

schedule of benefits

What's covered under your SummaCare plan



INDIVIDUAL PPO PLAN Q2501-80

This plan is underwritten by the Summa Insurance Company



www.summacare.com

WELCOME TO INDIVIDUAL SOLUTIONS!

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

HOW THE PLAN WORKS

When you enroll in Individual Solutions, you will be given 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 choose a non-network provider, your level of coverage will be lower than had you accessed your care through one of our preferred providers; however, this level of coverage is still comprehensive enough to keep your out-of-pocket costs to a minimum.

PROCEDURES REQUIRING PRIOR AUTHORIZATION

Prior authorization must be obtained for certain healthcare 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 service by calling 888-996-8710. The Health Services Management department receives prior authorization calls from preferred providers, non-preferred providers and Policy Holders and their eligible dependents. **However, it is the Policy Holder's or their eligible dependent's responsibility to obtain prior authorization for services performed by non-preferred providers.**

Please refer to your Policy document for a listing of services that require prior authorization.

**HEALTH SERVICES MANAGEMENT PRIOR AUTHORIZATION
PHONE NUMBER: 888-996-8710**

HOW TO ENROLL IN INDIVIDUAL SOLUTIONS

To apply for coverage, you will need to submit an Application Form containing information about yourself as well as any eligible dependents. This Application Form contains a Medical History Questionnaire that must be filled out for all applicants. Once a completed form is returned, you will be subject to Medical Underwriting. If your application is accepted, you will be furnished with final rates for your Policy and you can complete the application process. For information on how to apply, call 330-996-8675 or 888-996-8675. To view an estimated quote, go to our Web site at www.summacare.com and click on Individual Solutions.

10 North Main Street
P.O. Box 3620 Akron, OH 44309-3620
www.summacare.com

EXCLUSIONS

The following are common exclusions that are not covered under this Policy. Please refer to your Policy 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 (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 Policy. 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, for our health care operations. Such operations include processing claims, payment, treatment, 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 SummaCare 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 Customer Service at 330-996-8700 or 800-996-8701.

SUMMACARE INDIVIDUAL PPO PLAN Q2501-80

The following is a Schedule of Benefits for the Summa Insurance Company Major Medical Preferred Provider Plan Q2501-80. Always refer to your SummaCare Individual Solutions Policy as well as this Schedule when you have a question about your benefits.

For further clarification of specific SummaCare benefits and coverage, and information about how your policy works, call SummaCare Customer Service at 330-996-8700 or 800-996-8701.

Enrollee Services	Enrollee Copayments & Coverage Preferred Provider	Enrollee Copayments & Coverage Non-Preferred Provider
Calendar Year Deductible:	\$2500/\$5000*	\$5000/\$10,000*
Calendar Year Out of Pocket Maximum: (Includes Deductible)	\$5000/\$10,000	\$10,000/\$20,000
Coinsurance: (What the plan pays)	80%	60% of SummaCare's Maximum Allowable Charge
Lifetime Benefit Maximum:	\$3,000,000 Combined	
Inpatient Hospital Services: (Requires Prior-authorization)	Coverage Based on Maximum Allowable Charge	
Inpatient Care: (room and board)	80% (Subject to deductible)	60% (Subject to deductible)
Surgery & Anesthesia	80% (Subject to deductible)	60% (Subject to deductible)
Physician Services	80% (Subject to deductible)	60% (Subject to deductible)
Medically Necessary Supplies & Services (i.e., oxygen, blood, crutches, etc.)	80% (Subject to deductible)	60% (Subject to deductible)
Rehabilitative Services (limited to 60 days after first treatment)	80% (Subject to deductible)	60% (Subject to deductible)
X-ray, Laboratory and other Diagnostic Services	80% (Subject to deductible)	60% (Subject to deductible)
Outpatient Services:		
Outpatient Surgery	80% (Subject to deductible)	60% (Subject to deductible)
Maternity Services: Not covered under this plan		
Mental Health and Substance Abuse/Alcohol Abuse:		
Biologically Based Mental Health		
Inpatient	80% (Subject to deductible)	60% (Subject to deductible)
Outpatient	80% (Subject to deductible)	60% (Subject to deductible)
Non-Biologically Based Mental Health/Substance Abuse/Alcohol Abuse (includes \$550 per calendar year for Alcohol Abuse)		
Inpatient (21 days per calendar Year)	80% (Subject to deductible)	60% (Subject to deductible)
Outpatient (20 visits per calendar year)	80% (Subject to deductible)	60% (Subject to deductible)

