

2026 Illinois Medicare Advantage, and Cost Plans

(Illinois SHIP)



Data as of October 20, 2025. Includes CY2024 approved contracts/plans. PACE, Special Needs Plans, Part B Only Plans, and Employer sponsored plans (800 series) are excluded. Plans under sanction are not shown.

Notes: Data are subject to change as contracts are finalized.

* Indicates plan does not offer Part D drug coverage. ** MOOP is defined as: Maximum Out-of-Pocket (MOOP) limit on enrollee spending that includes costs for all in-network Part A and Part B Services. N/A is defined as Not Applicable

EA = Enhanced BA = Basic Reference: CMS.gov - <https://www.cms.gov/medicare/coverage/prescription-drug-coverage>

| Plan Name | Type Plan | Total Part C + D Monthly Premium | Annual Drug Deduct. | Drug Benefit Type | Contract ID | Plan ID | In- network MOOP** |
|--|------------|----------------------------------|---------------------|-------------------|-------------|---------|--------------------|
| Aetna Medicare Advantra (PPO) | Local PPO | \$36.00 | \$615.00 | EA | H7301 | 002 | \$4,200.00 |
| Aetna Medicare Advantra Extra (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H7301 | 006 | \$5,000.00 |
| Aetna Medicare Eagle (PPO) | Local PPO* | \$0.00 | Drugs not covered | | H7301 | 023 | \$4,500.00 |
| Aetna Medicare Enhanced (PPO) | Local PPO | \$37.00 | \$615.00 | EA | H7301 | 009 | \$4,700.00 |
| Aetna Medicare Enhanced (PPO) | Local PPO | \$60.00 | \$615.00 | EA | H7301 | 032 | \$6,750.00 |
| Aetna Medicare Enhanced (PPO) | Local PPO | \$69.00 | \$615.00 | EA | H7301 | 034 | \$8,750.00 |
| Aetna Medicare Signature (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H7301 | 007 | \$5,500.00 |
| Aetna Medicare Signature (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H7301 | 013 | \$6,750.00 |
| Aetna Medicare Signature (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H7301 | 027 | \$9,250.00 |
| Aetna Medicare Signature (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H7301 | 033 | \$6,750.00 |
| Aetna Medicare Signature Extra (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H7301 | 021 | \$5,200.00 |
| Aetna Medicare Signature (HMO-POS) | Local HMO | \$0.00 | \$615.00 | EA | H1206 | 003 | \$5,900.00 |
| Aetna Medicare Signature Extra (HMO-POS) | Local HMO | \$0.00 | \$615.00 | EA | H1206 | 008 | \$5,900.00 |
| Aetna Medicare Elite (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H1608 | 050 | \$4,500.00 |
| Aetna Medicare Enhanced (PPO) | Local PPO | \$60.00 | \$615.00 | EA | H1608 | 013 | \$7,500.00 |
| Aetna Medicare Enhanced Extra (HMO-POS) | Local HMO | \$40.00 | \$615.00 | EA | H2663 | 006 | \$5,900.00 |
| Aetna Medicare Signature (HMO-POS) | Local HMO | \$0.00 | \$615.00 | EA | H2663 | 017 | \$4,200.00 |
| Aetna Medicare Signature (HMO-POS) | Local HMO | \$0.00 | \$615.00 | EA | H2663 | 103 | \$4,200.00 |
| Aetna Medicare Prime (HMO-POS) | Local HMO | \$0.00 | \$615.00 | EA | H3192 | 001 | \$5,900.00 |
| Aetna Medicare Signature (HMO-POS) | Local HMO | \$0.00 | \$615.00 | EA | H3192 | 013 | \$6,350.00 |
| Aetna Medicare Duly Prime (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H5521 | 314 | \$5,500.00 |

