

# Ohio - Medicare Advantage 2026

## MARKET HIGHLIGHTS



2026 Proposed Service Area

- #2 D-SNP player in Ohio
- Largest MA Plan with over 318K MA members and #1 Market Share
- Awarded Next Generation MyCare OH FIDE D-SNP effective 1/1/2026. Initial launch in 29 counties, remainder of state by 10/1/2026
- Full Dual D-SNP plans with embedded Everyday Options Allowance for OTC, Assistive Devices, Healthy Foods and Utilities plus Rx Tiers 1 and 6 at \$0
- \$0 HMO plans with Dental, Vision and Hearing benefits
- 4 county segmentation to outstate plan segment

## SERVICE AREA

All Counties

## SERVICE AREA REDUCTIONS AND NON-RENEWALS

Plan Type	Service Area Reduction (# of Counties)	Non-Renewal (# of Counties)
HMO	13	
PPO	1	
Anthem Medicare Advantage 3 (HMO-POS) H3655-034		All
Anthem Chronic Care (HMO-POS C-SNP) H3655-047		3



# Ohio 2026 Plan Highlights

NEW



## Anthem | MyCare Full Dual Advantage (HMO D-SNP)

H2628-001

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
PART B GIVEBACK		\$0
PREMIUM		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0
SKILLED NURSING FACILITY		\$0
RX DEDUCTIBLE		\$0
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay* for a one-month supply of select insulin
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Vinton, Warren, Washington, Wayne, Williams, Wood, Wyandot	

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# Ohio 2026 Plan Highlights

NEW



## Anthem | MyCare Full Dual Advantage (HMO D-SNP) H2628-001

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$0 copay – preventive and comprehensive services per year; No maximum allowance; Exclusions and limitations apply
VISION		\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$240 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER		N/A
FITNESS		\$0 copay - SilverSneakers®
TRANSPORTATION		\$0 copay – unlimited one-way trips per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		42 post discharge



# Ohio 2026 Plan Highlights

★ **Anthem Full Dual Advantage 2**  
**(HMO D-SNP)** H2628-004  
 (Transitioned H3655-049)

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay* for a one-month supply of select insulin
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carrol, Champaign, Coshocton, Crawford, Darke, Defiance, Erie, Fairfield, Fayette, Gallia, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lawrence, Licking, Logan, Marion, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Paulding, Perry, Pike, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Tuscarawas, Van Wert, Vinton, Washinton, Williams, Wyandot	

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# Ohio 2026 Plan Highlights

★ **Anthem Full Dual Advantage 2**  
**(HMO D-SNP)** H2628-004  
 (Transitioned H3655-049)

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
ESSENTIAL EXTRAS		N/A
DENTAL		\$0 copay – preventive and comprehensive services per year; No maximum allowance; Exclusions and limitations apply
VISION		\$0 copay – 1 routine eye exam per year; \$350 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$200 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER		N/A
FITNESS		\$0 copay – SilverSneakers®
TRANSPORTATION		\$0 copay – 60 trips per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge



# Ohio 2026 Plan Highlights

## Anthem Dual Advantage (HMO D-SNP) H2628-005 (Transitioned H3655-048)

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI
PREMIUM		\$0 - \$7.10
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$6,750
PCP		\$0 copay
SPECIALIST		\$0 - \$25 copay
INPATIENT HOSPITAL		\$0 - \$435 (days 1 – 7)
SKILLED NURSING FACILITY		\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE		\$0
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay* for a one-month supply of select insulin
MARKET SERVICE AREA		All Counties

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# Ohio 2026 Plan Highlights

## Anthem Dual Advantage (HMO D-SNP) H2628-005 (Transitioned H3655-048)

MEDICAID STATUS	Partial Dual	QMB, SLMB, QDWI, QI
ESSENTIAL EXTRAS		N/A
DENTAL		\$1,800 allowance for preventive and comprehensive services per year; \$0 copay for preventive and comprehensive services per year; Preventive includes 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year
VISION		\$0 copay – 1 routine eye exam per year; \$200 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$75 per month OTC, Assistive Devices, Healthy Foods and Utilities
OVER THE COUNTER		N/A
FITNESS		\$0 copay – SilverSneakers®
TRANSPORTATION		\$0 copay – 24 trips per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge



