

schedule of benefits

What's covered under your SummaCare plan



PPO PLAN 5715

This plan is underwritten by the Summa Insurance Company



www.summacare.com

FOR YOUR GOOD HEALTH

The SummaCare Preferred Provider Organization (PPO) provides high level coverage options through providers who are a part of the SummaCare Preferred Provider Network. The plan also offers the flexibility of accessing care from providers who are outside of this network.

Your employer has contracted with SummaCare to provide you with a comprehensive benefit package. Unlike most other health benefit plans available to you, SummaCare is locally based and managed. Since 1993 SummaCare's physicians and hospitals have been strongly committed to bringing quality health care services at an affordable cost to our members.

HOW YOUR SUMMACARE PPO PLAN WORKS

When joining the SummaCare PPO you'll have access to a list of providers who are part of our Preferred Provider Network. To guarantee the maximum payment level of your plan, select providers who are participating in this network. If you are traveling outside of the SummaCare service area, visit www.summacare.com for a listing of network providers and hospitals through which you may receive coverage at preferred benefit levels on services received.

In an emergency go to the nearest emergency room. In emergency situations, benefits are the same for both preferred and non-preferred providers.

****An emergency is defined as a medical condition that manifests itself by such acute symptoms of sufficient severity, including severe pain, that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of medical attention to result in any of the following: a) placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; b) serious impairment to bodily functions; or c) serious dysfunction of any bodily organ or part.**

Please note: If a plan other than SummaCare PPO provides primary coverage for you or your dependents, you must first submit a claim form and follow the requirements imposed by that primary plan.

HOW TO ENROLL IN SUMMACARE PPO

To enroll yourself and any eligible dependents in SummaCare PPO, you will need to complete an enrollment application. A Health Questionnaire for groups with less than 50 employees is also needed. If you did not receive these forms with this brochure, please contact your employer.

PROCEDURES REQUIRING PRIOR AUTHORIZATION

Prior authorization must be obtained for certain health care services to establish benefit coverage and medical necessity. You or your physician must notify the Health Services Management department 48 hours in advance of obtaining the specific healthcare services by calling 1-888-996-8710. The Health Services Management department receives prior authorization calls from preferred providers, non-preferred providers, and Certificate Holders and their eligible dependents.

However, it is the Certificate Holder's or their eligible dependent's responsibility to obtain prior authorization for services performed by non-preferred providers.

Please note: If this prior authorization is not obtained, payment for services will be subject to a 10% penalty on the facility charge – not to exceed \$500 per occurrence. Preferred providers inside the service area will be responsible for obtaining any required prior authorization.

Please refer to your Certificate of Insurance for a listing of services that require prior authorization.

EXCLUSIONS

The following are common exclusions that are not covered under SummaCare PPO. Please refer to your Certificate of Insurance for a complete listing of exclusions.

- General dental services
- Services not considered medically necessary
- Services that are experimental or of a research nature
- Treatment or surgery to improve appearance such as liposuction, hair transplants, etc. (except reconstructive breast surgery after a mastectomy)
- Expenses incurred for eyeglass lenses or frames

This Schedule of Benefits is designed to highlight the plan being offered and in no way details all benefits, limitations or exclusions. Full disclosure may be obtained by contacting Customer Service at 330-996-8700 or 800-996-8701.

PROTECTED HEALTH INFORMATION

SummaCare must internally use your protected health information in order to conduct our business and provide you with the care and services to which you are entitled as a member of this Plan. SummaCare may use or disclose information about you in order to facilitate your treatment and/or payment by or to a physician, health care provider, third party administrator, insurance company, or other appropriate entities, including government and law enforcement agencies, without your signed authorization.

SummaCare will use and disclose your protected information as necessary, and as permitted by law, including treatment, payment and operations. Such operations include processing claims, coordination of care, business management, accreditation and licensing, quality improvement, enrollment, underwriting, compliance, auditing and other functions related to your health benefits plan.

Data used for research purposes will not include personal identification information and must be approved by the HIPAA Compliance Committee. The release of this information does not require member authorization.

In the event that you are deemed incompetent or cannot provide authorization, SummaCare requires documented proof of power of attorney or guardianship prior to release of any information. Legal counsel will review the documentation prior to release of information.

SummaCare must also provide you with a Notice of Privacy Practices upon your enrollment. The Notice of Privacy Practices further defines your rights and remedies concerning the disclosure of your protected health information.

SummaCare maintains physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your personal health information. In addition, SummaCare requires all affiliated parties who maintain your health records to enforce confidentiality policies and procedures within their facilities.

In addition, you may review your personal health information within SummaCare's control by contacting Customer Service at 330-996-8700 or 800-996-8701 to schedule an appointment with the appropriate department representative. You may schedule appointments with physicians, practitioners, or other health care providers, from whom you are receiving health care, to review personal health information within their control. To maintain confidentiality in accordance with Federal Regulations, access to your spouse's health information will be denied unless your spouse provides a written signed document authorizing the release of the information to you.

SummaCare warrants that any other person and/or entity receiving information from the Plan signs a confidentiality agreement which requires them to abide by and release information in accordance with SummaCare's confidentiality policies and procedures.

You may receive a copy of the confidentiality policies by calling the Customer Service Department at 330-996-8700 or 800-996-8701.

WARNING: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all the rules very carefully and compare them with the rules of any other plan that covers you or your family.

SUMMACARE PPO PLAN 5715

The following is a Schedule of Benefits available to enrollees of SummaCare PPO Plan 5715. Always refer to your Certificate of Insurance as well as this Schedule when you have a question about your SummaCare PPO plan. For further clarification of specific SummaCare benefits and

coverage and information about how your SummaCare PPO plan works, call SummaCare Customer Service at 330-996-8700 or 800-996-8701. This PPO plan is underwritten by the Summa Insurance Company (SIC).