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| Aetna Medicare Eagle (PPO) | Local PPO* | \$0.00 | Drugs not covered | EA | H5521 | 286 | \$4,900.00 |
| Aetna Medicare Premier (PPO) | Local PPO | \$44.00 | \$615.00 | EA | H5521 | 016 | \$5,000.00 |
| Aetna Medicare Signature Extra (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H5521 | 086 | \$5,200.00 |
| Blue Cross Medicare Advantage Basic (HMO) | Local HMO | \$0.00 | \$450.00 | EA | H3822 | 001 | \$4,500.00 |
| Blue Cross Medicare Advantage Basic (HMO) | Local HMO | \$0.00 | \$450.00 | EA | H3822 | 012 | \$5,500.00 |
| Blue Cross Medicare Advantage Basic Plus (HMO-POS) | Local HMO | \$0.00 | \$450.00 | EA | H3822 | 007 | \$6,750.00 |
| Blue Cross Medicare Advantage Premier Plus (HMO-POS) | Local HMO | \$83.00 | \$450.00 | EA | H3822 | 008 | \$3,500.00 |
| Blue Cross Medicare Advantage Value (HMO) | Local HMO | \$0.00 | \$450.00 | EA | H3822 | 014 | \$4,000.00 |
| Blue Cross Medicare Advantage Secure (HMO) | Local HMO | \$0.00 | \$450.00 | EA | H8547 | 001 | \$4,750.00 |
| Blue Cross Medicare Advantage Choice Plus (PPO) | Local PPO | \$90.00 | \$450.00 | EA | H8634 | 003 | \$5,100.00 |
| Blue Cross Medicare Advantage Choice Premier (PPO) | Local PPO | \$155.00 | \$300.00 | EA | H8634 | 004 | \$4,850.00 |
| Blue Cross Medicare Advantage Classic (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H8634 | 008 | \$5,500.00 |
| Blue Cross Medicare Advantage Dental Premier (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H8634 | 021 | \$7,500.00 |
| Blue Cross Medicare Advantage Essential (PPO) | Local PPO | \$0.00 | \$450.00 | EA | H8634 | 012 | \$6,700.00 |
| Blue Cross Medicare Advantage Health Choice (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H8634 | 018 | \$9,000.00 |
| Blue Cross Medicare Advantage Protect (PPO) | Local PPO* | \$0.00 | Drugs not covered | | H8634 | 019 | \$6,750.00 |
| Clear Spring Health BrightPath Advantage (HMO) | Local HMO | \$0.00 | \$200.00 | EA | H3071 | 002 | \$3,000.00 |
| Clear Spring Health BrightPath Advantage (HMO) | Local HMO | \$0.00 | \$200.00 | EA | H5454 | 001 | \$4,200.00 |
| Clear Spring Health BrightPath Advantage (HMO) | Local HMO | \$0.00 | \$200.00 | EA | H5454 | 002 | \$2,900.00 |
| DEVOTED CHOICE 001 IL (PPO) | Local PPO | \$0.00 | \$395.00 | EA | H6545 | 001 | \$4,700.00 |
| DEVOTED CHOICE 010 IL (PPO) | Local PPO | \$0.00 | \$355.00 | EA | H6545 | 010 | \$4,900.00 |
| DEVOTED CORE 001 IL (HMO) | Local HMO | \$0.00 | \$395.00 | EA | H7151 | 001 | \$2,700.00 |
| DEVOTED GIVEBACK 003 IL (HMO) | Local HMO | \$0.00 | \$605.00 | EA | H7151 | 003 | \$8,850.00 |
| DEVOTED CHOICE 001 IL (PPO) | Local PPO | \$0.00 | \$385.00 | EA | H8320 | 001 | \$5,000.00 |
| DEVOTED CHOICE 003 IL (PPO) | Local PPO | \$0.00 | \$385.00 | EA | H8320 | 003 | \$4,150.00 |
| DEVOTED CHOICE 005 IL (PPO) | Local PPO | \$0.00 | \$385.00 | EA | H8320 | 005 | \$3,900.00 |
| DEVOTED CHOICE GIVEBACK 002 IL (PPO) | Local PPO | \$0.00 | \$605.00 | EA | H8320 | 002 | \$9,250.00 |
| DEVOTED CHOICE GIVEBACK 004 IL (PPO) | Local PPO | \$0.00 | \$605.00 | EA | H8320 | 004 | \$9,250.00 |
| DEVOTED CHOICE GIVEBACK 006 IL (PPO) | Local PPO | \$0.00 | \$605.00 | EA | H8320 | 006 | \$9,250.00 |