# Ohio 2026 Plan Highlights

## Anthem Full Dual Advantage (HMO D-SNP) H2628-003 (Transitioned H3655-033)

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
PREMIUM		\$0
PART B GIVEBACK		\$0
MEDICAL DEDUCTIBLE		\$0
MAX OUT-OF-POCKET		\$9,250
PCP		\$0 copay
SPECIALIST		\$0 copay
INPATIENT HOSPITAL		\$0 copay
SKILLED NURSING FACILITY		\$0 copay
RX DEDUCTIBLE		\$0
RX COST SHARE T1/T2/T3/T4/T5/T6		\$0 copay – (T1 and T6) Members pay LIS copay* (T2 - T5)
INSULIN COST SHARE		\$0 – \$35 copay* for a one-month supply of select insulin
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carrol, Champaign, Coshocton, Crawford, Darke, Defiance, Erie, Fairfield, Fayette, Gallia, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lawrence, Licking, Logan, Marion, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Paulding, Perry, Pike, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Tuscarawas, Van Wert, Vinton, Washinton, Williams, Wyandot	

\*If you receive Extra Help, the amount you pay is determined by your low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.



# Ohio 2026 Plan Highlights

## Anthem Full Dual Advantage (HMO D-SNP) H2628-003 (Transitioned H3655-033)

MEDICAID STATUS	Full Dual	FBDE, QMB+, SLMB+
ESSENTIAL EXTRAS		(Pick 1) Utilities – \$150 per quarter, Dental, Vision and Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL		\$0 copay – preventive and comprehensive services per year; No maximum allowance; Exclusions and limitations apply
VISION		\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING		\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE		\$125 per month OTC and Healthy Foods
OVER THE COUNTER		N/A
FITNESS		\$0 copay - SilverSneakers®
TRANSPORTATION		\$0 copay – 48 trips per year
PERS		\$0 copay
PODIATRY		\$0 copay – unlimited visits per year
HEALTHY MEALS		20 post discharge



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage (HMO-POS) H3655-045-001

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$9,250
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$470 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$275 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 29% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Adams, Allen, Auglaize, Belmont, Champaign, Clark, Clinton, Coshocton, Darke, Defiance, Erie, Fulton, Gallia, Guernsey, Hardin, Harrison, Hocking, Holmes, Huron, Jackson, Jefferson, Lawrence, Logan, Lucas, Marion, Meigs, Mercer, Monroe, Morgan, Muskingum, Noble, Paulding,, Putnam, Richland, Sandusky, Seneca, Shelby, Vinton, Washington, Wayne, Williams, Wood



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage (HMO-POS) H3655-045-001

ESSENTIAL EXTRAS	N/A
DENTAL	\$1,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$175 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage (HMO-POS) H3655-045-002

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,750
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$400 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$275 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 29% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Brown, Butler, Clermont, Greene, Hamilton, Miami, Montgomery, Preble, Warren



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage (HMO-POS) H3655-045-002

ESSENTIAL EXTRAS	N/A
DENTAL	<p>\$1,500 allowance for preventive and comprehensive services per year;            In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year;            25% for comprehensive services per year;            Out of Network: 20% for preventive and 50% for comprehensive services per year</p>
VISION	<p>\$0 copay – 1 routine eye exam per year;            \$200 allowance – eyeglasses or contact lenses per year</p>
HEARING	<p>\$0 copay – 1 hearing exam, fitting &amp; evaluation per year;            \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year</p>
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$30 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage (HMO-POS) H3655-045-003

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,500
PCP	\$0 copay
SPECIALIST	\$50 copay
INPATIENT HOSPITAL	\$437 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$275 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 29% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Delaware, Fairfield, Franklin, Licking, Knox, Madison, Morrow, Pickaway, Union



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage (HMO-POS) H3655-045-003

ESSENTIAL EXTRAS	N/A
DENTAL	\$1,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	N/A
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage

**(HMO-POS)** H3655-045-004

(Transitioned H3655-038, H3655-045-004)

PREMIUM	\$0
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,000
PCP	\$0 copay
SPECIALIST	\$35 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$275 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0 / 25% / 30% / 29% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Ashland, Ashtabula, Carroll, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Tuscarawas



