - In Network
Humana USAA Honor Giveback with Rx, PPO 1-800-833-2365	3.5	\$0.00	Yes	\$350.00	\$0.00	Yes	\$8,850.00 - In Network \$13,300.00 - In & Out ofNetwork
Humana Choice, PPO 1-800-833-2364	3.5	\$12.00	Yes	\$0.00	\$10.00	Yes	\$5,250.00 - In Network \$10,100.00 - In & Out ofNetwork
Humana Gold Plus, HMO 1-800-833-2364	3.5	\$27.00	Yes	\$200.00	\$0.00	NO	\$6,750.00 - In Network
Humana Value Plus, PPO 1-800-833-2365	3.5	\$11.00	Yes	\$590.00	20%	Yes	\$9,350.00 - In Network \$14,000.00 - In & Out of Network
MedMutual Advantage Access, PPO 1-877-368-0081	4.0	\$0.00	Yes	\$0.00	\$0.00	Yes	\$4,300.00 - In Network \$7,990.00 - In & Out of Network
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

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
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	\$10.00	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	\$100.00	\$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
Perrenial Advantage Freedom, HMO-POS 1-844-788-6986	TOO NEW	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,900.00 - In Network \$3,900.00 - In & Out of 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
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

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 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	\$10.00	NO	\$4,500.00 - In Network
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

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
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
Zing Elite Select OH, HMO 1-866-946-4458	3.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,900.00 - In Network
Zing Select Care OH, HMO 1-866-946-4458	3.5	\$0.00	Yes	\$0.00	\$0.00	NO	\$3,900.00 - In 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.

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	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	\$4,1500.00 - 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 ofNetwork
Cigna True Choice Courage Medicare, PPO 1-800-313-0973	3.0	\$0.00	No	N/A	\$0.00	NO	\$4,160.00 - In Network \$8,000.00 - 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	\$6,500.00 - In & Out 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
Paramount Elite Prevail, HMO 1-855-508-2526	4.0	\$0.00	No	N/A	\$0.00	NO	\$4,100.00 - In Network

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
Prime Time Health Basics, 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
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

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

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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.