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| Essence Advantage (HMO) | Local HMO | \$0.00 | \$0.00 | EA | H2610 | 005 | \$3,400.00 |
| Essence Advantage Plus (HMO) | Local HMO | \$59.00 | \$0.00 | EA | H2610 | 006 | \$2,900.00 |
| Essence Advantage Select (HMO) | Local HMO | \$0.00 | \$340.00 | EA | H2610 | 016 | \$3,900.00 |
| Essence Advantage Select (HMO) | Local HMO | \$0.00 | \$0.00 | EA | H2610 | 027 | \$3,600.00 |
| Essence Advantage Choice (PPO) | Local PPO | \$0.00 | \$340.00 | EA | H6200 | 001 | \$5,400.00 |
| Essence Advantage Choice (PPO) | Local PPO | \$0.00 | \$340.00 | EA | H6200 | 009 | \$4,150.00 |
| Essence Advantage Choice Plus (PPO) | Local PPO | \$49.00 | \$0.00 | EA | H6200 | 010 | \$4,150.00 |
| Essence Advantage Premier Plus (PPO) | Local PPO | \$254.00 | \$615.00 | EA | H6200 | 008 | \$2,000.00 |
| Essence Advantage Premier Plus (PPO) | Local PPO | \$257.00 | \$615.00 | EA | H6200 | 011 | \$2,000.00 |
| HealthSpring Preferred (HMO) | Local HMO | \$0.00 | \$200.00 | EA | H4513 | 085 | \$2,000.00 |
| HealthSpring Preferred Savings (HMO) | Local HMO | \$0.00 | \$200.00 | EA | H4513 | 086 | \$4,000.00 |
| HealthSpring Premier (HMO-POS) | Local HMO | \$0.00 | \$200.00 | EA | H4513 | 084 | \$2,900.00 |
| HealthSpring True Choice (PPO) | Local PPO | \$0.00 | \$200.00 | EA | H7849 | 002 | \$4,000.00 |
| HealthSpring True Choice (PPO) | Local PPO | \$0.00 | \$200.00 | EA | H7849 | 059 | \$4,250.00 |
| HealthSpring True Choice Savings (PPO) | Local PPO | \$0.00 | \$200.00 | EA | H7849 | 077 | \$4250.00 |
| HealthSpring True Choice Savings (PPO) | Local PPO | \$0.00 | \$200.00 | EA | H7849 | 080 | \$4250.00 |
| Humana Gold Plus Giveback H0028-065 (HMO) | Local HMO | \$0.00 | \$615.00 | EA | H0028 | 065 | \$4200.00 |
| Humana Gold Plus H0028-014 (HMO) | Local HMO | \$0.00 | \$615.00 | EA | H0028 | 014 | \$2700.00 |
| Humana Gold Plus Giveback H1468-021 (HMO) | Local HMO | \$0.00 | \$615.00 | EA | H1468 | 021 | \$4,000.00 |
| Humana Gold Plus H1468-007 (HMO) | Local HMO | \$0.00 | \$615.00 | EA | H1468 | 007 | \$3,000.00 |
| Humana Gold Plus H1468-013 (HMO) | Local HMO | \$0.00 | \$615.00 | EA | H1468 | 013 | \$2,150.00 |
| Humana Full Access H5216-407 (PPO) | Local PPO | \$0.00 | \$400.00 | EA | H5216 | 407 | \$5,000.00 |
| Humana Full Access H5216-412 (PPO) | Local PPO | \$0.00 | \$400.00 | EA | H5216 | 412 | \$4,500.00 |
| Humana USAA Honor Giveback (PPO) | Local PPO* | \$0.00 | Drugs not covered | | H5216 | 258 | \$6,000.00 |
| Humana USAA Honor Giveback (PPO) | Local PPO* | \$0.00 | Drugs not covered | | H5216 | 278-1 | \$4,700.00 |
| Humana USAA Honor Giveback (PPO) | Local PPO* | \$0.00 | Drugs not covered | | H5216 | 355 | \$6,000.00 |
| Humana Value Choice H5216-318 (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H5216 | 318-1 | \$3,500.00 |
| HumanaChoice Giveback H5216-403 (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H5216 | 403 | \$4,500.00 |
| HumanaChoice H5216-013 (PPO) | Local PPO | \$87.00 | \$615.00 | EA | H5216 | 013 | \$6,550.00 |