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage (HMO-POS) H3655-045-004 (Transitioned H3655-038, H3655-045-004)

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$300 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$35 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



# Ohio 2026 Plan Highlights

## Anthem Extra Help (HMO-POS) H3655-041

LIS ELIGIBILITY	No LIS	25% Subsidy	50% Subsidy	75% Subsidy	100% Subsidy
PREMIUM	\$31.40	\$0	\$0	\$0	\$0
PART B GIVEBACK	\$0				
MEDICAL DEDUCTIBLE	\$0				
MAX OUT-OF-POCKET	\$7,350				
PCP	\$0 copay				
SPECIALIST	\$40 copay				
INPATIENT HOSPITAL	\$310 copay (days 1 – 7)				
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)				
<b>Part D</b>					
EXTRA HELP LEVEL	No Extra Help	Level 1	Level 2	Level 3	
RX DEDUCTIBLE	\$390 (T2 – T5)	\$0	\$0	\$0	\$0
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / 25% / 25% / 25% / 28% / \$0	\$0 copay (T1 and T6) \$5.10 - \$12.65	\$0 copay (T1 and T6) \$1.60 - \$4.90	\$0	\$0
INSULIN COST SHARE	\$35 or LIS copay for a one-month supply of select insulin				
MARKET SERVICE AREA	All Counties				



# Ohio 2026 Plan Highlights

## Anthem Extra Help (HMO-POS) H3655-041

ESSENTIAL EXTRAS	N/A
DENTAL	\$1,000 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$125 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$125 per quarter
FITNESS	N/A
TRANSPORTATION	\$0 copay – 12 one-way trips per year
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	20 post discharge



# Ohio 2026 Plan Highlights

## Anthem Veteran (PPO) H4036-022

PREMIUM	\$0
PART B GIVEBACK	\$165
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$5,900 (IN) / \$8,950 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$350 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A
RX COST SHARE T1/T2/T3/T4/T5/T6	N/A
INSULIN COST SHARE	N/A
MARKET SERVICE AREA	All Counties



# Ohio 2026 Plan Highlights

## Anthem Veteran (PPO)

H4036-022

ESSENTIAL EXTRAS	(Pick 1) Dental Vision Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$0 copay – \$2,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services per year Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$225 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$130 per quarter
FITNESS	\$0 copay – SilverSneakers®
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	14 post discharge



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage 3 (PPO) H4036-025

PREMIUM	\$51
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$1,000 (applies only to OON)
MAX OUT-OF-POCKET	\$6,750 (IN) / \$10,100 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$40 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 6)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$200 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$3 / \$13 / 20% / 30% / 30% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Adams, Allen, Ashland, Ashtabula, Auglaize, Belmont, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Geauga, Greene, Hamilton, Hancock, Highland, Holmes, Huron, Jefferson, Knox, Lake, Lawrence, Licking, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Mercer, Miami, Montgomery, Morrow, Muskingum, Ottawa, Pickaway, Portage, Preble, Putnam, Richland, Ross, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Union, Van Wert, Warren, Washington, Wayne, Williams, Wood



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage 3 (PPO)

H4036-025

ESSENTIAL EXTRAS	N/A
DENTAL	\$1,200 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$75 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits per year
HEALTHY MEALS	N/A



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage (LPPO) H4036-026

PREMIUM	\$10
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,750 (IN) / \$10,100 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$45 copay
INPATIENT HOSPITAL	\$375 copay (days 1 – 5)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 (days 21 – 100)
RX DEDUCTIBLE	\$350 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$9 / 20% / 30% / 29% / \$0 \$0 copay T1 and T2 mail order 30-90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Athens, Belmont, Butler, Carroll, Clermont, Columbiana, Defiance, Fulton, Gallia, Greene, Hamilton, Harrison, Jefferson, Lucas, Mahoning, Meigs, Monroe, Montgomery, Ottawa, Trumbull, Warren, Washington, Williams, Wood



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage (LPPO)

H4036-026

ESSENTIAL EXTRAS	(Pick 1) Dental Vision Hearing – \$500 per year, Transportation – 60 one-way trips per year, Assistive Devices – \$500 per year
DENTAL	\$1,000 allowance for preventive and comprehensive services per year In Network: \$0 copay for preventive and comprehensive services Out of Network: 20% for preventive and 50% for comprehensive services
VISION	\$0 copay – 1 routine eye exam per year; \$150 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$30 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	\$0 copay
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	14 post discharge