Enrollee Services	Enrollee Copayments & Coverage Preferred Provider	Enrollee Copayments & Coverage Non Preferred Provider
Calendar Year Deductible:	\$1000/\$2000 (Only applies where noted)	\$2000/\$4000 (Only applies where noted)
Calendar Year Out of Pocket Maximum: (Includes Deductible)	\$2000*/\$4000*	\$4000*/\$8000*
Coinsurance: (What the plan pays)	90%	60% of SummaCare's Maximum Allowable Charge
Lifetime Benefit Maximum:	\$3,000,000 combined for all services	
Inpatient Hospital Services: (Requires Prior Authorization)	Coverage Based on Maximum Allowable Charge	
Inpatient Care: (room and board)	90% (Subject to deductible)	60% (Subject to deductible)
Surgery & Anesthesia	90% (Subject to deductible)	60% (Subject to deductible)
Physician Services	90% (Subject to deductible)	60% (Subject to deductible)
Medically Necessary Supplies & Services (i.e., oxygen, blood, crutches, etc.)	90% (Subject to deductible)	60% (Subject to deductible)
Rehabilitative Services (limited to 60 days after first treatment)	90% (Subject to deductible)	60% (Subject to deductible)
X-ray, Laboratory and other Diagnostic Services	90% (Subject to deductible)	60% (Subject to deductible)
Outpatient Services:		
Outpatient Surgery	90% (Subject to deductible)	60% (Subject to deductible)
Maternity Services:		
Office Visits	\$15 copay for initial visit	60% (Subject to deductible)
Hospital Services (48 hours for vaginal delivery; 96 hours for Cesarean delivery) (if discharged early, home care is covered for up to 72 hours after discharge)	90% (Subject to deductible)	60% (Subject to deductible)
Prenatal-Postpartum Care	90% (Subject to deductible)	60% (Subject to deductible)
Mental Health (Biologically Based) Services:		
Inpatient	90% (Subject to deductible)	60% (Subject to deductible)
Outpatient	\$15 copay per visit	60% (Subject to deductible)

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Enrollee Services	Enrollee Copayments & Coverage Preferred Provider	Enrollee Copayments & Coverage Non Preferred Provider
Mental Health (Non-Biologically Based) Substance Abuse/Alcohol Abuse Services: (Includes \$550 per calendar year for Alcohol Abuse)		
Inpatient (21 days per calendar Year)	90% (Subject to deductible)	60% (Subject to deductible)
Outpatient (20 visits per calendar year)	90% (Subject to deductible)	60% (Subject to deductible)
Emergency/Urgent Care Services:**		
Emergency Care Any hospital emergency room visit inside or outside of the service area	90% after \$75 copay; Waived if admitted	90% after \$75 copay; Waived if admitted
Urgent Care (Urgently needed care that is not life or limb threatening)	90% after \$35 copay At an approved urgent care facility	60% after \$50 copay At a non-network urgent care facility
Medical Services:		Coverage Based on Maximum Allowable Charge
Office Visits	\$15 copay per visit	60% (Subject to deductible)
Gynecological visits	\$15 copay per visit	60% (Subject to deductible)
Consultation and Treatment by Specialist	\$15 copay per visit	60% (Subject to deductible)
Annual Physical Exam	\$15 copay per visit	60% (Subject to deductible)
Preventive Care (Includes immunizations, well child care)	\$15 copay per visit	60% (Subject to deductible)
X-ray, Laboratory & Other Diagnostic Services	90% (Subject to deductible)	60% (Subject to deductible)
Mammograms (130% of Medicare rates maximum per mammogram)	\$15 copay per visit	60% (Subject to deductible)
Infertility Diagnosis	90% (Subject to deductible)	60% (Subject to deductible)
Allergy Tests & Treatment	\$15 copay per visit (Injection only – no copay)	60% (Subject to deductible)
Other Services:		
Vision Exam (One eye refraction every 24 months)	\$15 copay per visit	60% (Subject to deductible)
Skilled Nursing Facility	90% (Subject to deductible) (Limited to 100 days per calendar year)	60% (Subject to deductible) (Limited to 30 days per calendar year)
Home Health Care (Limited to 30 visits per calendar year)	90% (Subject to deductible)	60% (Subject to deductible)
Ambulance Services	\$25 copay Waived if admitted	\$25 copay Waived if admitted
Hospice Services	90% (Subject to deductible)	60% (Subject to deductible)

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Enrollee Services	Enrollee Copayments & Coverage Preferred Provider	Enrollee Copayments & Coverage Non Preferred Provider
Other Services: (cont.)		
Durable Medical Equipment	90% (Subject to deductible)	60% (Subject to deductible)
Rehabilitative Services (Physical/occupational limited to 30 visits per calendar year combined) (Speech therapy limited to 30 visits per calendar year) (Cardiac/pulmonary limited to 36 visits per calendar year)	\$15 copay per visit	60% (Subject to deductible)
Chiropractic Services (Limited to \$500 per calendar year)	\$15 copay per visit	60% (Subject to deductible)
Prescription Drugs	Separate drug riders apply and may be purchased by your employer	

* Copayments DO NOT apply to out of pocket maximum.

** An emergency condition is considered an emergency if it is a condition that manifests itself by such acute symptoms of severity, including severe pain, that a prudent layperson with an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.
- Serious impairments to bodily functions.
- Serious dysfunction of any bodily organ or part.

NOTE: Some services require prior authorization for coverage to apply. Refer to the prior-authorization list in your Certificate of Insurance. All services are subject to medical necessity. This document is a summary of your benefits only. For a complete Description of Benefits, see the Certificate of Insurance document.

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