



Health / Medicare / Medicare Advantage Plans wi... / Ohio / PrimeTime Health Plan

PrimeTime Health Plan Medicare Advantage Plans with Part D in Ohio



Learn more about PrimeTime Health Plan Medicare Advantage with Part D in Ohio coverage



3 Plans

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i Not all plans shown here will be available to you; enter your ZIP Code to see the plans available in your area.

PrimeTime Health Plan Aultimate (HMO-POS)

H3664-021-000

2023 OVERALL RATING

★★★★★ 5.0 out of 5 stars

PrimeTime Health Plan | Local HMO

Counties: Carroll, Columbiana, Harrison, Holmes, Mahoning, Medina, [Show More](#)

\$0.00 / mo PREMIUM

\$150.00 ANNUAL DEDUCTIBLE

\$4,300.00 ANNUAL MAX OUT OF POCKET

PrimeTime Health Plan Classic (HMO-POS)

H3664-020-000

2023 OVERALL RATING

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\$125.00 ANNUAL DEDUCTIBLE
\$4,100.00 ANNUAL MAX OUT OF POCKET

PrimeTime Health Plan Plus (HMO-POS) H3664-017-000

2023 OVERALL RATING

★★★★★ 5.0 out of 5 stars

 PrimeTime Health Plan | Local HMO

Counties: **Carroll, Columbiana, Harrison, Holmes, Mahoning, Medina, [Show More](#)**

\$89.00 / mo PREMIUM
\$75.00 ANNUAL DEDUCTIBLE
\$3,900.00 ANNUAL MAX OUT OF POCKET



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Companies that offer Medicare Advantage with Part D in Ohio

- | | |
|--|------------------------------------|
| Aetna Better Health of Ohio, MyCare Ohio | MediGold |
| Aetna Medicare | Medical Mutual of Ohio |
| Anthem Blue Cross and Blue Shield | Molina Healthcare of Ohio |
| Buckeye Health Plan - MyCare Ohio | Paramount Elite Medicare Plans |
| CareSource | Perennial Advantage |
| CareSource MyCare Ohio | PrimeTime Health Plan |
| Cigna | SummaCare Medicare Advantage Plans |
| Communicare Advantage | The Health Plan |
| Devoted Health | UPMC for Life |
| Essence Healthcare | Valor Health Plan |

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Disclaimers

The Medicare plans represented are PDP, HMO, PPO or PFFS plans with a Medicare contract. Enrollment in plans depends on contract renewal.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800- MEDICARE (TTY users should call 1-877-486-2048) 24 hours a day/7 days a week to get information on all of your options.

Not all plans offer all of these benefits. Benefits may vary by carrier and location. Limitations and exclusions may apply.

Not affiliated with or endorsed by any government agency.

Every year, Medicare evaluates plans based on a 5-star rating system.

General Required Disclaimers

- Estimated annual savings is determined by subtracting a plan's annual cost estimate of the medications entered from the medications' average retail prices. The annual cost estimate for a plan includes covered annual monthly premiums and any annual cost sharing expenses that you must pay out-of-pocket for the medications entered. This number can only be calculated if the consumer enters medication information.
- The savings number is calculated from all of the saved sessions where another consumer entered medication information and their current plan. For each saved session, we calculate the cost of each plan based on the medication entered and geographical location. The savings number is derived by comparing the cost of the plan to the cheapest plan in that geographical location and taking the average.
- The retail drug cost is an estimated amount based on the out-of-pocket expenses you may expect to pay in a calendar year for medications that are not covered by an insurance plan's formulary on estimated retail drug price (retail drug cost is based on national averages for a medication and assumes adherence).

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should call 1-877-486-2048), 24 hours a day/7 days a week or consult www.medicare.gov.

- You must have both Part A and B to enroll in a Medicare Advantage plan. Members may enroll in the plan only during specific times of the year. Contact the plan for more information.
- You must have Medicare Part A or Part B (or both) to join a Medicare Prescription Drug plan. Members may enroll in the plan only during specific times of the year. Contact the plan for more information.
- For plans with Part D Coverage: You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/ 7 days a week or consult www.medicare.gov; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 or consult www.socialsecurity.gov; or your Medicaid Office.
- Every year, Medicare evaluates plans based on a 5-star rating system.
- Medicare beneficiaries can file a complaint with the Centers for Medicare & Medicaid Services by calling 1-800-MEDICARE 24 hours a day/7 days a week or using the medicare.gov site. Beneficiaries can [appoint a representative](#) by submitting CMS Form-1696 (or equivalent written notice).
- Other Pharmacies, Physicians, and Providers are available in the network.
- Pharmacies, Physicians, and Providers may also contract with other Plan Sponsors.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call the Plan's customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- **Medicare Supplement insurance is available to those age 65 and older enrolled in Medicare Parts A and B and, in some states, to those under age 65 eligible for Medicare due to disability or End-Stage Renal disease. The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent/producer or insurance company. Medicare Supplement insurance plans are not connected with or endorsed by the U.S. government or the federal**

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may earn bonus commission amounts based on criteria such as the number of policies sold.

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