SUMMACARE INDIVIDUAL PPO PLAN Q2501-80

Enrollee Services	Enrollee Copayments & Coverage Preferred Provider	Enrollee Copayments & Coverage Non-Preferred Provider
Emergency Care**/Urgent Care Services:		
Emergency Care Any hospital emergency room visit inside or outside of the service area (life or limb threatening)	80% (Subject to deductible)	80% (Subject to Preferred Provider deductible)
Urgent Care (Urgently needed care that is not life or limb threatening)	80% (Subject to deductible)	80% (Subject to Preferred Provider deductible)
Medical Services:		
<p>Preventive Care Rider: The plan you enrolled in features a preventive care rider.</p> <p>Covered Services include:</p> <ul style="list-style-type: none"> • Office visits for routine physical exams • Radiological services associated with physical exams • Well child care, including immunizations, for children under the age of nine (Refer to your Policy for Well Child Care limits) • Mammograms for ages 35+ (maximum charge of 130% of Medicare rates per mammogram) 	<p>The maximum benefit for all covered services are a total of \$300 per calendar year per family member. Services rendered for allowable preventive care benefits, once the calendar year benefit of \$300 is exhausted, reverts back to the applicable deductible and coinsurance as outlined in this Schedule of Benefits. (Refer to Preventive Care Rider for further details)</p>	<p>60% (subject to deductible)</p> <p>The maximum benefit for all covered services are a total of \$300 per calendar year per family member. Services rendered for allowable preventive care benefits, once the calendar year benefit of \$300 is exhausted, reverts back to the applicable deductible and coinsurance as outlined in this Schedule of Benefits. (Refer to Preventive Care Rider for further details)</p>
Primary Care Office Visits	80% (Subject to deductible)	60% (Subject to deductible)
Gynecological visits	80% (Subject to deductible)	60% (Subject to deductible)
Specialist Office Visits	80% (Subject to deductible)	60% (Subject to deductible)
Annual Physical Exam	80% (Subject to deductible)	60% (Subject to deductible)
Preventive Care (Includes immunizations, well child care)	80% (Subject to deductible)	60% (Subject to deductible)
X-ray, Laboratory & Other Diagnostic Services	80% (Subject to deductible)	60% (Subject to deductible)
Mammograms (Maximum charge of 130% of Medicare rates per mammogram)	80% (Subject to deductible)	60% (Subject to deductible)
Infertility Diagnosis	80% (Subject to deductible)	60% (Subject to deductible)
Allergy Tests & Treatment	80% (Subject to deductible)	60% (Subject to deductible)
Other Services:		
Vision Exam (One routine exam every 24 months)	80% (Subject to deductible)	60% (Subject to deductible)
Skilled Nursing Facility	80% (Subject to deductible) (Limited to 100 days per calendar year)	60% (Subject to deductible) (Limited to 30 days per calendar year)

SUMMACARE INDIVIDUAL PPO PLAN Q2501-80

Enrollee Services	Enrollee Copayments & Coverage Preferred Provider	Enrollee Copayments & Coverage Non-Preferred Provider
Other Services: (cont.)		
Home Health Care (Limited to 30 visits per calendar year)	80% (Subject to deductible)	60% (Subject to deductible)
Ambulance Services	80% (Subject to deductible)	60% (Subject to deductible)
Hospice Services	80% (Subject to deductible)	60% (Subject to deductible)
Durable Medical Equipment	80% (Subject to deductible)	60% (Subject to deductible)
Rehabilitative Services (Physical and occupational therapies 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)	80% (Subject to deductible)	60% (Subject to deductible)
Chiropractic Services (Limited to 10 visits per calendar year)	80% (Subject to deductible)	60% (Subject to deductible)
Prescription Drugs Included	80% (Subject to deductible)	60% (Subject to deductible)

Note: Some services require prior authorization for coverage to apply. Verify Prior Authorization list in your Policy. All services are subject to medical necessity.

*Family deductible must be met before any benefits are provided on a family contract.

**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:

- 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 impairments to bodily functions.
- c. Serious dysfunctions of any bodily organ or part.

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.