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| HumanaChoice H5216-032 (PPO) | Local PPO | \$63.00 | \$615.00 | EA | H5216 | 032 | \$9,250.00 |
| HumanaChoice H5216-251 (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H5216 | 251 | \$3,600.00 |
| HumanaChoice H5216-283 (PPO) | Local PPO | \$5.20 | \$615.00 | EA | H5216 | 283 | \$4,900.00 |
| HumanaChoice H5216-399 (PPO) | Local PPO | \$18.00 | \$615.00 | EA | H5216 | 399 | \$6,000.00 |
| HumanaChoice H5525-004 (PPO) | Local PPO | \$60.00 | \$615.00 | EA | H5525 | 004 | \$6,300.00 |
| Humana Full Access H7617-008 (PPO) | Local PPO | \$0.00 | \$400.00 | EA | H7617 | 008 | \$5,000.00 |
| Humana Full Access H7617-009 (PPO) | Local PPO | \$0.00 | \$400.00 | EA | H7617 | 009 | \$4,500.00 |
| Humana USAA Honor Giveback (PPO) | Local PPO* | \$0.00 | Drugs not covered | | H7617 | 012 | \$4,700.00 |
| Humana USAA Honor Giveback (PPO) | Local PPO* | \$0.00 | Drugs not covered | | H7617 | 022 | \$6,000.00 |
| Humana Value Choice H7617-023 (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H7617 | 023 | \$3,500.00 |
| HumanaChoice Giveback H7617-013 (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H7617 | 013 | \$4,500.00 |
| HumanaChoice H7617-018 (PPO) | Local PPO | \$0.00 | \$615.00 | EA | H7617 | 018 | \$3,600.00 |
| Humana Gold Choice H8145-006 (PFFS) | PFFS | \$37.00 | \$615.00 | EA | H8145 | 006 | \$6,800.00 |
| Humana Gold Choice H8145-126 (PFFS) | PFFS* | \$0.00 | Drugs not covered | | H8145 | 126 | \$6,700.00 |
| Humana USAA Honor Giveback (Regional PPO) | Regional PPO* | \$0.00 | Drugs not covered | | R5361 | 001 | \$6,750.00 |
| HumanaChoice R5361-002 (Regional PPO) | Regional PPO | \$103.00 | \$615.00 | EA | R5361 | 002 | \$7,200.00 |
| Medical Associates Community Plan (Cost) | Cost * | \$160.00 | Drugs not covered | | H1651 | 005 | |
| Medical Associates Freedom Plan (Cost) | Cost * | \$220.00 | Drugs not covered | | H1651 | 009 | |
| Medical Associates SmartPlan (Cost) | Cost * | \$140.00 | Drugs not covered | | H1651 | 003 | |
| Molina Medicare Choice Care (HMO) | Local HMO | \$0.00 | \$0.00 | EA | H2715 | 003 | \$9,250.00 |
| United Health Care -AARP Medicare Advantage from UHC ST-0001 (PPO) | Local PPO | \$53.00 | \$520.00 | EA | H2406 | 043 | \$4,500.00 |
| United Health Care - AARP Medicare Advantage from UHC ST-2 (PPO) | Local PPO | \$0.00 | \$600.00 | EA | H2406 | 069 | \$6,700.00 |
| United Health Care - AARP Medicare Advantage CareFlex from UHC ST-6 (HMO-POS) | Local HMO | \$0.00 | \$600.00 | EA | H2802 | 073 | \$6,700.00 |
| United Health Care - AARP Medicare Advantage Essentials from UHC IL-8 (HMO-POS) | Local HMO | \$0.00 | \$440.00 | EA | H2802 | 024 | \$2,900.00 |
| United Health Care - AARP Medicare Advantage Essentials from UHC ST-3 (HMO-POS) | Local HMO | \$0.00 | \$440.00 | EA | H2802 | 028 | \$3,200.00 |
| United Health Care -AARP Medicare Advantage Extras from UHC IL-9 (HMO-POS) | Local HMO | \$0.00 | \$600.00 | EA | H2802 | 075 | \$3,900.00 |
| United Health Care - AARP Medicare Advantage Extras from UHC ST-4 (HMO-POS) | Local HMO | \$0.00 | \$520.00 | EA | H2802 | 052 | \$3,900.00 |