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage 4 (PPO) H4036-017

PREMIUM	\$56
PART B GIVEBACK	\$0
MEDICAL DEDUCTIBLE	\$0
MAX OUT-OF-POCKET	\$6,900 (IN) / \$10,200 (IN & OON)
PCP	\$0 copay
SPECIALIST	\$30 copay
INPATIENT HOSPITAL	\$295 copay (days 1 – 8)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	\$200 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	\$2 / \$12 / 20% / 30% / 30% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	Belmont, Carroll, Columbiana, Cuyahoga, Delaware, Geauga, Greene, Lake, Lorain, Miami, Montgomery, Muskingum, Preble, Sandusky, Stark, Summit, Trumbull



# Ohio 2026 Plan Highlights

## Anthem Medicare Advantage 4 (PPO)

H4036-017

ESSENTIAL EXTRAS	N/A
DENTAL	\$2,250 allowance for preventive and comprehensive services per year; In Network: \$0 copay – 2 oral exams, 2 cleanings, 2 dental X-rays, 2 fluoride treatments every year; 25% for comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$250 allowance – eyeglasses or contact lenses per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A
OVER THE COUNTER	\$100 per quarter
FITNESS	N/A
TRANSPORTATION	N/A
PERS	N/A
PODIATRY	\$0 copay – unlimited visits
HEALTHY MEALS	N/A



# Ohio 2026 Plan Highlights

	<b>Anthem Veteran (RPPO) R5941-013</b>	<b>Anthem Medicare Advantage (RPPO) R5941-014</b>
PREMIUM	\$0	\$87
PART B GIVEBACK	\$0	\$0
MEDICAL DEDUCTIBLE	\$0	\$1,000 (applies to OON only)
MAX OUT-OF-POCKET	\$4,900 (IN) / \$7,200 (IN & OON)	\$6,750 (IN) / \$10,100 (IN & OON)
PCP	\$0 copay	\$10 copay
SPECIALIST	\$35 copay	\$40 copay
INPATIENT HOSPITAL	\$255 copay (days 1 – 8)	\$295 copay (days 1 – 7)
SKILLED NURSING FACILITY	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)	\$0 copay (days 1 – 20) \$218 copay (days 21 – 100)
RX DEDUCTIBLE	N/A	\$250 (T3 – T5)
RX COST SHARE T1/T2/T3/T4/T5/T6	N/A	\$0 / \$0 / 25% / 30% / 30% / \$0 \$0 copay T1 and T2 mail order 30 - 90 day supply
INSULIN COST SHARE	N/A	\$0 – \$35 copay for a one-month supply of select insulin
MARKET SERVICE AREA	All Counties	All Counties



# Ohio 2026 Plan Highlights

	<b>Anthem Veteran (RPPO) R5941-013</b>	<b>Anthem Medicare Advantage (RPPO) R5941-014</b>
ESSENTIAL EXTRAS	N/A	N/A
DENTAL	\$1,750 allowance for preventive and comprehensive services per year; In Network: \$0 copay for preventive and comprehensive services per year; Out of Network: 20% for preventive and 50% for comprehensive services per year	1 oral exam and 1 cleaning per year; In Network: \$0 copay for preventive and comprehensive services per year; Out of Network: 20% for preventive services per year
VISION	\$0 copay – 1 routine eye exam per year; \$275 allowance – eyeglasses or contact lenses per year	\$0 copay – 1 routine eye exam per year
HEARING	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$3,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year	\$0 copay – 1 hearing exam, fitting & evaluation per year; \$2,000 for prescribed or \$300 for OTC hearing aid maximum plan benefit per year
EVERYDAY OPTIONS ALLOWANCE	N/A	N/A
OVER THE COUNTER	\$70 per quarter	N/A
FITNESS	\$0 copay – SilverSneakers®	N/A
TRANSPORTATION	N/A	N/A
PERS	\$0 copay	N/A
PODIATRY	\$0 copay – unlimited visits per year	\$0 copay – unlimited visits per year
HEALTHY MEALS	N/A	N/A