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| United Health Care - AARP Medicare Advantage from UHC IL-0001 (HMO-POS) | Local HMO | \$37.00 | \$440.00 | EA | H2802 | 025 | \$2,900.00 |
| United Health Care - AARP Medicare Advantage from UHC IL-2 (HMO-POS) | Local HMO | \$0.00 | \$520.00 | EA | H2802 | 054 | \$3,900.00 |
| United Health Care -AARP Medicare Advantage from UHC ST-1P (HMO-POS) | Local HMO | \$0.00 | \$355.00 | EA | H2802 | 071 | \$2,900.00 |
| United Health Care -AARP Medicare Advantage Patriot No Rx MO-MA01 (HMO-POS) | Local HMO* | \$0.00 | Drugs not covered | | H2802 | 050 | \$4,900.00 |
| United Health Care - AARP Medicare Advantage from UHC IA-0002 (HMO-POS) | Local HMO | \$45.00 | \$520.00 | EA | H5253 | 108-1 | \$4,900.00 |
| United Health Care - AARP Medicare Advantage from UHC IA-0002 (HMO-POS) | Local HMO | \$55.00 | \$520.00 | EA | H5253 | 108-2 | \$5,900.00 |
| United Health Care - AARP Medicare Advantage from UHC IA-0003 (PPO) | Local PPO | \$37.00 | \$600.00 | EA | H8768 | 017-2 | \$5,900.00 |
| United Health Care - AARP Medicare Advantage from UHC IL-0004 (PPO) | Local PPO | \$68.00 | \$600.00 | EA | H8768 | 005 | \$5,400.00 |
| United Health Care - AARP Medicare Advantage from UHC IL-5 (PPO) | Local PPO | \$0.00 | \$600.00 | EA | H8768 | 010 | \$6,700.00 |
| United Health Care - AARP Medicare Advantage from UHC IL-6 (PPO) | Local PPO | \$45.00 | \$600.00 | EA | H8768 | 011 | \$6,700.00 |
| United Health Care - AARP Medicare Advantage Patriot No Rx IA-MA01 (PPO) | Local PPO* | \$0.00 | Drugs not covered | | H8768 | 018 | \$8,900.00 |
| United Health Care - AARP Medicare Advantage Patriot No Rx IL-MA01 (PPO) | Local PPO* | \$0.00 | Drugs not covered | | H8768 | 019 | \$6,700.00 |
| Wellcare Simple (HMO-POS) | Local HMO | \$0.00 | \$615.00 | EA | H1416 | 009 | \$3,900.00 |
| Wellcare Simple Value (HMO-POS) | Local HMO | \$0.00 | \$615.00 | EA | H1416 | 082 | \$3,900.00 |
| Wellcare Giveback (HMO) | Local HMO | \$0.00 | \$615.00 | EA | H5779 | 010 | \$7,500.00 |
| Wellcare Patriot Giveback (HMO) | Local HMO* | \$0.00 | Drugs not covered | | H5779 | 011 | \$5,500.00 |
| Wellcare Simple Essential (HMO) | Local HMO | \$0.00 | \$615.00 | EA | H5779 | 002 | \$4,200.00 |
| Wellcare Simple Essential Value (HMO) | Local HMO | \$0.00 | \$615.00 | EA | H5779 | 009 | \$3,900.00 |
| Wellcare Simple Exclusive (HMO) | Local HMO | \$0.00 | \$615.00 | EA | H5779 | 007 | \$3,200.00 |
| Zing Choice IL (HMO) | Local HMO | \$0.00 | \$0.00 | EA | H4624 | 001 | \$3,850.00 |
| Zing Elite Select IL-IN (HMO) | Local HMO | \$0.00 | \$0.00 | EA | H4624 | 026 | \$3,000.00 |